

Care Quality Commission

Inspection Evidence Table

Parkfields Surgery (1-7601625567)

Inspection date: 17th October 2019

Date of data download: 17 October 2019

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y ¹
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	NA
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	P ²
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y ³
Explanation of any answers and additional evidence: 1. The practice had a lead GP for safeguarding for adults and children. There were posters identifying lead GP areas in the clinic rooms and reception areas for practice staff however one room did not identify the lead for safeguarding. All staff interviewed were aware of the lead for safeguarding.	

Safeguarding	Y/N/Partial
2. The practice were aware of the recent changes to safeguarding training requirements and were in the process of booking staff members onto the relevant courses.	
3. We saw evidence of monthly meetings regarding safeguarding patients which were attended by appropriate health and social care professionals. There was clear evidence of sharing knowledge of interventions taken by staff.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y ¹
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y ²
Explanation of any answers and additional evidence:	
1. The provider had a policy regarding staff vaccination which advised all members of the team to ensure they were appropriate vaccinated for their role. There were three staff members who were in the process of obtaining their medical records however it was not documented how long they had to provide details or if there would be any risk assessments completed in the time between obtaining records. The managing partner confirmed that it had been agreed that staff had until the 31 st March 2020 to obtain their medical records however this was not documented anywhere.	
2. The practice completed quarterly reviews of staff members registration information.	

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: 27/08/2019	Y
There was a record of equipment calibration. Date of last calibration: 27/08/2019	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: 2 weekly	Y
There was a log of fire drills. Date of last drill: 10/10/2019	Y
There was a record of fire alarm checks. Date of last check: 29/05/2019	Y
There was a record of fire training for staff.	Y
There were fire marshals.	Y

A fire risk assessment had been completed. Date of completion: 25/06/2019	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: The practice had completed an internal interim fire risk assessment in January 2019. Actions from the external June 2019 risk assessment had been completed or were in progress subject to liaison with the building owners.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 28/05/2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 03/06/2019	Y
Explanation of any answers and additional evidence:	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit:	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
<p>Explanation of any answers and additional evidence:</p> <p>We saw evidence on the day of inspection of the reception staff identifying a patient who needed to be seen by a GP urgently. There was a clear process for the reception staff to contact a GP and arrange a suitable appointment in a timely manner for patients.</p>	

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.	NA
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> <p>The practice had a system for each GP to complete their own two week wait referrals to secondary care and complete the bookings during the consultation if possible.</p>	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) (NHS Business Service Authority - NHSBSA)	0.88	0.83	0.87	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2018 to 30/06/2019) (NHSBSA)	8.3%	7.5%	8.6%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2019 to 30/06/2019) (NHSBSA)	5.65	5.39	5.63	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/01/2019 to 30/06/2019) (NHSBSA)	2.22	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 ¹
The practice had a process and clear audit trail for the management of information about	Y

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y ²
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y ³
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	NA
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	NA
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Partial ⁴
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>1. The practice GP or clinical pharmacist completed medication reviews annually for patients on repeat medicines. Patients with more complex needs had their medicines reviewed on a 6 monthly basis. The practice nurses would complete long term condition reviews.</p> <p>The practice reception staff were proactive at reviewing prescriptions awaiting collection and attempting to contact the patient if they had been there longer than a month. The reception staff were aware of any prescriptions for patients who may need to be contacted more urgently for example potential safeguarding concerns for uncollected children's' medicines or controlled drugs prescriptions.</p> <p>2. The practice pharmacist had created a system to ensure that patients prescribed any high risk medicines were receiving appropriate monitoring as per national guidance and ensuring they were not receiving further prescriptions without complying with the monitoring standards.</p> <p>3. The practice had systems to review the prescribing of controlled drugs to patients. Temporary staff were not allowed to issue or initiate opioid medicines to patients. The practice were aware of prescribing trends in the practice and highlighted patients who were high dose opiate users. The practice was able to demonstrate where they had ensured patients were not misusing prescribed controlled drugs by a system of tracking prescriptions to ensure they were not being issued more regularly than anticipated.</p> <p>4. The practice held a range of emergency medicines which were regularly checked for expiry dates</p>	

Medicines management	Y/N/Partial
and stock levels. The practice did not hold three medicines as part of their emergency medicines stock. The practice told us that there had been a board level decision for Aspiro to not hold these medicines however this was not documented anywhere. There was no formal risk assessment completed for this.	

