

Care Quality Commission

Inspection Evidence Table

Sunrise Medical Practice -Clifton (1-5534465965)

Inspection date: 30 September 2019

Date of data download: 27 September 2019

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe

Rating: Good

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	NA
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Y ¹
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y ²
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y ³
Explanation of any answers and additional evidence:	
1. The practice had trained all staff had received safeguarding training level 3 as they recognised the	

Safeguarding	Y/N/Partial
<p>importance of picking up on safeguarding concerns within the student setting.</p> <p>2. All staff were trained as chaperones due to having two male GPs. Any chaperoning duties were recorded on the patients records by both the clinician and the chaperone and the practice completed audits on records to ensure it had been adequately recorded.</p> <p>3. The practice had small numbers of patients who were children so did not routinely speak with health visitors although had the details if the required them. We saw evidence of the practice working with other agencies when they had concerns for young people's wellbeing.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Explanation of any answers and additional evidence:	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: October 2018	Y
There was a record of equipment calibration. Date of last calibration: November 2018	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: June 2019	Y
There was a log of fire drills. Date of last drill: Weekly	Y
There was a record of fire alarm checks. Date of last check: Weekly (8.30am on Wednesday)	Y
There was a record of fire training for staff. Date of last training:	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: August 2018	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: The fire risk assessment dated August 2018 had no actions which were required to be completed. The practice had asked the University for the most up to date risk assessment, but it had not yet become available.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 1 st May 2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 1 st May 2019	Y
Explanation of any answers and additional evidence:	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 10/06/2019	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y ¹
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: 1. The practice evidenced they had appropriately informed the relevant bodies about a previous outbreak of Measles and Meningitis within the university. They worked with the university to educate and support patients which were at risk.	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y ¹
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence: 1. The practice employed temporary staff around busy times within the practice such as enrolment of new students.	

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers and additional evidence: Following a theme of failed referrals in complaints and significant events, the practice had implemented a workflow system to ensure that referrals were completed in a timely manner. There were designated systems to ensure that foundation doctors in training completed referrals appropriately and audits were completed to ensure referrals were not delayed.	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) (NHS Business Service Authority - NHSBSA)	0.38	0.79	0.87	Significant Variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2018 to 30/06/2019) (NHSBSA)	3.6%	7.5%	8.6%	Variation (positive)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2019 to 30/06/2019) (NHSBSA)	5.00	5.35	5.63	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/01/2019 to 30/06/2019) (NHSBSA)	1.14	1.85	2.08	Tending towards variation (positive)

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y ¹
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about	Y

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y ²
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	NA
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y ³
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
Explanation of any answers and additional evidence:	
<ol style="list-style-type: none"> 1. There was a system of debriefs for non-medical prescribers with the clinical supervisor every two months using a standard audit tool to review consultations, documentation, outcomes, safety netting and safeguarding. The reviews had opportunities for actions and any learning to be documented and shared. The non-medical prescribers also reviewed their prescribing every six months using their CCG prescribing data. 2. The practice had a system for ensuring patients were receiving appropriate monitoring for any medicines during periods of time when they were not in the area. For example, university students who spent summer away from the university were contacted to ensure the relevant monitoring was completed at the temporary practice or secondary care for the continuity of appropriate monitoring. 3. The practice utilised a system called Clarity Teamnet to record all medicines within the building to monitor stock levels and expiry dates. Medicine stock was checked regularly, and management were alerted when medicines were due to go out of date to ensure they could be reordered to prevent depletion and medicines could be removed from the practice promptly. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	13
Number of events that required action:	13
Explanation of any answers and additional evidence:	

Example(s) of significant events recorded and actions by the practice.

Event	Specific action taken
Suspected outbreak of notifiable disease	Practice dealt with patient effectively and informed Public Health England as appropriate. Letters were delivered to patients who were worried or potentially exposed to the disease. The practice ordered additional vaccines and arranged clinics to ensure patients could access treatment. Practice ordered additional vaccines following the clinics to ensure they had them ready to give quickly if any further outbreaks occurred.
Mix up of patient identities	The practice retrained the staff around patient identifiers and to check three identifiers at every contact. This was observed during the inspection.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: We saw examples of actions taken on recent alerts for example, regarding carbimazole.	

