

Care Quality Commission

Inspection Evidence Table

Welbeck Road Health Centre (1-547680381)

Inspection date: 4 November 2019

Date of data download: 29 October 2019

Overall rating: Good

At our previous inspection in October 2014, the practice was rated as outstanding overall. It was rated outstanding overall because the responsive and well-led domains were rated as being outstanding.

At this inspection, we rated the service as outstanding in the responsive domain and good in the other four domains, leading to an overall rating is good. This was because:

- Outstanding practices need to continue to learn and innovate.
- Outstanding features must be supported by clear evidence of their impact upon patient care and experience.
- Initiatives that were previously regarded as innovative or unusual may no longer be so because of wider developments across primary care. Having now inspected all GP practices, CQC has a better understanding of the baseline.
- The assessment framework has been updated with new key lines of enquiry since the last inspection, meaning that this inspection covered some new areas and others in greater depth than at the previous inspection.

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

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.	N/A
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Partial
There was active and appropriate engagement in local safeguarding processes.	Y

Safeguarding	Y/N/Partial
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
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Child health meetings were held quarterly between the safeguarding lead GP and the health visitor, and also the midwife and school nurse when they were able to attend. Members of the wider practice clinical team also attended child health meetings whenever possible. The practice informed us that they had achieved 100% responses for requests for information at safeguarding conferences. Prevent training had been provided in September 2019. Prevent is about safeguarding and supporting those vulnerable to radicalisation and is mandatory training for NHS staff. Training in domestic violence had been provided to staff members in July 2019. The practice was aware of new Intercollegiate guidance on child safeguarding roles and competencies for staff. Some non-clinical staff needed to update their online training from level one to level two and the practice told us they aimed to get appropriate staff to complete this promptly. All clinicians had been trained at level three in line with the guidance. The practice told us that the whole practice team received an annual practice based face-to-face child safeguarding update, which was level three based. Staff DBS checks had been completed. If there was a delay in obtaining clearance, a risk assessment was undertaken to allow staff to commence their roles. Self-declaration forms were used at staff's annual appraisal to confirm that there had been no changes to their DBS status. A new DBS was undertaken if staff changed role, and a system of DBS 'spot-checks' was being introduced so that a number of staff were reviewed each year to update records and confirm that the self-declaration process was effective. Contact numbers for the local authority for safeguarding concerns were added to the back of their ID badges, and this information was also available in the practice safeguarding policy. Vulnerable adults were discussed and reviewed at regular meetings with the wider multi-disciplinary team. 	

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.	Partial
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Staff vaccination was recorded. Some individual updates were required, but we saw that this was 	

in progress.

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: 31/10/2019 (Welbeck Road); 1/11/2019 (Glapwell branch site)	Y
There was a record of equipment calibration. Date of last calibration: variable according to the equipment but all observed to be up-to-date. For example, spirometry machine 15/10/2019; 24 hours blood pressure machine 16/04/2019.	Y
There were risk assessments for any storage of hazardous substances for example, oxygen cylinders, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: 05/2019.	Y
There was a log of fire drills. Date of last drill: 09/10/2019.	Y
There was a record of fire alarm checks. Date of last check: Alarms were checked weekly with a six-monthly maintenance contract in place. The last maintenance check had been completed on 16/10/2019.	Y
There was a record of fire training for staff. Date of last training: 05/2019	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 15/05/2019 (Welbeck Road); 21/05/2019 (Glapwell branch site).	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence:	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 13/05/2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 13/05/2019	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice contracted the estates team from the local community health Trust to maintain the building. The estates team managed this proactively and any issues were resolved promptly.As part of a service level agreement with the Trust, the estates team held a Risk Assessment Register for the practice and carried out risk assessments including when a potential risk was identified or day-to-day maintenance/risks. The estates team has undertaken all necessary site	

assessments including, for example, Legionella and asbestos. In addition, a comprehensive Health & Safety risk assessment had been completed in the last 12 months by an independent property management company.

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: 11/2019	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
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence:	

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
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:	
<ul style="list-style-type: none"> We saw evidence that staff had completed sepsis training. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> On the day of our inspection, 488 patient records (4.4% of the overall list size) had not been appropriately coded and summarised which pre-dated 2010 (since this time, information had been recorded electronically). The practice completed a risk assessment for the notes pre-2010 determining that the risk of relevant information not being available was very low; clinicians requested sight of the old paper records if needing further information which was not available electronically. The practice told us they were going to prioritise clearing this backlog, and within four working days of the inspection, the practice had reduced this number to 391 (3.5% of overall list size). The practice procedure was to summarise all paper records by a trained summariser within a couple of weeks of them arriving at the practice, and we observed that these were up-to-date. There was also an effective system for processing information relating to new patients including the summarising of new patient notes. 	

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)	1.05	0.83	0.87	No statistical variation
The number of prescription items for co-	5.9%	7.5%	8.6%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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)				
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)	4.84	5.39	5.63	Tending towards variation (positive)
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)	2.84	2.02	2.08	No statistical variation

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
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 changes to a patient's medicines including changes made by other services.	Y
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
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	Y

Medicines management	Y/N/Partial
and disposal of these medicines, which were in line with national guidance.	
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.	N/A
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.	Partial
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.	Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> One of the salaried GPs managed the monitoring of high risk medicines. We saw that an effective system was in place to ensure that patients received regular blood tests. The practice undertook regular safety prescribing searches to ensure they did not miss common errors in patients on multiple medications. Non-medical prescribing was reviewed – for example, debrief sessions were held as required and there was access to ongoing support. The practice told us they would implement a more formalised process to audit consultations as a further assurance. The clinical pharmacist or a GP partner attended CCG-led prescribing leads meetings. A representative of the CCG medicines management team attended the practice each week to review prescribing to ensure this was cost effective and in line with local guidance. We observed that one recommended emergency medicine was out of stock item at the time of the inspection (an alternative medicine for penicillin-allergic patients). There had been widespread difficulty in accessing supplies of this medicine, but the practice confirmed they had obtained this and it was delivered to the practice the day after our inspection. On the day of the inspection, we observed a small number of loose flu vaccines which had been returned to the vaccine refrigerator in a basin. This was not in accordance with guidance which recommends that all medicines should be returned into their packaging for storage. The practice acknowledged this error and told us they would reinforce that the guidance must be adhered to by the staff. We observed that the arrangement for all other vaccines was safe and appropriate. 	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Y
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Y
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Y
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Y
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Y

Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Y
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	Y
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Y
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Y
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Y
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Y
<p>Explanation of any answers and other comments on dispensary services:</p> <ul style="list-style-type: none"> • There was a dispensary at both the main and branch site. • An audit of dispensing errors had been conducted over a 12 month period. This led to the development of an action to share information and learning, increase understanding and awareness, and minimise future errors. • The practice participated in the Dispensing Services Quality Scheme (DSQS) and conducted an annual audit as part of this. The most recent audit reviewed the non-collection of prescribed patient medicines. This highlighted some areas for improvement, for example, reminding prescribers to make dispensers aware of changes in medicine regimes at the time of occurrence, to minimise uncollected medicines and reduce wastage. • The practice sub-contracted a driver to deliver medicines to housebound patients and those with transport difficulties. An initial service specification, including a risk assessment was developed when the practice started using a delivery driver service in 2013. This was updated in 2019 with additional controls including the development of a process where the driver needs to sign for collection/return of medication as good practice. The driver had appropriate DBS clearance. 	

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:	25
Number of events that required action:	25
Explanation of any answers and additional evidence:	

- The practice had introduced their own significant event reporting form to capture more details and evidence of outcomes. This also included prompts, for example, to consider referral to the National Reporting and Learning System (NRLS) and other agencies, and to consider if 'duty of candour' was applicable.

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
<ul style="list-style-type: none"> • A topical nasal antibiotic (containing peanut oil) was issued to a patient with an allergy. There was a warning highlighted on the clinical system, although this was not clearly visible. 	<ul style="list-style-type: none"> • The practice changed the system so that a major alert 'pops up' on the consulting screen when trying to issue penicillin. The clinician has to click 'cancel' or override to continue.
<ul style="list-style-type: none"> • Delayed information sharing about no stock of adrenaline being available as an emergency medicine meant GPs were not aware. It was difficult to source a supply of adrenaline at this time from the supplier. 	<ul style="list-style-type: none"> • The practice ensured nurses flagged any out of stock items which could not be immediately replaced with partners. The nurse manager also sourced alternative suppliers for medicines in such situations including the hospital and other practices.

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: <ul style="list-style-type: none"> • We saw examples of actions taken on recent alerts for example, hormone replacement therapy and the associated long-usage risks of increased breast cancer. • Alerts were logged and included details of actions taken. The clinical pharmacist managed this process. • The dispensary received copies of all alerts. There was a process for determining which alerts were relevant in the dispensary. Copies of all recalls were maintained even if not relevant to the dispensary in case affected medicines were returned by patients. 	

Effective

Rating: Good

The population group 'people with long-term conditions' was rated as requires improvement due to having high level of exception reporting for diabetes indicators in their QOF data, as well as low performance in the asthma indicators. All other population groups were rated as 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) (01/07/2018 to 30/06/2019) (NHSBSA)	0.95	0.61	0.75	No statistical variation

Older people

Population group rating: Good

Findings

- The practice identified 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 pharmacist carried out structured medication reviews for 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: Requires Improvement

Findings

- The population group 'people with long-term conditions' was rated as requires improvement due to the QOF performance, in particular the performance for patients with asthma receiving a review and their high exception reporting in the diabetes indicators.
- 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, clinicians 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.
- 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. An annual asthma review form had been added to the website to encourage patients to have their condition monitored.

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 (01/04/2018 to 31/03/2019) (QOF)	84.0%	81.4%	79.3%	No statistical variation
Exception rate (number of exceptions).	26.1% (219)	16.9%	12.8%	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 (01/04/2018 to 31/03/2019) (QOF)	71.4%	78.5%	78.1%	No statistical variation
Exception rate (number of exceptions).	8.1% (68)	10.3%	9.4%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on	84.9%	83.4%	81.3%	No statistical variation

the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>				
Exception rate (number of exceptions).	14.6% (122)	15.0%	12.7%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	58.6%	78.4%	75.9%	Significant Variation (negative)
Exception rate (number of exceptions).	0.9% (8)	9.0%	7.4%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	88.5%	90.5%	89.6%	No statistical variation
Exception rate (number of exceptions).	11.5% (26)	13.3%	11.2%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	79.8%	84.5%	83.0%	No statistical variation
Exception rate (number of exceptions).	2.4% (40)	4.0%	4.0%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	91.7%	93.3%	91.1%	No statistical variation
Exception rate (number of exceptions).	1.9% (4)	6.0%	5.9%	N/A

Any additional evidence or comments
<ul style="list-style-type: none"> We asked the practice about the lower 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. They informed us that previously the practice would attach asthma review questionnaires (containing the three RCP questions and smoking status) to the prescriptions of people who had not attended for review. These would be read by the practice's asthma nurse and those with any sign of suboptimal control would trigger a face-to-face review. This process did not occur in the last 12 months year due to a change in QOF lead. The

practice started to use their website for asthma questionnaires more recently although some technical factors had affected functionality initially. There was very low exception reporting for this indicator which would have also impacted on the overall achievement. In response to the performance on this indicator, the practice provided us with a comprehensive action plan to enhance future performance.

Families, children and young people

Population group rating: Good

Findings

- The practice had met the minimum 90% target for all of the four childhood immunisation uptake indicators. The practice met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for one of the four childhood immunisation uptake indicators.
- 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.
- Quarterly child health meetings took place. Nurses attended this meeting to highlight any concerns identified as part of the immunisation programme.
- 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 sexual health and contraceptive advice. Family planning services were provided on site
- 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)	122	124	98.4%	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)	110	116	94.8%	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	110	116	94.8%	Met 90% minimum

31/03/2019) (NHS England)				
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)	110	116	94.8%	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

- 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 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)	79.3%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	72.7%	74.9%	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)	61.7%	60.2%	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)	65.4%	67.7%	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)	44.3%	47.6%	51.9%	No statistical variation

Any additional evidence or comments

- The practice had worked with Cancer Research UK to introduce letters to non-attenders for national screening programmes to try and improve uptake. The practice had participated in the national cancer audit.
- The practice was aware that the cervical screening rates had fallen. The practice was marginally

below the 80% target and was looking at ways to promote uptake. This included promotional material in the waiting area and information leaflets, offering appointments as part of the extended access scheme, and opportunistically trying to explain the benefits to patients to encourage their participation in the screening programme. The nursing team had designed a practice information sheet on cervical screening to send out with appointments, and this fully explained the procedure and dispelled myths which may give rise to some reluctance in some patients regarding attending for cervical screening. A reminder letter also included a cancer trust's information sheet to reinforce the importance of the screening programme.