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:	

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

Event	Specific action taken
A deceased patient continued to be sent correspondence and text message reminders	The practice implemented a system to ensure when patients passed away, a pop up alert would be put on the clinical system to ensure no further information was sent to the patient.
A theme of significant events occurred with patients receiving prescriptions with the incorrect name on	Clinicians were reminded of the process to deal with one patient at a time in the clinical system.
A letter from secondary care was missed by the coding team.	The practice implemented a workflow system for document management to ensure letters were dealt with by a specific individual. Additional training was completed for staff.

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:	
The practice had a system to record all safety alerts captured by the practice and the ongoing actions and precautions that were taken. We saw examples of actions taken on recent alerts for example, regarding hormone replacement therapy, adrenaline pens and asthma medication.	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

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

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) <small>(NHSBSA)</small>	0.41	0.61	0.75	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. The practice carried out structured annual medication reviews for older patients. Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the practice 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 had liaised with specialist services in the area for complex diabetes and respiratory conditions which was coordinated by consultants and specialist nurses.
- 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.

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>	70.1%	79.7%	78.8%	No statistical variation
Exception rate (number of exceptions).	10.5% (43)	19.1%	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>	69.5%	78.9%	77.7%	No statistical variation
Exception rate (number of exceptions).	6.8% (28)	11.9%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	79.4%	81.5%	80.1%	No statistical variation
Exception rate (number of exceptions).	14.8% (61)	17.6%	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>	85.1%	77.3%	76.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	16.8% (64)	8.7%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	91.3%	89.7%	89.7%	No statistical variation
Exception rate (number of exceptions).	12.0% (22)	13.7%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	92.4%	83.9%	82.6%	Significant Variation (positive)
Exception rate (number of exceptions).	6.1% (61)	4.1%	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) <small>(QOF)</small>	97.6%	93.3%	90.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	5.7% (5)	7.8%	6.7%	N/A

Any additional evidence or comments
The practice were aware of the previously high exception reporting for some areas such as asthma and hypertension. The practice identified that this had been completed by receptionists historically before the new provider took over. The practice had changed this to make sure that any patients excepted from

QOF figures had been contacted and encouraged to attend surgery before excepting them.

We reviewed the unverified 2018/2019 QOF results that the practice had achieved and found that the exception reporting had decreased. For example the exception reporting for asthma patients had gone from 16.8% to 2.5% and hypertension had gone from 6.1% to 4.2%.

Families, children and young people

Population group rating: Good

Findings

- The practice had met the minimum 90% target for all four childhood immunisation uptake indicators. The practice had met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for two of 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. These patients would be discussed at the practice safeguarding meetings and monitored or followed up if necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception. This service had increased with the practice employing female GPs. One female GP had a specialist area of gynaecology.
- 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)	68	71	95.8%	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)	82	87	94.3%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	81	87	93.1%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	83	87	95.4%	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>

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- We rated this population group as 'requires improvement' due to the low data in regards to cancer screening for patients. The practice had some systems to attempt to encourage patients to attending screening appointments however there was no evidence at the time of inspection that this had improved uptake rates.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who 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)	74.5%	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)	72.6%	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)	46.6%	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)	27.3%	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)	44.4%	47.6%	51.9%	No statistical variation

Any additional evidence or comments

The practice also provided us with unverified data which showed the practice had achieved 80% for cervical screening in 2018/2019 and had already achieved 74% in the year 2019/2020s results which is 6 months into the year.

The practice implemented an online booking system for cervical screening appointments to encourage uptake. The PCN that the practice is part of also offered cytology clinics as part of extended access for patients to increase opportunities for screening. The practice has a cytology administration lead who reviewed the lists of patients who are due cytology and sent out reminder letters following the national screening letters which patients had received.

The practice provided evidence of unverified data on their performance in relation to patients with cancer having a review within six months of their diagnosis. We saw that the practice obtained 100% QOF achievement for this in the year 2018/2019 and the data from 2019/2020 showed that the practice had already achieved 95.8% which is 6 months into the year results.

Patients diagnosed with cancer were booked in for appointments with any preferred GP when required. There was a cancer administration lead who reviewed any newly diagnosed patients on a weekly basis to invite them in for an appointment.

