

Care Quality Commission

Inspection Evidence Table

Scartho Medical Centre (1-544513840)

Inspection date: 30 October 2019

Date of data download: 21 October 2019

Overall rating: Good

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

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y*
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y**
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y***
Explanation of any answers and additional evidence: <ul style="list-style-type: none">*Best practice guidance was discussed at clinical meetings and was available to staff electronically. However, we found two areas related to prescribing and care and treatment of newly pregnant women on long-term medicines where National Institute for Health and Care	

Excellence (NICE) guidance had not been fully implemented. We discussed this with the GP and they told us they would review these.

- **All staff had received sepsis training.
- ***The practice had completed a risk assessment for the use of their electronic consultation service.

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)	0.45	0.74	0.75	No statistical variation

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age and to those over 65 years with cardiovascular disease.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice had employed four advanced nurse practitioners who complete home visits for the frail and elderly.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial

fibrillation and hypertension.

- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	76.4%	76.1%	78.8%	No statistical variation
Exception rate (number of exceptions).	5.8% (51)	7.7%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	70.5%	78.6%	77.7%	No statistical variation
Exception rate (number of exceptions).	6.8% (59)	5.6%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	80.6%	80.2%	80.1%	No statistical variation
Exception rate (number of exceptions).	16.7% (146)	10.7%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	79.2%	77.1%	76.0%	No statistical variation
Exception rate (number of exceptions).	5.2% (42)	3.1%	7.6%	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	88.9%	91.3%	89.7%	No statistical variation

Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	19.0% (40)	9.2%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	81.6%	82.6%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.1% (51)	3.3%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	92.4%	91.2%	90.0%	No statistical variation
Exception rate (number of exceptions).	4.8% (19)	5.7%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

- The practice had exceeded the WHO based national target of 95% (the recommended standard for achieving herd immunity) for all 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. Records were maintained of these events but did not include a final evaluation of the actions taken. We discussed this with the lead GP who told us they would implement this.
- 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. However, we were not assured a risk acknowledgement form had been completed and pregnancy prevention plan had been obtained for all those who required this as per the guidance.
- The practice had exceeded the cervical screening target and were above breast cancer screening local and national averages.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice	Comparison
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			%	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)	121	123	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)	129	131	98.5%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	129	131	98.5%	Met 95% WHO based target
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)	129	131	98.5%	Met 95% WHO based target

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

Any additional evidence or comments

The practice told us how they achieved high rates of immunisation at the practice. They said they obtained a list of patients due their immunisations from the child health team and then contacted the parents or guardians directly by telephone and this call was followed up by a letter. They followed up all patients who did not attend. They said they also provided two clinics for immunisations per week alongside the baby clinics.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- To extend access the practice had implemented an electronic consultation system in June 2019.

This enabled patients to contact the practice by email for a response by a duty GP the same day (within working hours).

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)	86.6%	N/A	80% Target	Met 80% target
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	80.4%	70.1%	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)	65.4%	53.4%	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)	51.1%	74.7%	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)	49.0%	50.5%	51.9%	No statistical variation

Any additional evidence or comments

- The practice told us how they achieved high rates of cervical cancer screening at the practice. The practice had four practice nurses trained to undertake cervical cancer screening. They had undertaken a promotional campaign in 2017 via social media. They provided early morning appointments and patients could book appointments online for cervical smears. They followed up non-attenders and put codes on the patient records, so these patients could be identified for opportunistic care.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check. We were told the practice wrote to patients to invite for their reviews and would undertake home visits if required. They said they worked closely with the learning disability team. For example, they supported a

patient to engage in the cervical cancer screening programme. They assessed patient's accessible information needs and provided some easy read information to assist patients to engage with their care.

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances. These patients were referred to local substance misuse services as necessary.
- The practice reviewed young patients at local residential homes.
- The practice was an armed forces friendly accredited practice. They identified patients from the new patient registration form and opportunistically. They told us they had a register of 42 patients. One of the GP partners as the lead GP for this area and patients were signposted to support organisations as required.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.
- The practice was a registered Dementia safe place. The practice were supporting local community services to become a dementia friendly community.
- Patients with poor mental health, including dementia, were referred to appropriate services. The practice hosted local mental health services within the practice who held clinics Monday to Thursday.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and	97.9%	93.0%	89.5%	Tending towards variation (positive)

other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>				
Exception rate (number of exceptions).	12.7% (7)	7.8%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	90.0%	92.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	9.1% (5)	5.2%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	87.6%	86.2%	83.0%	No statistical variation
Exception rate (number of exceptions).	5.6% (11)	4.4%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	548.1	539.6	537.5
Overall QOF score (as a percentage of maximum)	98.1%	96.5%	96.2%
Overall QOF exception reporting (all domains)	4.3%	5.8%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y
Quality improvement activity was targeted at the areas where there were concerns.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

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

- We saw audits were completed on a regular basis to review new processes and in response to alerts. For example:
- In May 2019 the practice had implemented a new template to record consent and whether a chaperone had been offered. In July 2019 the practice had conducted an audit to check if clinical staff had completed the required template correctly and found although chaperone and consent

were recorded only 35.29% had been correctly coded. They had completed a further audit in October 2019 and found some improvement in that 54.54% had been correctly coded. Staff training and discussion in meetings was planned and a further audit was scheduled for December 2019.