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings

- Same day appointments and longer appointments were offered when required.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Patients with palliative care needs were reviewed at monthly practice meetings.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice ensured appropriate patients with gender dysphoria had access to care and services via a transgender care pathway.
- The practice demonstrated that they had a system to identify people who misused substances. Patients were signposted to drug and alcohol support services when this was indicated.
- The practice reviewed patients at a local brain injuries residential unit.

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.
- There was a system for following up patients with serious mental conditions who failed to collect prescriptions. Dispensary staff would flag this to clinicians for review.
- Mental health reviews included an assessment of suicidal ideation and self-harm. 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. All staff had received suicide awareness training.
- 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

England

England

		average	average	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	84.2%	92.9%	89.4%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	15.5%	12.3%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	75.0%	92.4%	90.2%	Tending towards variation (negative)
Exception rate (number of exceptions).	0.0% (0)	13.6%	10.1%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	88.9%	84.1%	83.6%	No statistical variation
Exception rate (number of exceptions).	8.9% (7)	8.4%	6.7%	N/A

Any additional evidence or comments

- We asked the practice about the lower percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months. They informed us this was due to a number of patients on their mental health register being in remission, and that these patients often declined to attend for an annual health review. The practice had not been coding them as being in remission to remove them from the overall calculation (with the caveat that should they relapse, they would be added back on to the register). Following our inspection, the practice informed us that a GP was identifying those patients in remission and coding appropriately so that the figures for this group would be accurate.

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)	535.3	No Data	539.2
Overall QOF score (as a percentage of maximum)	95.8%	98.3%	96.4%
Overall QOF exception reporting (all domains)	5.4%	6.1%	5.9%

	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

<ul style="list-style-type: none"> We saw evidence of a regular programme of clinical audit with 12 clinical audits having been undertaken in the last 12 months. For example, we saw a two cycle audit to review the number of patients taking high dose morphine (>100mg/day) for non-cancer pain. The initial audit in 2017 had identified 67 patients being prescribed this medicine on repeat with 27 of them being prescribed the higher dosage. A set of actions were then developed to try and reduce numbers. The second cycle in 2019, showed that although there were a similar number of patients on repeat prescriptions, only 13 patients were on 100mg or more of morphine per day, compared with 27 in 2017. Regular patient reviews were being undertaken, and prescribing in terms of quantity and reauthorisation frequency was in line with guidance. The audit contained anonymised case studies to demonstrate the impact achieved for individual patients. We saw examples of quality improvement work. Following an incident when a patient was prescribed the combined contraceptive pill against guidance, it was decided that it would be beneficial to safe practice to devise templates for all contraceptives. These templates provided up to date resources to facilitate safe counselling and prescribing for all contraceptive methods. All staff prescribing or counselling for any method therefore have access to the most up to date guidance and the templates ensure that all relevant data was obtained and entered. This standardised the management of contraception and there were links to enable clinicians to access further information if needed. Another benefit was that, by ensuring that STI (sexually transmitted disease) screening and advice about contraception around time of implant or coil fitting was prompted by the templates, fewer fittings were delayed as patients were correctly prepared. Other examples of quality improvement work included an end of life project to improve their end of life care and increase the opportunities to offer bereavement support to families. Quality improvement was a standing item on nurse and partners meetings' agendas.

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.	N/A
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:

- Three of the GPs were GP trainers and accommodated GP registrar placements. Nursing student placements were also supported by the practice. The practice hoped to extend their training remit to include medical and pharmacy student placements in the future.
- The practice had appointed their own practice matron. The matron role incorporated care for both acute and chronic conditions. The matron was an independent prescriber and undertook home visits for housebound patients, and also provided clinical input for patients at a local care home.
- There was a full-time clinical pharmacist in post. This brought added value to the practice in terms of managing the repeat prescriptions system, medicines audit, and oversight and action of medicines alerts. In addition, the pharmacist was an independent prescriber and undertook patient consultations.
- A new role of 'social prescriber' had been introduced via the Primary Care Network. This person was due to commence their role shortly after our inspection. Whilst this post covered a number of local practices, they had dedicated hours assigned for patients at Welbeck Road Health Centre. The social prescriber was to be based within the practice and was located in the same office as the practice care co-ordinator to ensure effective joined up working.
- Most staff worked across both the main and branch sites. Usually each staff members would be rostered to work half-a-day each week at the branch site. This helped consistency across the two sites and prevented isolation of staff at the smaller branch site.
- We saw that staff training was up-to-date. The practice had specified which training modules were mandatory for all staff, and those which were role specific, and monitored that training updates were completed as per the recommended schedule. The practice utilised a good balance of online training and face-to-face training delivered within the practice. Attendance at external courses and events was also encouraged with a view to personal development, succession planning and general interest, and this was linked to the appraisal programme.
- We saw that inductions were completed for new staff. As well as a generic induction, there was an additional role specific induction. Staff told us that they were well supported throughout their induction with opportunities to shadow other members of the team, and receive ongoing mentorship until they were confident to work independently. Non-clinical staff had a three month probationary period, and clinicians had six months.
- All staff had received an annual appraisal. Salaried GPs received an in-house appraisal in addition to their standard GP appraisal, which ensured they were linked to practice objectives.

The appraisal incorporated a review of mandatory training.

- The healthcare assistant had undertaken training to undertake roles including spirometry and foot checks for patients with diabetes. The healthcare assistant had been in post for a number of years and therefore had not completed the Care Certificate. However, competencies had been assessed and were reviewed. The practice told us that any new healthcare assistant would be directed to complete the Care Certificate.