The practice had a system for following up any non attenders for cancer screening services. They also sent out text reminders for patients who needed to book an appointment. We saw evidence that the practice had sent out reminder letters to 94% of patients who didn't respond to the invitation to attend bowel screening services.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice demonstrated that they had a system to identify people who misused substances.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- 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.
- Patients with poor mental health, including dementia, were referred to appropriate services.
- The practice had a register of patients with severe mental health conditions with a lead responsible GP who attempts to see them for all appointments for continuity of care.

Mental Health Indicators	Practice	CCG average	England average	England comparison
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The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	82.6%	92.8%	89.5%	No statistical variation
Exception rate (number of exceptions).	14.8% (4)	17.0%	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>	87.0%	92.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	14.8% (4)	14.2%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	84.8%	83.4%	83.0%	No statistical variation
Exception rate (number of exceptions).	8.3% (3)	7.1%	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)	531.5	546.2	537.5
Overall QOF score (as a percentage of maximum)	95.1%	97.7%	96.2%
Overall QOF exception reporting (all domains)	6.8%	6.3%	5.8%

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

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

- The practice completed a two-cycle audit regarding patients with Coeliac disease within the practice. There were 24 patients identified with coeliac disease where 16 of these were not under

consultant care, and five of these had not had recent blood test which should be done annually. The practice implemented a system to request patients were referred back to secondary care and had an effective recall system ensure blood monitoring is taken. The second cycle identified 62% of patients identified had been successfully referred back to consultant care. The practice also demonstrated that all patients had effective recalls for bloods on the clinical system.

- The practice completed a two-cycle audit with the aim to improve the quality of disease registers for hypothyroidism. The practice demonstrated that after the two-cycle audit, patients records had been cleansed to review everyone who was being treated with medicines for hypothyroidism but did not have it coded on their records. The practice also reported they had achieved 89% of patients who had a diagnosis confirmed by secondary care recorded on the system, and 78% of the patients had been reviewed in secondary care in the past year. The practice also demonstrated that 100% of patients had received the appropriate monitoring completed for medicines received.
- The practice completed regular after death audits to review if there were any learning points or actions which could be extracted to improve performance. This was reviewed on a monthly basis by the operations manager at the practice and was escalated to clinicians when relevant.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence:	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (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:	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence: The practice were aware of local services which were available to patients in the area including Psychological Therapy Services (PTS), talking mental health and 'live well'. The 'live well' scheme for smoking cessation and weight loss attended the practice in 2018 to complete a quiz for patients to ensure they knew where support was available.	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	94.9%	95.4%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.2% (19)	0.8%	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:	

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.	3
Number of CQC comments received which were positive about the service.	3
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	Comment cards were positive about staff at the practice and the services they received. Comments were positive about waiting times for appointments.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6213.0	343.0	126.0	36.7%	2.03%

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)	78.5%	89.5%	88.9%	Tending towards variation (negative)
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)	80.2%	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)	92.6%	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)	69.5%	84.5%	82.9%	No statistical variation

Any additional evidence or comments

The practice had produced an action plan following the results of the 2019 GP patient survey data. This included a plan for the above indicator to have a practice wide discussion and training session to understand why this was lower and ideas of how to improve this.

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

Any additional evidence

The practice carried out annual surveys for their patients which were based on the GP national survey with any additional areas they wanted to obtain feedback from.

The practice demonstrated that feedback between September and October 2019 stated

- 95% of patients rated the practice as 'good' or 'very good' for overall experience.
- 90% of patients found the receptionists helpful at the practice.

The practice were working to improve patient feedback in the action plan from the national survey.

The practice demonstrated they had achieved a 4* rating on the NHS website which had improved from previous years ratings. The practice did an annual evaluation of feedback left on NHS choices showing that all comments and feedback had been addressed and dealt with if necessary. Since October 2018, the practice had received seven comments on the website, with six of these being positive feedback including references to friendly and easy to talk to staff, doctors spending time with the patients, making patients feel at ease and reports that doctors are understanding and cared about the patients.

The practice also regularly reviewed friends and family feedback from patients throughout the year. The practice reported that 75% of patients between April 2018 and March 2019 were "likely" or "more than likely" to recommend the practice to others. The practice were had achieved a 79% achievement for April 2019 to September 2019. Following the review the practice created an action plan, in response to any areas which could be improved, including creating more pre-bookable appointments online, reviewing the waiting room to be more inviting and installing a new telephone system. The practice monitored comments that were left which included comments about practice staff being kind and empathetic, staff going out of their way to provide good service and nothing being too much trouble for the staff.