Effective

Rating: Good

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
Explanation of any answers and additional evidence: The practice regularly reviewed patients who were discharged from hospital and invited them into the practice for a review.	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) (NHSBSA)	0.12	0.68	0.75	Significant Variation (positive)

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. The practice carried out structured annual medication reviews for older patients.

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with asthma were offered an asthma management plan.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	69.6%	71.5%	78.8%	No statistical variation
Exception rate (number of exceptions).	16.4% (9)	11.0%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	78.3%	72.8%	77.7%	No statistical variation
Exception rate (number of exceptions).	16.4% (9)	7.9%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	55.8%	76.0%	80.1%	Variation (negative)
Exception rate (number of exceptions).	21.8% (12)	12.2%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	73.4%	74.7%	76.0%	No statistical variation
Exception rate (number of exceptions).	2.9% (6)	6.7%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	66.7%	87.0%	89.7%	No statistical variation
Exception rate (number of exceptions).	25.0% (1)	10.8%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	87.5%	81.6%	82.6%	No statistical variation
Exception rate (number of exceptions).	6.5% (5)	3.6%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	100.0%	90.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	9.2%	6.7%	N/A

Any additional evidence or comments

QOF results within the table relate to the 2017/2018 year results which is before the changeover of registration of the practice.

The practice were aware that their exception reporting for diabetes was higher than local and national averages as many of the patients are managed in secondary care for their diabetes and so were automatically excluded from QOF. They were aware that their QOF for diabetes was lower than average and reported they had attempted to contact patients to ensure they had attended the practice for reviews. Reviewing the 2019 unverified data for QOF the practice had improved outcomes and exception reporting had decreased.

Families, children and young people

Population group rating: Good

Findings

- The practice had not met the minimum 90% target for all childhood immunisation uptake indicators, however this data was skewed by the small population numbers in this area. The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	2	3	66.7%	Below 80% uptake
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	2	3	66.7%	Below 80% uptake
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	2	3	66.7%	Below 80% uptake

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Working age people (including those recently retired and students)

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice was proactive in encouraging students to register at the practice and had produced information leaflets to inform students of national guidance which suggested enrolling at the university doctors and be treated as temporary students if students go home for summer. The practice promoted their services to new students during 'freshers' week' events organised by the university and throughout the halls of residence. The practice also attended a 'speed dating' event organised by student services to promote awareness of the practice and services that students could access through them. The practice promoted all eligible patients to have the meningitis and MMR vaccine when joining the university. Patients are prompted at enrolment and via text messaging reminders and social media campaigns. Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who	64.3%	N/A	80% Target	Below 70% uptake

were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	55.3%	68.7%	72.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	54.5%	53.1%	57.3%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	100.0%	63.8%	69.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	0.0%	52.1%	51.9%	Tending towards variation (negative)

Any additional evidence or comments

The practice was aware of their low uptake of cervical screening and had completed a review of patients who had not attended the practice for their screening and found a number of reasons patients had declined including patients who were not contactable and potentially left the area following university but had not yet registered at another surgery or patients who preferred to get smears done at home surgery.

The practice demonstrated they had attempted to contact all patients who were eligible for screening using their documented address.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- The practice demonstrated that they had a system to identify people who misused substances.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking'

services.

- Same day and longer appointments were offered when required.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe. The practice worked with university student services including chaplains to ensure those experiencing crisis received timely support.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	85.0%	87.1%	89.5%	No statistical variation
Exception rate (number of exceptions).	4.8% (1)	14.5%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	90.5%	88.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	13.7%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	100.0%	85.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	6.9%	6.6%	N/A

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	488.9	527.8	537.5
Overall QOF score (as a percentage of maximum)	87.5%	94.4%	96.2%
Overall QOF exception reporting (all domains)	8.4%	5.6%	5.8%

Y/N/Partial

Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y
Quality improvement activity was targeted at the areas where there were concerns.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y
The practice monitored information from a variety of resources such as eHealthscope, a local shared system to review prescribing data, admission rates and QOF. The practice could demonstrate, using eHealthscope, that they performed highest in the local area for many areas of Quality Improvement Programmes (QIP) such as prescribing limited value medicines, reviewing prescribing of high-risk medicines and recent changes to primary care medicines. EHealthscope was also reviewed in relation to emergency inpatient admissions to secondary care where the practice had the least amount of admissions compared to the local area.	