- In June 2018 the practice had completed an audit in response to a safety alert to check patients prescribed a medicine for hyperthyroidism had had their thyroid function and full blood count checked every six months. The first audit identified 10 patients prescribed the medicine and that 20% had a recall scheduled. They invited the other patients to have the appropriate tests and scheduled a recall for them. The patients were added to the practice template for monitoring blood tests and a monthly audit was implemented to check the recalls were undertaken and new patients prescribed the medicines added. A further audit was undertaken in February 2019. This showed 100% had the correct recall in place. Three patients were overdue their blood tests, but all had had letters to invite them in. A further audit was scheduled for May 2020.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y*
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y**
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y***
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • *The practice had a training policy and a list of required training, staff had access to an eLearning training package. There were systems to monitor completion of training and at the time of the inspection the practice was able to demonstrate a 93.1% completion rate. • **Induction was relevant to the role and included a period of shadowing. Clinical staff had a mentor and were supervised. A review was completed with staff after 4 weeks. 	

- ***Appraisals relevant to the staff members role were undertaken and training needs were reviewed. The practice monitored completion of appraisals and were able to evidence an 85% completion rate at the time of inspection. Appraisals which had not been completed were scheduled.
- A monthly in-house clinical training session was provided by GPs for clinical staff. This session included best practice guidance.
- Staff were complimentary about the training provided. They told us the practice were very supportive with new staff and that there was a detailed induction programme. They said they were reminded by email when training was due.

Coordinating care and treatment

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

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

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	97.5%	97.0%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.3% (13)	0.6%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Written consent was obtained for minor surgery. 	

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y*
They had identified the actions necessary to address these challenges.	Y**
Staff reported that leaders were visible and approachable.	Y***
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> *The practice reported they had a growing patient population due to nearby building projects. They were continuing to review their workforce requirements and had increased the number of GPs. They told us the building had room for the practice to expand to meet additional demands. 	

- **They had completed a GP improvement programme in 2017. From this they had completed a skills matrix and identified areas where they could upskill staff and a training plan had been developed in response to this. For example, two practice nurses were undertaking an advanced clinical practice course and the deputy practice manager was undertaking a practice manager development course.
- ***Staff told us the management were supportive and approachable.
- The practice worked closely with the Downs Syndrome Association to offer a supportive working environment within the practice and they also attended events to provide support and information for other employers. They had achieved a disability employer service award in 2017.

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y*
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • *The practice had a five-year business plan with clear action plan and timescales for completion. 	

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

Source	Feedback
Staff interviews	Staff told us the practice was very supportive with new staff and they were complimentary about the training programme. They said the management were approachable and there was open door policy. They said there were regular meetings and communication was good.

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

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:

- *A dedicated member of the management team reviewed performance data and the practice had a monthly meeting to monitor performance.
- **The practice had developed an overview action plan taken from all the individual risk

assessments and audits they had completed to enable them to monitor this area. For example, actions had been taken from the fire risk assessment, security assessment and infection control audit. The severity of risk, person responsible and completion date had been detailed and showed most actions, which were the responsibility of the practice, had been completed.

- ***The practice had a detailed business continuity plan, and this had been shared with the staff. The plan had been reviewed in July 2019 following an IT system failure due to a power outage and action had been taken in response to findings. For example, they had developed a hard copy consultation template which could be used and scanned into patients records in the case of an IT failure.

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.	P*
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"> • *We found there was some misinterpretation of information relating to document management when dealing with information about children who had attended other services. The document management policy and procedure was not clear in this respect. Following the inspection, the practice provided an updated procedure which clearly set out staff role and responsibilities in this area. 	

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Any unusual access was identified and followed up.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice had completed a detailed risk assessment for this area 	

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 (PPG)	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"> *The practice completed an annual inhouse patient survey and developed action plans for improvement. Feedback about actions taken was displayed in the practice. The records showed year on year improvement in patient satisfaction. **The practice had an active PPG of 12 members which met every other month. The practice manager and member of the administration team attended the meetings and minutes were provided. 	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> We met with four of the PPG. They told us the practice were open with them and kept them informed of changes and any complaints. They said the practice listened to them and acted on their suggestions. For example, they had improved the way patients who were hard of hearing were called to their appointment from the waiting room and they were now were called in person by the nurse or GP they were to see. They told us they assisted in patient surveys and comments were usually positive. They said the practice had managed the increase in the patient population well and they had not noticed an impact on the services.

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"> The practice had good links with the local universities to offer placements to nursing and medical students and they hosted induction of local clinical commissioning group staff (CCG). They had won Hull and York medical school (HYMS) trainer of the year nomination 2018 and won HYMS practice of the year 2018 and 2019. 	

- The practice was leading on Primary Chronic and Complex Care Service and developing Pharmacist role to increase joined up working in order to reduce unnecessary referrals and hospital admission.
- The practice was also leading on the Community Emergency Response Team for the CCG: looking at care reducing unnecessary accident and emergency visits and promoting care at home.
- They had achieved disability employer service award 2017.
- The practice had good systems in place for induction, staff training and appraisal.
- There was an extensive audit programme.

Examples of continuous learning and improvement

- The practice had completed a GP improvement programme in 2017. From this they had completed a skills matrix and identified areas where they could upskill staff, a training plan had been developed in response to this. For example, two practice nurses were undertaking an advanced clinical practice course and the deputy practice manager was undertaking a practice manager development course

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the 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.