The practice had a "You Said, We did" noticeboard in the waiting area with feedback from NHS choices, patient survey responses and Friends and Family responses. This included

- Increasing the number of GPs working at the practice to increase appointment availability.
- Reviewing telephone system and updating to increase lines available to patients.
- Promoting appointment awareness to ensure patients were aware of booking appointments online and through the extended access hubs
- Routinely encourage patients to sign up for online appointments to reduce demand on phone lines.

Involvement in decisions about care and treatment

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

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

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2019 to 31/03/2019)	83.8%	93.6%	93.4%	Tending towards variation (negative)

	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: The practice had a number of staff who were multilingual and could converse with some patients whose first language was not English. The practice also had one GP who was trained in British sign language.	

Carers	Narrative
Percentage and number of carers identified.	159 patients (2.5% of practice population)
How the practice supported carers (including young carers).	The practice had a designated carers lead to support patients through the process of being registered as a carer. Each carer was given information of support and services available to them in the area. The practice care coordinator supported patients with complex needs. The practice had a dedicated area in the waiting room for information and support services in the area. All carers in the practice were offered an annual health check and flu vaccination.
How the practice supported recently bereaved patients.	The practice phoned patients who were bereaved and offered an appointment within the practice if required. There was a range of services in the area for bereaved patients which were listed in the waiting room.

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	Y

issues.	
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence:	

Responsive

Rating: Requires Improvement

We rated the practice as requires improvement for providing responsive services due to data which indicated patients found it difficult to access the GP practice on the phone and that patients were not satisfied with appointment times at the practice.

The practice had completed a small interim feedback survey for patients which found similar negative findings and had put an action plan in place to attempt to address these issues. At the time of the inspection there was not enough evidence to show this had increased patient satisfaction.

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence:	

Practice Opening Times

Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm

Friday	8am to 6.30pm
Appointments available:	
Monday	8.30am to 12 noon and 3pm to 6.30pm
Tuesday	8.30am to 12 noon and 3pm to 6.30pm
Wednesday	8.30am to 12 noon and 3pm to 6.30pm
Thursday	8.30am to 12 noon and 3pm to 6.30pm
Friday	8.30am to 12 noon and 3pm to 6.30pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6213.0	343.0	126.0	36.7%	2.03%

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)	91.7%	95.2%	94.5%	No statistical variation

Any additional evidence or comments

Older people

Population group rating: Requires Improvement

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.

People with long-term conditions

Population group rating: Requires Improvement

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was

coordinated with other services.

- Patients could access specific clinics for long term conditions at a weekend which enabled patients who worked to attend the surgery for annual reviews or appointments.

Families, children and young people

Population group rating: Requires Improvement

Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this. These patients were then reviewed regularly by the practice safeguarding lead.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice had a monthly clinic to fit coils or implants for patients.

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

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.
- A GP partner at the practice had a special interest in family history and gender dysphoria. The practice had worked with a number of patients who were in the process of transitioning genders. The practice had highlighted a lack of information and support for young people going through this period and had liaised with CAMHS and NICE to create guidance for patients to ensure they are correctly referred to services with gender identity issues. The practice had also liaised with the CCG to ensure patients within the area were receiving the treatment they should.
- Pre-bookable appointments were also available to all patients at additional locations within the area as part of an extended access scheme. Appointments were available Saturday between 8.30am and 12noon and on Sunday from 9am until 1pm and weekdays until 8pm.

People whose circumstances make them vulnerable

Population group rating: Requires Improvement

Findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Requires Improvement

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

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

National GP Survey results

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

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2019 to 31/03/2019)	45.6%	N/A	68.3%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	50.5%	67.2%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	46.2%	64.8%	64.7%	Tending towards variation (negative)
The percentage of respondents to the GP	68.2%	75.1%	73.6%	No statistical

Indicator	Practice	CCG average	England average	England comparison
patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)				variation

Any additional evidence or comments

The practice had developed an action plan following the release of the 2019 GP patient survey which recorded actions the practice would take to attempt to understand any low scores and how they can improve. This included:

- Changing the telephone system to a new provider which will divert calls to appropriate places and avoid queues on the call system. The practice had recently signed up to the 'medicines order line' service from the CCG and calls were being diverted straight to the service for any repeat prescription queries to attempt to reduce the amount of phone calls. The practice also increased the number of call handlers during busier times of the day. The practice suggested this could improve scores for patients to get through to the practice on the phone.
- The practice provided training on difficult patients and handling complaints in April 2019 to attempt to increase scores received for finding receptionists helpful.
- When investigating questions around appointment times for patients the practice have completed demand and capacity audits which are continued and evaluated regularly. As a result, the practice offered more online appointments for patient to pre-book which included the ability to book smear tests.
- The provider had employed further ANP's in order to create more appointments at the practice with the view this could increase the amount of appointments available for patients.

The practice had set actions for all indicators of the national survey to attempt to improve scores and was monitoring the performance regularly.

The practice feedback survey they completed between September and October 2019 stated:

- 52% of patients reported it was easy to make an appointment at the practice.
- 44% of patients reported it was easy to get through on the phone to the practice.

The practice also did a review of comments left on NHS choices and completed actions to attempt to improve patient satisfaction. For example, a comment on the website in 2018 stated that it was difficult to get an appointment. The practice had therefore completed a demand and capacity audit in January 2019 to assess the appointment needs of the patients.

Patients of the practice could also attend appointments outside of working hours at the other practices within Aspiro Healthcare Derby practices between 6.30pm and 8pm or at other local surgeries as part of the hub extended hours.

Source	Feedback
NHS Choices	Feedback on the NHS website report that the practice was good at seeing patients with any urgent concerns. One patient reported that there was not enough appointments available however the practice was proactive at finding suitable appointments for patients.

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.	10
Number of complaints we examined.	10
Number of complaints we examined that were satisfactorily handled in a timely way.	10
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
Patient had two strengths of medicines on their clinical record and the GP had issued the incorrect dose.	From this a new system was implemented for patients on antidepressant medicines to review the patient's response to medicines. When the patient is on a stable dose it is then added to the patients repeat.
Complaint received about staff attitude	The practice team completed conflict awareness training.

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: Practice staff reported they felt that the practice management were approachable and willing to listen. They also reported that Aspiro managers were visible and approachable within the practice. Staff were positive about the new management system.	

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:	

Culture

The practice had a culture which drove high quality sustainable.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had an accident book available to report any staff accidents.</p> <p>Practice staff reported that they felt confident to raise any concerns to practice managers. They were given opportunities at monthly meetings to voice opinions and felt they would be listened to.</p> <p>The practice also developed regular newsletters to keep staff engaged in changes and news within the practice. This also included information on the latest significant events and complaints.</p>	

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

Source	Feedback
Staff interviews	Staff we spoke with during the inspection told us there was an open and honest culture within the practice. Staff were encouraged to speak up and identify any concerns. It was reported there was a no blame culture.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
<p>Explanation of any answers and additional evidence:</p>	

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:	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence:	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence:	

Feedback from Patient Participation Group.

Feedback
<p>The practice had an active patient participation group (PPG) who met every two months within the practice and then had further meetings other PPGs within the Aspiro group in the Derby area. The practice PPG meetings were attended by practice staff and doctors when possible.</p> <p>The PPG reported positive relationships and changes since the change in management within the practice. The practice reported information to them including significant events and complaints along with changes which had been put in place from their occurrence.</p> <p>The practice also reported things they wanted to be part of the practice such as Marie Curie standards for end of life care, which has been adopted by the practice and shared to other practices.</p> <p>The PPG were also involved in fundraising for charities</p> <p>The PPG assisted with the annual practice survey to get patient feedback for the practice.</p> <p>The PPG assisted the practice in organising a chronic disease information session for patients in the community on a Saturday to educate patients.</p>

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	

Examples of continuous learning and improvement

- The practice had become a GP training practice in 2018 where they were involved in hosting training GPs and offering them support and guidance.
- The practice had employed an operations manager within the practice to oversee day to day running of the practice. Staff were positive about this role and the impact this had had on the practice.
- The practice completed an ongoing programme of reviewing all deaths in the practice, to identify any areas which needed to be improved for patient care
- The practice had a risk register of ongoing concerns or issues within the practice. This was regularly reported to the management of the practice and reviewed until the actions had been completed.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

Glossary of terms used in the data.

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