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

<p>The practice had a schedule of audits they planned to complete as well as re-audits from previous audits that covered clinical and non-clinical audits. Audits were recorded clearly with outcomes and future plans which included future re-audits and ongoing monitoring with specific intervals recorded.</p> <ul style="list-style-type: none"> • An audit was completed to review patients records to ensure that any hospital prescribed medicines were documented for the clinician's awareness. The practice identified patients that this affected and created a workflow process to ensure that these medicines were added to the record which involved a GP and support from a member of the administration staff. The practice completed a re-audit after 6 months and found that 100% of patients were correctly documented. The practice re ran this audit every three months. • An audit was conducted before the change in legal requirements for the medicines pregabalin and gabapentin to ensure that clinicians were aware of the change and appropriately prescribing in line with controlled drug requirements. The practice identified that 50% of the prescriptions would not have been suitable following the change in legal requirements. The practice re-ran the audit following five months and found that all prescriptions were in line with requirements. 	
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Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	NA ¹
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y ²
Explanation of any answers and additional evidence: 1. At the time of our inspection there was no healthcare assistants working at the practice. 2. In addition to annual appraisals, staff completed a quarterly performance review form where they were encouraged to identify training needs and/or areas of improvement.	

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective	Y

processes to make referrals to other services.	
<p>Explanation of any answers and additional evidence:</p> <p>The practice liaised with Student Support Services to review services and support which was available to patients in line with their needs. The practice held monthly meetings with Student Support Services to discuss and plan aspects of care important to students such as mental health, suicide prevention, Tuberculosis, screening, meningitis, eating disorders and other health promotion plans.</p>	

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had designated health and physical exercise champions at the practice to assist patients with information and services available. There was a number of different areas of exercise for example there was a yoga champion, tennis champion, walking champion, gym champion, martial arts champion and a prediabetes and obesity champion.</p> <p>The practice had worked with the university site to offer referrals to patients to use the campus gym or meditation sessions. They had also organised specific sessions and time slots for patients who were concerned or anxious about using the gym.</p>	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	94.3%	94.9%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.8% (2)	0.9%	0.8%	N/A

Consent to care and treatment

The practice always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	Y
Explanation of any answers and additional evidence: Staff told us that whilst they understood that some parents of students at the university wanted to be involved in their care, they always sought the consent of the patient. We saw evidence of this in how they dealt with complaints.	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence:	

CQC comments cards	
Total comments cards received.	43
Number of CQC comments received which were positive about the service.	36
Number of comments cards received which were mixed about the service.	7
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	<p>The majority of comment cards were positive especially when referring to getting an appointment. Patient's said that getting an appointment was easy and staff were friendly and helpful in dealing with them. Some patients reported that staff explained things clearly to them and put patients at ease when they were nervous and that the service was always clean.</p> <p>The mixed comments included three comments about waiting times sometimes being long at the practice or on the phone but they reported appointments could easily be obtained, and four cards mentioned that they did not feel the Doctors at the practice always took them seriously with their concerns.</p>

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5646.0	450.0	22.0	4.9%	0.39%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2019 to 31/03/2019)	100.0%	90.0%	88.9%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	86.1%	86.5%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	100.0%	94.9%	95.5%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	95.6%	83.6%	82.9%	Tending towards variation (positive)

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	N

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence:	

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2019 to 31/03/2019)	96.0%	91.8%	93.4%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence:	

Carers	Narrative
Percentage and number of carers identified.	12 (0.2%)
How the practice supported carers (including young carers).	The practice had low numbers of carers due to their demographics being mainly full-time students. However patients they had identified as carers were given a carers pack full of information and support services that they may be interested in, there was a carers champion who would contact carers every quarter to offer any further support if necessary.
How the practice supported recently bereaved patients.	The practice could refer bereaved patients to the University Chaplaincy service for support. The practice also held a range of information on counselling and bereavement services available in the local area to patients.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Partial*
<p>Explanation of any answers and additional evidence:</p> <p>The reception area was open and patients in the waiting area could hear conversations at the desk however, staff attempted to manage this by lowering voices and ensured other patients waited away from the desk. A confidential room was available for patient to discuss sensitive issues if needed, and it was observed during the inspection that reception staff would use a notepad to converse with patients to promote confidentiality. The reception also had a list of conditions with a key to reduce patients' embarrassment if they did not want to say what the reason for visiting the doctor was.</p>	