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 (01/04/2018 to 31/03/2019) (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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Clinicians met each day at approximately 11.30am for coffee to discuss any concerns or matters that had arisen. This meeting also provided an opportunity for other community staff to have easy access to practice clinicians to discuss patient care. • Practice staff met with the wider community health team each month as part of the community services team meeting to review those patients who were most vulnerable. This included a section for patients with palliative care needs. Whilst this was a formal meeting to review patient care, ongoing discussions took place with appropriate clinicians on an ongoing basis. The practice told us they were inviting the community psychiatric nurse to attend the meetings to encompass a review of patients' mental health needs. • The upper floor of the practice was used partly as the practice, mainly as an administrative base. The other section was a base for community based health care staff employed by the local community Trust. This included district nurse and specialist nurses, for example the heart failure specialist nurse. This enabled rapid and easy communication, and effective ongoing liaison regarding patients. 	

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	Y

services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	
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> <ul style="list-style-type: none"> • A gymnasium was based on site as part of the 'Bolsover Wellness' project. This contained a range of equipment which could be used by patients under the supervision of a trainer from the Live Life Better Derbyshire scheme, working to a bespoke exercise regime. The facility was also available to practice staff. • The Wellness project also attended the practice to deliver a chair-based exercise programme for those patients who had been identified at being at risk of falling. • The practice worked with the Live Life Better Derbyshire service to promote patient well-being. The service provided support for smoking cessation, weight management, reduced alcohol intake and healthier lifestyles. The service was going to have a permanent base at the practice shortly after our inspection. • Patients had access to a self-taking blood pressure monitor in the waiting area. 	

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 (01/04/2018 to 31/03/2019) (QOF)	90.4%	95.4%	95.0%	Tending towards variation (negative)
Exception rate (number of exceptions).	0.4% (13)	0.8%	0.8%	N/A

Any additional evidence or comments
<ul style="list-style-type: none"> • We asked the practice about the lower 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. They informed us this was partly due (in relation to mental health) due to the issues previously described of patients not been coded correctly. The practice had recently added a 'pop-up message' so that when clinicians looked at patient notes, they were prompted to record smoking status.

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.	N/A
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Two GPs were section 12 trained. A section 12 approved doctor is a medically qualified doctor who has been recognised under section 12(2) of the Mental Health Act. They have specific expertise in mental disorder and have additionally received training in the application of the Act. 	

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.	21
Number of CQC comments received which were positive about the service.	20
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC comment cards	<ul style="list-style-type: none"> We received 12 cards from patients in November 2018. A proposed inspection planned for November 2018 was postponed, but the practice had kept the completed comment cards for review at the rescheduled inspection in November 2019. All 12 of these cards were complimentary and included comments that patients were treated with kindness and respect. Patients said they were listened to and comments included reference to prescribed medicines being explained, and that the environment was clean. The remaining nine cards were received in the two weeks before our inspection in November 2019. Six were from patients attended the main site, and five of these commented on helpful, friendly and caring staff. One card contained mixed feedback, giving a positive view whilst also mentioning a perceived poor interaction with a member of the reception team and some difficulties in obtaining a routine appointment. The three cards received from the branch site were wholly positive.
Healthwatch	<p>Healthwatch shared three comments with us that had been received over the last 18 months. All three respondents were very happy with the care they had received. Comments included:</p> <ul style="list-style-type: none"> Exceptional care and support provided by a GP on a home visit. Rapid diagnosis and access to appropriate care Effective information sharing with other professionals

NHS Choices	<ul style="list-style-type: none"> Seven comments had been posted by patients over the last 12 months. The majority of comments were positive and referenced helpful and caring staff. Negative comments referred to dissatisfaction with the attitude of some staff, and issues with the online systems. When an issue was raised the practice posted a response to say how the concern had been addressed, or invited patients to contact the practice to discuss the matter further and to try and resolve the problem.
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National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11, 177	299	132	44.1%	1.18%

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)	89.8%	89.5%	88.9%	No statistical variation
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)	90.3%	88.3%	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)	95.2%	96.2%	95.5%	No statistical variation
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)	90.8%	84.5%	82.9%	No statistical variation

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

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: <ul style="list-style-type: none"> Easy read and pictorial materials were available. For example, we saw information displayed about the cervical screening programme in easy-read format for patients with a learning disability. 	

Source	Feedback
Patient interviews/CQC comment cards	<ul style="list-style-type: none"> Patients gave a positive account of how clinical staff involved them in decision about their care. One patient told us how they felt the consultation was about a genuine discussion in which the patient's views were sought. As a result, the patient had felt empowered and took a more proactive stance in managing lifestyle changes.

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)	95.8%	93.6%	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.	<ul style="list-style-type: none"> 140 patients were on the practice carers register. This equated to 1.2% of registered patients.
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> The practice had a nominated carers lead (the practice care co-ordinator). The practice had information on display to promote services for carers,

	<p>this included young carers. Information was also available on the practice website.</p> <ul style="list-style-type: none"> • Carers packs were provided to patients. The information was customised to be relevant for individuals. Information about local support services was included. • Carers were offered a referral to the local Carers Association for a formal carers assessment. • Carers were invited to receive an annual flu vaccination. • The carers lead maintained telephone contact with carers to check if they were managing well, or if any changes indicated that a review was required. The frequency of this input was determined by individual need. • The care co-ordinator/carers lead worked closely with the practice and community matron, and would work alongside the newly appointed social prescriber in the Primary Care Network. They also attended the multi-disciplinary team meeting with practice, community and social care staff. This helped identify specific carer's needs and to respond accordingly.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> • We spoke with a patient who told us how impressed they had been by the insight of the GP in understanding the process of bereavement. They were given additional consultation time to discuss this at length. • Following a bereavement, the GP who had been most closely involved with the patient would usually contact the family. A GP consultation or guidance on bereavement support would be provided if this was required.

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.	Y
Explanation of any answers and additional evidence:	

Any additional evidence or comments

<p>The practice provided many examples of caring beyond the remit of general patient care</p> <ul style="list-style-type: none"> • The practice supported charities. For example, the sale of second-hand books generated £2,500 for Macmillan in 2017. Two members of the practice team had raised £2,400 for the same charity through the Macmillan 'Brave the Shave' initiative. • The practice provided us with a range of examples in which they had provided personalised care for individuals.

