

# Care Quality Commission

## Inspection Evidence Table

### Sunnyside Surgery (1-545547001)

Inspection date: 11 September 2019

Date of data download: 05 September 2019

## 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 attended regular multi-disciplinary meetings which were also attended by district nurses, adult social care staff, a police community support office, a community matron, a social prescriber and representatives from council housing.	

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) <small>(NHSBSA)</small>	0.85	0.84	0.75	No statistical variation

## Older people

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• The practice carried out structured annual medication reviews for older patients.</li> <li>• Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.</li> <li>• Health checks, including frailty assessments, were offered to patients over 75 years of age.</li> <li>• Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.</li> </ul>

## 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. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. For example, a health care assistant had been trained to undertake home visits to patients who were not able to attend the practice, to complete relevant health checks and monitoring.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- 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.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- 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)	87.3%	83.8%	78.8%	No statistical variation
Exception rate (number of exceptions).	12.5% (43)	19.0%	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)	74.1%	79.9%	77.7%	No statistical variation
Exception rate (number of exceptions).	7.9% (27)	12.3%	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>	86.8%	83.2%	80.1%	No statistical variation
Exception rate (number of exceptions).	9.3% (32)	14.4%	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>	71.6%	75.3%	76.0%	No statistical variation
Exception rate (number of exceptions).	7.3% (23)	11.0%	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>	91.6%	90.3%	89.7%	No statistical variation
Exception rate (number of exceptions).	15.7% (20)	14.3%	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)	72.7%	83.1%	82.6%	Variation (negative)
Exception rate (number of exceptions).	3.1% (29)	5.4%	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)	89.1%	89.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	3.5% (5)	6.8%	6.7%	N/A

#### Any additional evidence or comments

The practice was aware that The Quality and Outcomes Framework (QOF) attainment for patients with hypertension was lower than local and national averages. The practice showed us 2018/19 data which showed the practice had improved the attainment to 80%.

### Families, children and young people

### Population group rating: Good

#### Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- 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 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	40	42	95.2%	Met 95% WHO based target
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)	39	43	90.7%	Met 90% minimum
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)	39	43	90.7%	Met 90% minimum
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)	39	43	90.7%	Met 90% minimum

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

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- 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	70.5%	74.7%	71.7%	Below 80% target

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)	77.5%	75.7%	69.9%	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)	59.8%	60.4%	54.4%	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)	50.0%	62.7%	70.2%	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)	47.3%	52.1%	51.9%	No statistical variation

#### Any additional evidence or comments

The practice was aware that uptake of cervical screening was lower than local and national averages for 2017/18. In response, the practice had updated their protocol to include writing to patients who had not attended their appointment for cervical screening to invite to book another appointment. We saw unverified QOF 2018/19 data which showed the uptake for cervical screening had improved to 79%.

#### 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.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed young patients at local residential homes.

**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.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- 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.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- 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) (QOF)	90.0%	92.9%	89.5%	No statistical variation
Exception rate (number of exceptions).	9.1% (3)	16.6%	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) (QOF)	93.3%	90.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	9.1% (3)	14.2%	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) (QOF)	74.4%	83.1%	83.0%	No statistical variation
Exception rate (number of exceptions).	6.5% (3)	7.4%	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)	545.4	548.1	537.5
Overall QOF score (as a percentage of maximum)	97.6%	98.0%	96.2%
Overall QOF exception reporting (all domains)	5.1%	6.7%	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

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

- We saw that a number of clinical audits had been undertaken within the last 12 months which had improved positive outcomes for patients. For example, in June 2017 the practice undertook an audit of patients who had been prescribed a high dose of an opioid. (Opioids are used to treat moderate to severe pain and can be addictive). The audit identified 22 patients who were being prescribed high doses of an opioid, and each of those patients were invited to the practice for a medicines review. The practice undertook a second audit in November 2018 which showed that 14 of the original 22 patients were no longer being prescribed a high dose of an opioid. The dosage for the remaining eight patients had also been reduced still further, following a medicines review.

## Effective staffing

**The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles. However, there were shortfalls in the completion of annual appraisals for all staff.**

	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.	Y
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.	Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>At the time of our inspection, the practice did not have an overview system of staff appraisals. Not all clinical staff had received an appraisal within the last 12 months. For example;</p> <ul style="list-style-type: none"> <li>• A salaried GP had not received an internal appraisal outside of the external appraisal arrangements required for revalidation and General Medical Council (GMC) membership requirements.</li> <li>• Three out of four nurses and phlebotomists that had been employed at the practice for over 12 months, had not received an appraisal within the last year.</li> <li>• Administration and managerial staff had not received an appraisal within the last 12 months as this was not the practice's policy.</li> </ul> <p>Since our inspection the practice had reviewed appraisal arrangements and widened the appraisal policy to incorporate all administrative staff. The overview system indicated that an annual appraisal for all staff was scheduled to be completed by 31<sup>st</sup> October.</p> <p>Administrative staff confirmed that managers and leaders were approachable, supportive and responsive to any concerns.</p> <p>The practice supported registrars at the practice and in 2018 won an 'Excellence and innovation in clinical teaching team award for GP Practices in the Truro locality' from The University of Exeter</p>	

Medical School.