Responsive

Rating: Outstanding

The practice received a rating of outstanding for the population groups Working age people (including those recently retired and students) and People experiencing poor mental health (including people with dementia). The practice were responsive to the needs of their patients who were students and provided services to assist with a number of areas of health promotion such as:

- Weight related concerns such as eating disorders or obesity.
- Mental health conditions
- Suicide awareness and risk assessments
- Transgender process

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y ¹
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
<p>Explanation of any answers and additional evidence:</p> <p>1. The practice worked closely with the student services team to deliver information to students on a wide range of topics.</p> <p>The practice worked alongside the university resident assistants who offered pastoral support to students. The practice took part in annual 'roadshows' where they visited the halls of residence to offer advice to students on services which were provided at the practice and signpost other services which were available to them.</p> <p>The student service team reported a close working relationship with the practice to promote health education and needs for the students. It was reported that the practice would feedback on common themes of needs for patients and then the services would work together to increase awareness of conditions and support. It was also reported that the practice would get involved in schemes that the support services were promoting. For example, the practice was proactive in getting patients vaccinated for meningitis. They would promote the vaccination to all new students and would campaign throughout the year to promote uptake. The practice held drop in sessions for patients to attend to become vaccinated.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.30am to 6.30pm
Tuesday	8.30am to 6.30pm

Wednesday	8.30am to 6.30pm
Thursday	8.30am to 12.30pm
Friday	8.30am to 6.30pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5646.0	450.0	22.0	4.9%	0.39%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2019 to 31/03/2019)	100.0%	94.4%	94.5%	Significant Variation (positive)

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> All patients had a named GP who supported them in whatever setting they lived. The practice was responsive to the needs of older patients, and offered home visits, if necessary, and urgent appointments for those with enhanced needs and complex medical issues. The practice provided effective care coordination to enable older patients to access appropriate services.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> Patients with multiple conditions had their needs reviewed in one appointment. The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services. The nearest pharmacy to the practice was over a mile away which made it difficult for patients to access their medicines. The practice worked with the local pharmacy who have established a drop off and pick up service in a university shop. The results from the 2019 national GP patient survey reported that 84% of patient's said they had support from local services in the previous 12 months to help manage their long-term condition, which is higher than the local average of 71% and the national average of 78%.

Families, children and young people

Population group rating: Good

Findings

- The practice had a small population of children patients however they attempted to contact their parents or guardians to encourage the uptake of vaccinations.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Outstanding

Findings

- The practice worked closely with the student support services to identify common health needs for patients who were students at the university. The practice took part in a number of health promotion events with the student support services to offer health advice and signposting to further support where appropriate.
- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP+ Nottingham City. Appointments were available until 8pm on Weekdays and Saturday and Sunday 9am until 1pm.
- The practice had a significant number of patients who identified as transgender. Staff received relevant training to ensure they provided services to meet their needs and worked with other local services, including private healthcare providers, in ensuring appropriate treatment was given. They liaised with the CCG to create formal guidance to follow during the two-year transitioning period for patients. The guidance was due to be published February 2020.
- The practice had identified a number of patients who were at risk of diabetes and were overweight. There was a obesity champion within the practice who ran reports on patients who had a body mass index indicating the patient being overweight. These patients were then offered health checks at the practice and could be referred to further services if necessary. These patients could receive free attendance at slimming clubs in conjunction with a Nottinghamshire project for six weeks to promote weight loss.
- The practice had liaised with the university gym to provide slots at the gym specifically for patients who were overweight to reduce any anxieties about attending the gym.
- The practice had also liaised with student support services who had recognised a number of students at university who had experienced eating disorders. The practice arranged and hosted weekly sessions from Eating Disorder Intensive Services (EDIS) which offered support to patients who were experiencing eating disorders. This service was promoted alongside student support services. The practice had decided to host these services within the practice to promote attendance by providing the services out of the practice to ensure full confidentiality and remove stigma or embarrassment for patients who wanted support from the service. The practice were proactive at recognising signs of eating disorders and referring patients to the service as appropriate.
- Practice nurses attended an annual conference called “beat eating disorders” where information

and resources are shared. Practice nurses provided evidence of patients who had been identified as patients with eating disorders when attending the practice for other appointments.