- There was an emphasis on caring for the environment, and the practice had recycling facilities on site.

Responsive

Rating: Outstanding

At our previous inspection in 2014, the practice was rated as outstanding for providing responsive services. At this inspection in 2019, we also rated the practice as being outstanding for providing responsive services. This was because:

- Patients' individual needs and preferences were central to the planning and delivery of tailored services. The services were flexible, provided choice and ensured continuity of care.
- The involvement of other organisations and the local community was integral to how services were planned and ensured that services met people's needs. There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs.
- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met these needs and promoted equality.
- People could access appointments and services in a way and at a time that suited them. The national GP patient survey demonstrated that the practice had performed above local and national averages in relation to the questions related to providing a responsive service. This was reinforced by positive feedback from patients who used the service.

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: <ul style="list-style-type: none"> • Patients' needs were central in deciding which services to offer and locate from the practice premises. The practice has actively worked to ensure services were easily accessible for patients and recognised the need for joined-up care. For that reason, the practice had worked to co-locate services such as Live Life Better Derbyshire and the social prescriber, with appointments also being available for patients of other local practices. • The co-location of community health services in the same building facilitated easier access for patients to attend physiotherapy, podiatry, audiology, respiratory clinics, cardiac rehabilitation clinics, chair based exercises and a falls prevention group. These services were available to all local residents, not just patients registered with the practice. • Aligned to the CCG's self-care campaign (launched in summer 2018), the practice had actively 	

promoted self-care by working in partnership with a wide range of local community groups and services in promoting healthy lifestyles for patients. In addition, the practice combined their annual flu clinic with promoting support for carers and also promoted support services from Live Life Better Derbyshire.

- The practice hosted visiting services including Cognitive Behaviour Therapy (CBT), counselling, the Citizens Advice Bureau (CAB), and health promotion activities such as chair-based exercise sessions and access to the on-site gymnasium.
- The practice had a 'measurements room' (including digital scales and height chart) that patients were able to use, and reception staff were available to assist with this if required.
- The practice had undertaken a site assessment in October 2019 to help improve the premises for those with special access needs. A patient with a visual impairment who was also a carer for a relative with dementia helped the practice to review the environment. This produced a number of recommendations which then led to the development of an action plan. This included, for example, suggestions about internal lighting, patient information on display, colour schemes and contrasts used, and ease of access around the building. The practice had fitted new dementia-friendly vinyl flooring in clinical rooms.
- The practice considered patient's needs as pivotal to their decision-making when they chose which Primary Care Network to join. An active decision was made to work in a PCN with the local practices as opposed to the existing Extended Access group in place. This helped ensure that patients (both from the practice and from other PCN practices) benefited from clear patient pathways and the delivery of local services.

Practice Opening Times

Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm; extended access opening hours 6.30pm to 8pm.
Thursday	8am to 6.30pm; extended access opening hours 6.30pm to 8pm.
Friday	8am to 6.30pm; and every third Friday extended access opening hours 6.30pm to 8pm.

- The branch site at Glapwell opened from 8.30am until 5.45pm on Monday, Tuesday and Thursday (with lunchtime closing 12.30pm – 1.30pm). It opened between 8.30am and 1.30pm on Wednesday and Fridays.
- The practice closed on the second Wednesday afternoon of each month from 12.30pm until 5pm on most months of the year (apart from August and December) for protected learning time.
- The practice participated in a local extended access scheme which meant that patients could access appointments until 8pm on weekdays. These were available at the practice on Wednesday and Thursday evenings and every third Friday. Patients could access appointments under this scheme at one of the other participating practices until 8pm on Mondays, Tuesdays and on two out of every three Friday evenings. Additionally, patients could access an appointment on Saturday mornings between 8am and 11.15am at a local GP practice as part of the extended access

<p>scheme. The scheme also delivered some extended access in core hours each day.</p> <ul style="list-style-type: none"> • Appointments were also available on Sundays and bank holidays as part of the same scheme. This component of the service had been sub-contracted to Derbyshire Health United (DHU). • On the day appointments were available with the nurse practitioner or clinical pharmacist, in addition to standard GP appointments. Staff had clear guidance on which type of presentation should be allocated to each professional. 	
GP Appointments available:	
Monday	8.20am to 10.45am; 2pm to 5.20pm (to 8pm under the extended access scheme)
Tuesday	8.20am to 10.45am; 2pm to 5.20pm (to 8pm under the extended access scheme)
Wednesday	8.20am to 10.45am; 2pm to 5.20pm (to 8pm under the extended access scheme)
Thursday	8.20am to 10.45am; 2pm to 5.20pm (to 8pm under the extended access scheme)
Friday	8.20am to 10.45am; 2pm to 5.20pm (to 8pm under the extended access scheme)
<ul style="list-style-type: none"> • The above times relate to routine and urgent appointments but there was in-built flexibility to see additional patients within the system. 	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11,177	299	132	44.1%	1.18%

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)	92.8%	95.2%	94.5%	No statistical variation

Older people

Population group rating: Outstanding

Findings

- All patients aged 75 and over 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 community matron role enabled greater continuity for home visits and for care home visits, providing effective continuity of care and care co-ordination.
- The practice matron would visit patients at home with acute needs, as well as those with long-term conditions. The practice matron also provided care to patients at a local care home and undertook a weekly 'ward round' at the home to see patients. The focus on care home patients provided

continuity for patients and care home staff.