All staff had completed all necessary training which included safeguarding adults and safeguarding children (to the appropriate level for each role), infection prevention and control, and fire safety awareness.

## 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 processes to make referrals to other services.	Y

## 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

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>	96.2%	94.0%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.2% (3)	1.0%	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

## 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:  Since the practice had moved into St Clare's Medical Centre which was shared with two other practices, shared staff meetings had been implemented. For example, all three practices held regular joint administration and reception meetings and nurses' meetings and GP partners and practice managers meetings. Leaders told us it had been beneficial to share best practice. For example, significant events and complaints was shared across all three practices, to facilitate learning.  The practice was aware of challenges to sustainability. For example, the practice responded to GP recruitment challenges by appointing a paramedic to support patients experiencing acute illness. This had positively impacted on the capacity of the GPs who were thus able to spend more time supporting patients with complex care needs.	

### 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

## 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.	Partial
Explanation of any answers and additional evidence: We saw that 13 out of 26 staff members had completed equality and diversity training.	

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

Source	Feedback
Staff interviews	<p>Staff told us that managers and leaders were responsive and approachable. For example, a phlebotomist told us their allocated administration time had been increased after they had informed managers that the allotted administration time was not sufficient to complete all required tasks.</p> <p>There was a culture of promoting development and learning opportunities. For example, the practice had supported a member of staff to return to nursing and renew their membership with the General Nursing Council (GNC) after a career break.</p>

## 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.	Partial
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We saw that the majority of governance systems had been regularly reviewed. However, we found that reviewing processes did not include all systems. For example;</p> <ul style="list-style-type: none"> <li>• Not all staff had received an appraisal in the last 12 months.</li> <li>• Not all policies had been reviewed regularly. For example, the practice's recruitment policy had not been reviewed since September 2017. The practice did not have a system to identify when policies were due to be reviewed.</li> </ul> <p>The practice had recently moved into a purpose-built facility which it shared with two other practices. The three practices had shared health and safety systems, infection prevention and control policies and procedures, and a facilities manager who supported all three practices.</p> <p>The GP partners and practice managers from all three practices met for weekly operational meetings to ensure shared health and safety, and fire safety systems were being developed and implemented in accordance with current legislation and guidelines. The three practices had shared access to emergency medicines and equipment which were regularly checked and signed to ensure expiry dates had not been exceeded and that equipment was in good working order.</p> <p>New fire safety policies and procedures had been developed when the practice had moved into the new building at St Clare's Medical Centre. We saw the practice regularly checked fire alarms, emergency lighting and fire extinguishers. The last fire drill had been completed in July 2019 and all staff had completed fire safety training. The practice had nominated fire marshals and nominated fire officers. We saw that an external fire risk assessment had been undertaken on 30th July 2019, which identified a medium likelihood of fire and considered that the consequences for the life safety in event of a fire was deemed as moderate harm. A total of 23 actions had been identified. The practice had subsequently developed an action plan developed with 'due to be completed' dates identified. We saw that four actions had already completed; other actions had been started or were in progress. All actions due to be completed by 01/12/2019.</p> <p>The practice had an infection prevention and control policy and procedure which had been reviewed in July 2019. The infection prevention and control lead nurse had undertaken three separate audits in September 2019; a hand hygiene audit of clinical staff to ensure correct hand washing procedure was being used; a decontamination of equipment audit and an environmental cleanliness audit. We saw that where compliance with internal policy and external guidance was not demonstrated, actions had been subsequently demonstrated.</p>	

### 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

### 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

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Any unusual access was identified and followed up.	Y
Explanation of any answers and additional evidence: Patients were able to use online services to book appointments and order repeat prescriptions.	



## 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:	
We received 12 CQC comments cards, all of which were unanimously positive regarding the care and treatment provided by practice staff.	
We saw documentary evidence and spoke to staff to confirm that meetings were regularly undertaken, and staff confirmed that they were consulted regarding any changes. For example, the staff were involved in the interior design of the new practice building.	

Feedback from Patient Participation Group.

Feedback
The patient participation group (PPG) had attended a meeting with the PPGs from the other two practices who shared the same building in preparation and consultation for the move. The PPG told us that they had not had a meeting since the practice had moved to the new building but that previous meetings had been recorded and attended by the practice manager and sometimes a GP. We were told that the practice had been responsive to the PPGs suggestions, for example, a toilet roll holder in a patient toilet had been moved so that it was more accessible.

## Continuous improvement and innovation

**There were 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

## Examples of continuous learning and improvement

The practice was in the process of supporting a receptionist to undertake a phlebotomy course.

## 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)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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.
- 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.

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>

### 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.