- The practice had a comprehensive list of other counselling and eating disorder services available to students.
- Patients could access free of charge sexual health services such as STI testing and C card schemes at the practice. The practice operated as a “C-card” distribution centre, offering free condoms to patients under 25 once they were registered with the service.
- The practice offered free pregnancy testing for patients.
- The practice offered a drop in services for drugs and alcohol misuse to talk openly around any concerns they had. Patients could be referred to recovery services “Last Orders” if necessary.
- The practice offered in house first-step physiotherapy services for patients which had recently been decommissioned. Patients could attend appointments at the practice for physio.
- The practice had recognised that a number of their patients who travelled as part of courses or during vacations. They offered short notice appointments for travel vaccines where necessary. This was promoted through text messaging and social media.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances those with a learning disability.
- Patients with learning disabilities were given an annual review.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice had received IRIS training which provided training on how to respond to patients who disclose domestic abuse.

**People experiencing poor mental health
(including people with dementia)**

Population group rating: Outstanding

Findings

- The results from the 2019 national GP patient survey reported that 100% of patients felt the healthcare professional understood mental health needs during their last GP appointment which is higher than the local average of 85% and the national average of 86%.
- The practice recognised a theme of patients who had been admitted to secondary care with suicide attempts and had created a workflow system to send personal letters to these patients to invite them into the practice to discuss any issues or concerns that they had.
- The practice recognised there was a need for further support and awareness of suicide amongst university students. The practice worked alongside student support services to promote suicide awareness in line with national strategies. The practice completed workshops and created videos to share amongst students to identify signs of struggling or behaviour patterns common amongst people who were suicidal. The practice was proactive in sharing information around university

during roadshows and inductions to halls of residence. The practice also provided evidence that their campaign in November 2018 had been texted to patients, shared on social media platforms, promoted on websites for the university and practice, and promotional materials such as wallet cards and coasters for university campaigns had been created.

- We saw evidence that clinicians completed suicide risk assessments on new patients during appointments, or on patients who were showing signs of distress or poor mental health. This included assessing patients poor mental health and a Generalised Anxiety Disorder Score. Patients would be referred onto support services as necessary. The practice discussed patients deemed at risk weekly to make other staff aware and these patients were offered continuous weekly appointments within the practice to ensure their condition was stable and they were fully supported.
- The practice manager sits on the Suicide Safer University working group.
- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Staff identified patients who may be at risk of experiencing poor mental health using information provided to them from their previous GP practice when they registered with the practice. The practice sent a letter to them to make them aware of support services available at the practice and the university.
- The practice staff had completed 'First Aid in Mental Health' training to recognise and understand how to deal with patients experiencing poor mental health.
- The practice hosted weekly wellness in mind clinics which offered patients support and counselling services. The practice was aware of support groups within the area and signposted their patients to these accordingly.
- The practice was a dementia friendly practice.

Timely access to the service

People were able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence:	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2019 to 31/03/2019)	94.9%	71.0%	68.3%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	93.9%	69.1%	67.4%	Variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	93.3%	68.5%	64.7%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	87.3%	72.4%	73.6%	No statistical variation

Any additional evidence or comments

The practices 2019 national GP patient survey was consistently higher than local and national averages in all areas.

Source	Feedback
GP Patient Survey	Results from the GP patient survey indicated that 93% of patients were offered a choice of appointments when they attempted to arrange a GP appointment, where local and national averages were 62%

NHS Choices	The practice had received three reviews since the switch in registration which all reported positive feedback about care received at the practice.
Comment cards	Comment cards were consistently positive about patients accessing services with only negative comments being regarding the waiting time in the practice or on the phone.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	8
Number of complaints we examined.	8
Number of complaints we examined that were satisfactorily handled in a timely way.	8
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence:	

Example(s) of learning from complaints.