- The practice provided effective care coordination to enable older patients to access appropriate services. Regular meetings between practice clinicians and the wider multi-disciplinary team to review patients of concern ensured timely and effective decision-making and follow up actions.
- The practice liaised regularly with the local district nursing team and community matron to discuss and manage the needs of patients with complex medical issues. For example, over the past twelve months the practice has been involved in the management and transition of patients with complex wound care needs to the district nursing team. This has included the practice working collaboratively with the handover of patients and having several face-to-face meetings with the community services management team. The practice was one of the first in the local area to have their complex wound care patients transitioned across to the district nursing team.
- When a clinician completed a home visit they left a handwritten message for the carer or family member of any patient with memory problems who has been seen alone. In addition, clinicians would often send a letter to anyone experiencing memory problems following a telephone consultation.
- There was a medicines delivery service for housebound patients.
- The practice allowed the community to use their toilet facilities as public toilets were no longer available in the local town.
- The practice achieved highly on indicators relating to access to appointments in the latest national GP patient survey. This impacted on all population groups.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment where possible.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice had initiated and organised a 'Diabetes and Health Awareness Day' which had taken place in September 2019. This was promoted to gain uptake from across the local community (and patients registered at other practices in their Primary Care Network), rather than just on the practice's own registered patients. Representatives at the event included Diabetes UK, the diabetic retinopathy screening programme, a dietitian, Live Life Better Derbyshire, and a health training programme for newly diagnosed diabetes or those with symptoms of pre-diabetes. The programme ran until 7pm to encourage attendance for working people. There was good attendance and the Primary Care Network were interested in developing this further for the future.
- A chair-based exercise programme for those patients who had been identified at being at risk of falling was held on site, facilitated by a health trainer. This group was available to patients registered with any local GP practice.
- The practice liaised regularly with the wider health and social care teams including the local district nursing team and community matron 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.
- A nurse practitioner who was the diabetes lead nurse ran two-monthly evening meetings to support patients with type 2 diabetes on insulin. The nurse practitioner had devised an information letter for patients with pre-diabetes explaining monitoring their condition and providing lifestyle advice, and was also able to initiate insulin to appropriate patients with diabetes within the practice.
- The practice achieved highly on indicators relating to access to appointments in the latest national

GP patient survey. This impacted on all population groups.

Families, children and young people

Population group rating: Outstanding

Findings

- Early and late appointments were available for children to ensure that they did not need to miss school. Appointments for childhood immunisations were flexible to encourage uptake.
- 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.
- Postnatal examinations were offered flexibly and encouraged from three weeks to ensure contraception was offered early enough, and identify any mental health issues to help address these promptly.
- The website had a dedicated area for teen health which included weblinks to information and services to support younger people. Younger carers were signposted to a local support group.
- The practice worked with local schools. GPs had delivered a health presentation to schoolchildren. A GP arranged for donations to help a local school provide sanitary items when this was identified as a concern. The practice had gifted local primary schools with arts and crafts vouchers in return for students' artwork which was displayed around the practice.
- The practice supported the 'Rosie and Jim' initiative. Six nursery age children per day attended the practice over two weeks in January 2019 to spend time with the nurse as a gentle introduction to coming to the surgery.
- Weaning, breastfeeding and antenatal classes were delivered from the practice premises providing easier access to services for patients.
- The practice achieved highly on indicators relating to access to appointments in the latest national GP patient survey. This impacted on all population groups.

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 8pm on a Wednesday, Thursday and every third Friday as part of a local extended access scheme for nine participating practices. Pre-bookable appointments on other weekday evenings were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available Saturdays, Sundays and bank holidays as part of the local extended access scheme.
- Cervical screening appointments were available in the evening and the nursing team worked on providing a more personalised approach and promotion towards smear tests to help increase uptake.
- The practice offered a range of contraceptive services, offered by different staff members, including

a nurse practitioner, pharmacist, practice matron and GPs. There was always a clinician seeing patients who was able to discuss contraception, including coils and implants. Emergency contraception was prioritised as an on-the-day emergency appointment.

- The practice achieved highly on indicators relating to access to appointments in the latest national GP patient survey. This impacted on all population groups.

People whose circumstances make them vulnerable

Population group rating: Outstanding

Findings

- 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 ensured that people from travelling communities were able to register as temporary patients on a walk-in basis and wherever possible on the day appointments were offered.
- The practice was accredited as Armed Forces Veteran Friendly. This helped the practice to better identify and treat veterans and also improve awareness of being able to refer them to dedicated NHS services. A GP was the dedicated Veterans Lead, supported by staff who have shown particular interest in this field in clinical and non-clinical staffing groups.
- In 2018 the practice became involved with a Derbyshire County Council/Home Office project in which the council pledged to accept 50 refugees. The practice accepted 10 refugees and worked closely with the local authority. In order to ensure the practice was able to support the families appropriately, they invited a council representative to the practice who helped inform them about the project. The business manager engaged with their key worker on a regular basis and the practice undertook additional monitoring of the families to ensure they were appropriately supported.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services. The practice also continued to maintain registration for patients who moved out-of-area, if it was deemed in the best interests of the patient when considering the delivery of primary care services, for example for continuity of care.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. All patients with a learning disability were offered an annual health check. Of 65 patients on the practice learning disability register, 83% had received an annual health check in the last 12 months.
- The practice achieved highly on indicators relating to access to appointments in the latest national GP patient survey. This impacted on all population groups.

People experiencing poor mental health (including people with dementia)

Population group rating: Outstanding

Findings

- Patients had a named GP and wherever possible appointments were made with the named GP to ensure continuity.
- Priority appointments were allocated when necessary to those experiencing poor mental health. The GP would usually try to see patients on the day (including non-acute presentations) in recognition of the needs of this group.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

- The practice completed capacity assessments and lasting power of attorney forms for registered patients. In addition, the practice completed council tax discount forms free of charge for patients with a mental impairment.
- The practice took bloods and ECGs for patients on behalf of a local consultant psychiatrist in a more familiar and local setting, and this also meant patients did not have to travel to the hospital to access this service.
- Dementia reviews were usually done at the patient's home by a GP or the practice matron who knows the patient best. Efforts were made to ensure that a carer was present to provide a more accurate reflection of each individual's situation than a review at the surgery, which may be more unsettling and problematic.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- A room was available at the practice for visiting services including counsellors and Cognitive Behavioural Therapy (CBT).
- The practice had re-designed the out of hours/111 summary care record to help improve the way they co-ordinated with this provider regarding those who attended out of hours in crisis.
- The practice achieved highly on indicators relating to access to appointments in the latest national GP patient survey. This impacted on all population groups.

Any additional evidence or comments

The practice delivered access to patients in a responsive and flexible way in order to ensure patients could be seen promptly and appropriately. This was reflected in the national GP patient survey results. This was relevant to all six population groups.

