

Care Quality Commission

Inspection Evidence Table

Dr D Frost and Partners (1-540168119)

Inspection date: 8 August 2019

Date of data download: 23 July 2019

Overall rating: Good

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

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.	n/a
Explanation of any answers and additional evidence:	

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) (01/04/2018 to 31/03/2019) <small>(NHSBSA)</small>	0.78	0.94	0.77	No statistical variation

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.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- 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. 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.
- 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) <small>(QOF)</small>	79.3%	76.6%	78.8%	No statistical variation
Exception rate (number of exceptions).	4.4% (36)	9.9%	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) <small>(QOF)</small>	73.0%	76.3%	77.7%	No statistical variation
Exception rate (number of exceptions).	6.4% (52)	9.5%	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>	79.5%	78.8%	80.1%	No statistical variation
Exception rate (number of exceptions).	7.5% (61)	10.8%	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>	78.3%	77.2%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.5% (13)	2.8%	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>	90.5%	91.4%	89.7%	No statistical variation
Exception rate (number of exceptions).	3.1% (6)	8.7%	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)	82.8%	81.5%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.0% (48)	3.9%	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)	87.7%	85.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	4.9% (14)	8.8%	6.7%	N/A

Any additional evidence or comments

The practice's performance on clinical indicators was above local and national averages. Leaders spoke positively of a culture of high quality medical care. For example:

- In addition to regular clinical and internal audits, the practice also routinely undertook prevalence exercises to establish if its relatively low prevalence of some long term conditions (compared to local and national averages) was accurate. These had triggered improvements in recording processes which in turn had resulted in diabetes prevalence increasing from 4% in December 2016 to 6% in August 2019.
- The practice's patient group (the Millway Practice Support Group) worked closely with leaders and third sector organisations to develop patient led education initiatives. For example, a recent "Diabetes Health Fair" had provided patients and their carers with information on better managing their condition and raise awareness of local support organisations. We noted similar events had taken place for asthma, prostate awareness and palliative care. Latest national GP survey results highlighted that 81% of respondents felt they had enough support from local services or organisations in the last 12 months to help manage their long-term condition(s) (compared with the 73% local and 78% national averages).

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.
- The practice's nursing team held regular, minuted meetings where performance could be discussed and learning shared.

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)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	212	226	93.8%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	75	83	90.4%	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) (01/04/2017 to 31/03/2018) (NHS England)	75	83	90.4%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	76	83	91.6%	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>

Any additional evidence or comments

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.
- The practice had achieved an 89% sign up rate for the electronic prescription service.

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 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)	68.3%	63.0%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	69.3%	65.4%	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)	55.4%	47.4%	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)	80.5%	78.6%	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)	60.0%	57.9%	51.9%	No statistical variation

Any additional evidence or comments

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 and unverified practice data showed that as of August 2019, 89% of patients had received their 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 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.
- 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 some of which the practice hosted from its building.

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)	93.0%	91.7%	89.5%	No statistical variation
Exception rate (number of exceptions).	11.7% (17)	8.1%	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)	90.6%	91.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	11.7% (17)	5.8%	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)	75.2%	81.3%	83.0%	No statistical variation
Exception rate (number of exceptions).	2.6% (3)	3.7%	6.6%	N/A

Any additional evidence or comments

The practice was aware of its relatively high exception reporting for some mental health indicators. We were advised the practice continued to offer annual health checks and explore how it could better engage with this patient group.

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)	551.2	539.4	537.5
Overall QOF score (as a percentage of maximum)	98.6%	96.5%	96.2%
Overall QOF exception reporting (all domains)	3.8%	5.3%	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 noted several audits had been undertaken including a two cycle audit of aspirin and proton pump inhibitors use for over 75 year olds, annual child protection coding audits, annual antibiotic prescribing audits, a two cycle cancer audit (which assessed use of 2 week wait referrals) and a gestational diabetes audit.
- Records showed that the audit results had been discussed amongst clinical staff and had resulted in changes to clinical management and medicines for individuals, in line with guidance.
- The practice also routinely undertook prevalence exercises for those long term conditions less prevalent compared to local and national averages.
- The practice had also recently participated in a prediabetes group consultations pilot, led by the practice's clinical pharmacist. Leaders spoke positively about how 27 out of 28 patient participants had improved their pre-diabetes risk by lowering their blood sugar level below the pre-diabetes range.