Complaint	Specific action taken
Missed referral to secondary care	Practice investigated and dealt with referral promptly. System implemented with designated admin workflow staff member and checked on weekly basis to ensure no missed referrals.
Complaint about staff attitude	Complaint was investigated and reported in line with procedures. Attitude discussed with staff member and apologies sent to patient.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: The two GP partners, practice manager and assistant practice manager had been at the practice since it was established in 2000. Both managers sat on a number of groups and boards locally and nationally, including the local GP federation. They told us they worked with long serving locum GPs when they needed cover who knew their patients and staff well. There were plans in place to manage succession as some of the staff looked to retire.	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: The practice had recently changed registration to focus on providing services from one location rather than two. Staff we spoke with were fully engaged in the practice vision and told us they felt involved in the future success of the practice.	

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There was a strong emphasis on corroboration and support across staff within the practice which promoted an ethos of improving quality of care for patients.</p> <p>Staff turnover was low, with a number of staff who had been working at the practice since it began in 2000.</p> <p>The practice held an annual away day since it was established in 2000 to discuss practice performance. The away day always began with team building exercises to build relationships within the team and promote positive feedback regarding team members. These meetings were minuted which included praise to staff members where positive work had been completed.</p> <p>The practice staff were offered guided meditation sessions by a GP.</p> <p>There was a comprehensive programme of quality improvement and audit across all areas of the organisation. For example, infection control, workflow, prescribing and hospital admissions.</p> <p>The practice had a policy for the immunisation of healthcare staff to protect them in their work which was shared with the wider Nottinghamshire CCG.</p>	

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff interviews	Staff we spoke with during the inspection all gave positive feedback regarding the practice and the management team saying that they work as a family for the benefit of the patients. Staff reported they felt supported through all aspects of their work and genuinely felt comfortable raising issues or thoughts with managers to improve the services for patients.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: There was a clear list displayed around the practice which identified who was responsible for what area which included a clinician and a designated admin lead.	

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: One of the partners was a GP appraisal lead for NHS England and sat on their performance advisory group. They used their skills to manage the performance of non-medical prescribers employed by the practice to ensure they worked in line with recommended professional guidelines.	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y

There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence:	

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence:	
All staff members were involved discussions around the practice through meetings and away day events. There was clear evidence that staff members opinions were sought for important decisions such as PCN networks and health promotions. At every away day, the practice staff worked together to set five priorities to focus on in that year which was monitored and reported on at the next away day. For example, the practice set priorities in 2018 to merge sites and focus on summarising patients records which had both been completed.	

Feedback from Patient Participation Group.

Feedback
The practice had one member in a patient participation group who met with practice managers to feedback on how the practice is performing. The member also fed back to the practice with their experience of being a patient at the practice offering any advice or areas which could be improved. There were aspirational plans to increase numbers on the patient participation group for it to become a regular forum.

Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y

Explanation of any answers and additional evidence:

Examples of continuous learning and improvement

- The practice held weekly meetings for staff to discuss issues, significant events, complaints and audits. In addition, the practice would invite external agencies to discuss topics relevant to the practice if required, for example, on how to support transgender people. The practice encouraged attendance at the meetings to promote a commitment to shared learning and peer support. The practice provided lunch for staff during these meetings.
- The practice was dedicated to working collaboratively with additional support services to ensure patients received coordinated care targeted to the population needs. For example, the practice had liaised with support services in relation to eating disorders and mental health and arranged for patients to be able to access the support within the practice by hosting external agencies.
- The practice has been proactive in the treatment of transgender patients by liaising with the CCG to create formal guidance to follow during the two-year transitioning period for patients. The guidance is due to be published February 2020.
- The practice was proactive in reviewing patient needs and coordinating support with the university to assist patients to gain support and services on issues that are important to the population.
- The practice manager had led on the development of university wide emergency contingency plans following outbreaks of notifiable diseases on campus. The practice manager had worked with colleagues at Public Health England to develop robust plans.
- The practice was a registered site for research in the East Midlands Primary Care Clinical Research Network and could demonstrate a number of studies they had been involved in to benefit patient care.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > 1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules-based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.