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:	
<ul style="list-style-type: none"> • There was proactive management of the appointment system. A GP was assigned to lead on this and they had a weekly meeting with the reception supervisor to review capacity. The system had some in-built flexibility to allow the release of additional appointments to meet demand. This was shown to work effectively by the results from the national GP patient survey. • An on-call GP was available to review any patients who required on-the-day treatment when all routine appointments had been taken. Two on-call GPs were used on Mondays and after bank holidays. 	

- On-the-day appointment were available with the nurse practitioner and pharmacist as well as GPs.
- Telephone consultations were available daily.
- Patients could book an appointment four weeks in advance.
- Double appointments were available for those with more complex needs.
- The practice had recently introduced online booking availability for 25% of appointments.

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)	88.9%	N/A	68.3%	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)	85.3%	67.2%	67.4%	Tending towards 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)	79.9%	64.8%	64.7%	Tending towards 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)	88.1%	75.1%	73.6%	Tending towards variation (positive)

Source	Feedback
CQC comment cards	Patients said they were able to access an appointment when they required one.

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.	16
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
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
<ul style="list-style-type: none"> Childhood immunisation given outside of recommended timescale. 	<ul style="list-style-type: none"> Appointments bookings were reviewed to ensure these were less ambiguous, and the importance of using several patient identifiers was reinforced with the team. In addition, clinicians were reminded to access the appropriate template on the computer which linked to the appropriate guidance.
<ul style="list-style-type: none"> Verbal feedback regarding queueing at the reception desk 	<ul style="list-style-type: none"> An extra reception desk computer was available and was logged in and ready to use, so that if reception became busy, a member of the office team (located behind the reception) could come and assist.

Well-led

Rating: Good

At our previous inspection in 2014, the practice was rated as outstanding for providing well-led services. At this inspection, we rated the practice as good for providing well-led services. This was because:

- Outstanding practices need to continue to learn and innovate.
- Outstanding features must be supported by clear evidence of their impact upon patient care and experience.
- Initiatives that were previously regarded as innovative or unusual may no longer be so because of wider developments across primary care. Having now inspected all GP practices, CQC has a better understanding of the baseline.
- The assessment framework has been updated with new key lines of enquiry since the last inspection, meaning that this inspection covered some new areas and others in greater depth than at the previous inspection.

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">• The practice had re-structured their management team over the last 18 months and employed a Business Manager. This was done in recognition of the need to have an upskilled role focused towards strategy and business development to enable the practice to progress in line with the wider NHS long-term plan. The business manager had also joined the partnership with the GPs. This role was supported by an assistant practice manager post and an office supervisor.• The partnership restructure had also been a consequence of an unexpected incident in 2018 which led to a need to review the future of the practice. Strategy meetings were held with the CCG and the Local Medical Committee (LMC) as well as incorporating legal advice and an analysis of the primary care landscape. This helped to shape the 'new' partnership team.• There was a focus on succession planning, for example, a salaried GP had been recruited recently with a view to joining the partnership.• The practice had taken the decision to appoint a pharmacy technician in May 2019 as the manager of the dispensary, in order to strengthen the oversight of dispensary procedures. Pharmacy technicians require registration with the General Pharmaceutical Council (GPhC).• A nurse practitioner managed the nursing team.• Monthly partner meetings were held to review strategic and business matters. When necessary, 'breakfast meetings' were scheduled in-between partner meetings.• The practice participated and were actively involved in developments with their Primary Care Network, and GP federation. They worked in collaboration with other local GP practices.	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice Mission Statement said: <i>"We aim to be a patient centred surgery, striving to offer the best in healthcare. We aim to use local and national guidance to ensure fair and equitable use of healthcare resource. We aim to provide a good working environment where teamwork and staff are greatly valued. We want to ensure we have the skills and ability to optimise services provided to patients and allow for the natural growth of the practice. In all areas we aspire to demonstrate and maintain integrity free from discrimination on any grounds."</i> The practice values were Respect, Integrity, Striving for Excellence, Hard Working, Development. There was a practice business plan which was formulated in September 2019 following a partnership away day. The business plan included aims and objectives for the service. Partners and managers had arranged an away day at an external venue in July 2018 as a new management team. This has been prepared with supporting information including feedback from all staff members. The event included a SWOT (strengths, weaknesses, opportunities and threats) analysis; vision and objectives; succession planning; and strategy. This resulted in the formulation of an action plan to progress the discussions. This was continued with a further away day in July 2019 after some partnership changes. This included a personalities test as a management tool to assess team strengths and review the characteristics of the team to consider any risks involved as a 'new' partnership team. The session also included a review of the CQC Statement of Purpose, and an analysis of staff feedback. The outcome was to produce individual action plans for each staff group as well as plans for external and internal developments. We saw that these were reviewed and updated to monitor progress. The partners were mindful of forward planning, future-proofing, and sustainability. For example, there was capacity to extend the building and this was being explored to ensure the service was able to respond to future needs. This was reflected within action plans and included in the practice business plan. 	

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> <ul style="list-style-type: none"> • There was a low turnover of staff at the practice, with many of the staff having worked there for several years. When staff left, (including GP registrars) an exit interview was undertaken to provide feedback to the practice and consider any learning. • The practice shared information with us about an incident which had happened in the last 12 months. The incident had caused a significant amount of concern for partners and staff, but we heard how this had been handled in a strong, effective and supportive manner with no disruption to the ongoing delivery of the service to patients. The focus had been a positive one, aimed to specifically minimise any negative impacts. Staff had pulled together to ensure continuity. Partners and managers had provided staff with regular communications and support including increased access to 1-1 support if needed. In addition, they arranged a bespoke externally facilitated resilience and well-being training package for the team. Staff feedback was that this had been very helpful. This was being monitored to ensure that support was available as and when required by any individual. • The well-being of all staff was prioritised as a result of the incident, and this included the well-being of partners which was recognised as being an area for focus. The partner meeting agendas now include a confidential section on 'wellbeing' which has helped provide an additional method of raising and discussing partners' wellbeing. Partners also sought external mentoring support in relation to the recent incidents. • All staff had been offered a flu vaccination in-house. • The practice had reciprocal arrangements with a nearby GP practice where the practice manager of one practice acted as the Freedom to Speak Up Guardian for the other. 	