Any additional evidence or comments

- Clinical audit was routinely carried out and was used to drive improvements in patient outcomes.
- The practice also routinely internally audited consultations undertaken by locum doctors. We were told this policy had been adopted from the local out of hours GP service, which was chaired by one of the partner GPs.

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.	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.	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
Explanation of any answers and additional evidence:	

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) <small>(QOF)</small>	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.	n/a

Explanation of any answers and additional evidence:

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
Explanation of any answers and additional evidence:	

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>	94.7%	95.8%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.5% (19)	0.6%	0.8%	N/A

Any additional evidence or comments

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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:	

Responsive

Rating: Good

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
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
Explanation of any answers and additional evidence:	

Practice Opening Times	
Day	Time
Opening times:	
Monday	7:30am-6:30pm
Tuesday	7:30am-7:30pm
Wednesday	7:30am-7:30pm
Thursday	7:30am-6:30pm
Friday	7:30am-6:30pm
Appointments available:	
Monday	7:30am-6:30pm
Tuesday	7:30am-7:30pm
Wednesday	7:30am-7:30pm
Thursday	7:30am-6:30pm
Friday	7:30am-6:30pm

The practice is also part of a local GP federation enabling patients to be seen at other locations from 6:30pm - 8:00pm Monday to Friday and 8:00am-8:pm at weekends.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
18535	358	113	31.6%	0.61%

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)	94.2%	93.2%	94.5%	No statistical variation

Any additional evidence or comments

Older people

Population group rating: Good

Findings

- 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 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.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

People with long-term conditions

Population group rating: Good

Findings

- 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 practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Parents with concerns regarding children under the age of 10 could attend a drop-in clinic held at the same time as the baby clinics.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- 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.
- The practice was open until 7:30pm on Tuesday and Wednesday evenings. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Weekday evening appointments were available (6.30pm-8pm) and weekend appointments (8am-8pm).

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. For example, unverified practice data showed that as of August 2019, 89% of patients in this cohort had had their annual health check assessment.

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

Population group rating: Good

Findings

- 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.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- The practice has appointed an in-house dementia advisor; supported by the practice's care coordinator, the Alzheimer's Society and a local psychological course for patients and their carers. The service had reduced waiting times for assessment, diagnosis and time to start treatment from 12 months to 1-2 weeks. We were told this had alleviated anxiety for patients and their families; and had also reduced the number of patients requiring referral to secondary care.

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)	39.6%	N/A	68.3%	Significant Variation (negative)
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)	57.1%	59.7%	67.4%	No statistical variation
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)	58.8%	58.1%	64.7%	No statistical variation
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)	66.4%	66.4%	73.6%	No statistical variation

Any additional evidence or comments

Leaders were aware of and had taken action to improve patient satisfaction regarding phone access. For example:

- The practice had analysed phone calls received to determine the number of calls answered vs calls missed and peak periods; and had subsequently modified the phone system so that at peak times unanswered calls were directed away from reception staff to other admin teams based in the building.
- A new website was introduced in May 2019 with improved functionality for on-line appointments

booking and email prescription queries (both of which aimed to reduce demand on phone lines).

- The practice had worked with its Patient Participation Group to undertake patient outreach and further promote use of the electronic prescription service and therefore reduce demand on phone lines. We noted the practice had the fifth highest take up in the CCG locality.
- Overall, the PPG spoke positively about how the practice worked closely with patients to improve phone access and ensure people could access the right care at the right time.

Source	Feedback
PPG	The practice's patient group spoke positively about how the practice had sought to improve phone access.

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.	64 (August 2018 - July 2019)
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
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
Late Running Appointment	Discussed at team meeting and staff reminded to keep patients updated.

Well-led

Rating: Outstanding

We rated the practice as outstanding for providing a well-led service because the leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.

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:	
<ul style="list-style-type: none">• Leaders spoke positively about how the expertise gained externally (for example in GP out of hours, clinical commissioning and NHS England settings) had supported a shared purpose at the practice and been used to improve leadership capacity and capability. For example, we noted that locum doctors' consultation notes were routinely audited based on a model used in Out of Hours GP services.• Staff reported that they felt well led and part of a team. There was strong collaboration and support across all teams and a common focus on improving the quality of care and people's experiences. For example, the practice had supported its patient participation group to deliver a social prescribing project which engaged with isolated patients. PPG members spoke positively about how the practice's strong collaborative approach had encouraged and empowered them to deliver the project.• Staff said that leaders had an inspiring shared purpose, strove to deliver and motivated staff to succeed. For example, we saw that the practice awarded a quarterly "Extra Mile" award for non-clinical staff who had excelled in supporting patients and/or service delivery.• The practice held annual 'away day' events at which strategic development was discussed and actions agreed (for example regarding improvements to the appointments system, website development and towards achieving a CQC "outstanding" rating).• Staff met regularly to discuss any issues or complex cases and to offer and receive peer support.• A lead partner had been identified to provide support and guidance to new and/or salaried GPs and other partners had designated lead roles for areas such as nursing team, sepsis management and stakeholder engagement.• The practice had a rotation system in place whereby each partner served a five year term as executive partner / CQC lead and had responsibility for ensuring strategic direction and performance management were aligned with CQC key lines of enquiry.	

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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: <ul style="list-style-type: none"> • The practice vision was to provide comprehensive, high quality medical care in a safe, efficient and friendly environment. • To support this vision the practice had introduced bespoke clinical and governance performance indicators which monitored service delivery in areas such as learning disability health checks, safeguarding reporting and complaints management. • We noted the associated targets were stretching, challenging and innovative, while remaining achievable. For example, in 2018/19 the practice had generally achieved its target of having more than 75% of monthly prescriptions generated electronically and had met its 70% annual target for learning disability health checks. • Records showed that partners reviewed performance at monthly monitoring meetings. 	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Records showed high levels of constructive staff engagement for example regarding proposals to improve the appointments system. Staff at all levels were actively encouraged to raise concerns. Staff were proud of the organisation as a place to work and spoke highly of the culture. 	

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

Source	Feedback
Staff interviews (clinical and non-clinical)	<ul style="list-style-type: none"> Staff reported that they were proud of the organisation as a place to work and spoke highly of the culture. Staff told us they received informal support when required and could request learning and development at any time.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • All clinicians attended weekly meetings where significant events analyses, complaints, compliments, clinical cases, new policies and procedures were discussed; as well as feedback from courses attended. • Communication was effective and organised through structured, minuted meetings and a recently introduced staff “learning bulletin” which discussed training and learning from significant events. • Governance and performance management arrangements were proactively reviewed and reflected best practice (for example regarding auditing of locum GPs’ consultation notes). 	

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: <ul style="list-style-type: none">• The provider had undertaken several risk assessments relevant to the provision of clinical care, including infection control and premises risk assessments. Recommendations from risk assessments had been actioned.• There was an effective and comprehensive process in place to identify, understand, monitor and address current and future risks.	

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: <ul style="list-style-type: none">• A 'template menu' had been developed and embedded within the service (including for example a "hot kids" template (for under-fives who attended the practice with a high temperature). This was developed and maintained by a GP lead. It was a single point of entry that ensured all clinicians were using up to date agreed templates. This helped to reduce the variability in using read codes as well as improving the safety of work carried out by new members of staff, clinical trainees and locums. It promoted uniformity of record keeping with all clinicians knowing where	

to find the correct information.

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: <ul style="list-style-type: none">• Staff feedback highlighted a strong team with a positive supporting ethos.• Staff said leaders proactively asked for their feedback and suggestions about the way the service was delivered.• The practice produced a quarterly newsletter with updates on learning updates, practice news, health promotion and staff changes.	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none">• The Patient Participation Group spoke positively about how they had been routinely involved in aspects of the practice. These included providing feedback about the appointments system, co-developing a volunteer scheme and co-developing a health talks programme for patients.• We also noted the group led an in house social prescribing project for dementia patients and their carers, children with emotional and behavioural problems and patients who felt isolated. The project engaged with patients and/or sign posted them to relevant third sector support services.

Any additional evidence

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
<ul style="list-style-type: none">• Leaders encouraged staff to take time out to review individual and team objectives, processes and performance.• They spoke positively about how training was integral to the work of the practice and we saw	

evidence of a range of training initiatives in operation including the practice's status as a GP training practice and participation in a GP Nurse training programme.

- We also saw evidence of training provided for non-clinical staff (for example ongoing reception staff training on the practice's revised duty doctor appointments system and on the functionality of the practice's new website).

Examples of continuous learning and improvement

- "Patient First" duty doctor initiative which had entailed assessing, revising and then monitoring the appointments system to ensure that patients could access appointments and services in a way and at a time that suited them.
- The practice had been at the forefront of online access since 2016 and had the fifth highest sign up of the electronic prescription service in the CCG locality.

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.
- 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.