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

Source	Feedback
Staff interviews	<ul style="list-style-type: none"> • Staff told us that managers and GP partners were visible and approachable. They felt supported and were comfortable to raise any concerns that may arise. When issues were raised, staff felt that they were listened and responded to. Staff told us that they enjoyed working at the practice, and that recent changes were viewed as having been very positive. • We were told that staff felt they had opportunities to develop in their roles, and had protected learning time. On occasions when training could not

	be completed in work hours, staff were paid overtime to complete this.
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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: <ul style="list-style-type: none"> • GPs and other clinicians had defined lead areas of responsibility. • There was a range of policies and procedures which were readily accessible for staff. • A network of regular internal meetings were held within the practice. This included clinical, nurse and dispensary meetings. Clinicians also attended external meetings which included 'leads' meetings facilitated by the CCG including clinical governance, prescribing, and safeguarding. • Systems were in place to provide assurance on non-medical prescribers. This included reviews of consultations, and the clinical pharmacist met with a GP partner weekly for mentorship including tutorials. 	

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"> • Following a series of incidents relating to the dispensary in 2018, the practice took immediate action and conducted multiple internal audits, a deep-dive investigation and implemented robust action plans. This led to improvements in dispensary procedures as demonstrated by several external audits completed in collaboration with outside agencies and commissioners. We saw evidence that this had been handled effectively and sensitively to ensure that root causes were identified and acted upon. Staff implemented changes across both sites, actively seeking to 	

improve from reflection, learning and taking actions to improve outcomes for the practice and their patients. We saw copies of statements from commissioners/other agencies which praised the practice management team for the way they had proactively responded to the events in late 2018.

- Throughout the last 12 months, partners, managers and the practice team had endured a lengthy and challenging period due to these incidents. However, there was an overarching emphasis on ensuring 'business-as-usual' despite these unforeseen circumstances. For example, the practice has recruited all positions successfully on their first attempt across a range of staff groups; reception, nursing, GP and dispensary, and has continued to work collaboratively with other practices. This has included working proactively with their Primary Care Network and also working alongside two other practices in being a service provider for Extended Access for an overall patient population of around 75,000 people.
- The business continuity plan had been updated with a European Union (EU) exit policy.
- The practice had been a proactive participant in developing the local extended access to appointments scheme. A data protection impact assessment had been completed to determine the implications of accessing patient records from other practices, when these patients attended an appointment at one of the three practices delivering extended access. This had been done in collaboration with external partners.

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"> • The practice continuously looked for ways in which the utilisation of technology could be improved, and the links this had to achieve the NHS Long Term Plan. The practice had incorporated the development of IT services within their business plan. • The practice had submitted statutory notifications to the CQC as required as part of their registration. The practice had established a good working relationship with the CQC and had communicated in an open and comprehensive manner. 	

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	N/A
Patient records were held in line with guidance and requirements.	N/A

Any unusual access was identified and followed up.	N/A
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: <ul style="list-style-type: none"> • Staff meetings were held every month. • The partners recognised staff long service and celebrated and rewarded staff on this achievement. • There was a staff suggestion box available, and we saw evidence that some staff had responded to questions in a staff survey. • A staff team building activity was planned to take place on at least an annual basis. This had included a treasure hunt and walks. More recently the partners had taken the team to a local garden centre and paid for the team to have afternoon tea. Social events took place on a relatively regular basis demonstrating good team relationships. The partners provided a buffet lunch for staff during their monthly protected learning time session and funded their annual Christmas staff evening. • Patient feedback was encouraged through mechanisms such as the NHS Family and Friends Test (FFT), national and internal patient surveys, postings on the NHS Choices website, and a patient suggestion box. Positive and negative feedback was collated for trends and developed into a patient feedback action plan, with practice leads identified to take forward each point. We saw this was reviewed regularly until actions were completed and signed off. • Feedback was given to patients via a 'You Said, We Did' display board in the waiting area – for example, patients suggested a staff photograph board was displayed rather than electronic scrolling pictures and this was done; the electronic prescription service had been introduced in the practice following patient feedback. • There was evidence of extensive engagement with external partners including the evolving Primary Care Network, the local GP federation and the CCG. We also saw evidence of close working with care homes, local schools, and the police. 	

The Patient Participation Group.

Feedback

- The practice operated a virtual Patient Participation Group (PPG) to allow for efficient and effective communication between patients and the practice. They felt this worked better for the practice than to have face-to-face meetings.
- There were 27 members of the virtual group at the time of our inspection. We saw examples of communications sent to them by the practice to update them on practice news and developments.
- Virtual PPG members were invited to participate in practice surveys. In September 2019, the PPG had been asked to provide feedback to the practice to help them identify strengths, weaknesses and areas for improvement. Questions were aligned to the national GP patient survey. Ten of the 27 virtual members submitted a response, and results showed higher satisfaction levels than national survey outcomes. However, there was an acknowledgement that this was based on a very small patient sample. The practice planned to repeat the survey on an annual basis.
- The practice welcomed feedback from the PPG. For example, in response to members' comments, the practice amended the wording on their telephone message for the Medicines Order Line; and comments from a patient helped to re-word part the Social Prescriber leaflet available to patients.
- A patient had been identified to attend a quarterly PPG meeting open to the two local Primary Care Network GP practices. This encouraged wider sharing of information and best practice, and attendees including a voluntary representative from the local CCG.
- The practice was looking to host an e-platform to enable better communication channels with the PPG.

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Proactive involvement with the Primary Care Network ensured the practice was engaged and able to contribute to local service developments, for example, the introduction of the social prescriber role. • The practice has implemented the electronic prescription service (EPS) in May 2019. They were keen to introduce this but this has taken longer to introduce to GP dispensing practices. The practice had been involved in the pilot for this. • The Medications Order Line (MOL) had been introduced in October 2019. This allowed patients to order their repeat medicines via telephone. • The practice had engaged in CCG initiatives such as a workflow project to gain greater efficiencies with internal administrative processes. 	

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 practices 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.