

# Care Quality Commission

## Inspection Evidence Table

**Dr Nagendra Kumar Gupta (1-493180760)**

Inspection date: 16 October 2019

Date of data download: 30 September 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"><li>• At the inspection we reviewed over 20 patient records. We found all clinical records were very comprehensive and would have provided detailed and accurate information about the patient where a secondary provider needed it.</li><li>• The provider held regular informal clinical meetings where they discussed complex cases. However, they did not always document the meetings.</li></ul>	

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>	0.48	0.72	0.75	No statistical variation

## Older people

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. The provider submitted unpublished data to show on the 1 October 2019, 176 older patients out of 552 had a fragility index carried out .</li> <li>The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.</li> <li>The practice carried out structured annual medication reviews for older patients.</li> <li>Health checks, including frailty assessments, were offered to patients over 75 years of age.</li> <li>Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.</li> <li>Receptionists know the patients so able to pick up when the patient was unwell.</li> </ul>

## People with long-term conditions

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.</li> <li>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.</li> <li>The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.</li> <li>The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.</li> <li>Adults with newly diagnosed cardio-vascular disease were offered statins.</li> <li>Patients with suspected hypertension were offered ambulatory blood pressure monitoring.</li> <li>Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.</li> <li>Patients with COPD were offered rescue packs.</li> <li>Patients with asthma were offered an asthma management plan and followed the new asthma guidelines. The provider submitted verified data to show out of 126 patients the practice had carried out 86% of checks on the 1 October 2019.</li> </ul>

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	79.3%	72.4%	78.8%	No statistical variation

64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>				
Exception rate (number of exceptions).	8.5% (14)	12.0%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	82.0%	79.9%	77.7%	No statistical variation
Exception rate (number of exceptions).	1.8% (3)	8.6%	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>	68.0%	73.7%	80.1%	Tending towards variation (negative)
Exception rate (number of exceptions).	6.7% (11)	13.6%	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>	82.9%	76.4%	76.0%	No statistical variation
Exception rate (number of exceptions).	2.6% (3)	5.1%	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>	93.8%	91.4%	89.7%	No statistical variation
Exception rate (number of exceptions).	9.4% (5)	8.8%	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	86.7%	82.1%	82.6%	No statistical variation

31/03/2018) (QOF)				
Exception rate (number of exceptions).	0.0% (0)	3.5%	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)	97.2%	86.0%	90.0%	No statistical variation
Exception rate (number of exceptions).	2.7% (1)	6.4%	6.7%	N/A

### Any additional evidence or comments

- 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). The provider submitted unverified data to show that for 01/04/2019 to 31/03/2018 average had increased to 69% out of a target of 75%.

## Families, children and young people

Population group rating: Good

### Findings

- The practice has achieved over the minimum 90% target for 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.
- Young people could access services and were referred for sexual health and contraception.

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)	23	23	100.0%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	39	39	100.0%	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	38	39	97.4%	Met 95% WHO based target

31/03/2019) (NHS England)				
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	39	39	100.0%	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

- 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)	71.6%	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)	78.6%	74.1%	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)	51.6%	53.0%	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)	66.7%	73.1%	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)	59.1%	59.8%	51.9%	No statistical variation

### Any additional evidence or comments

- The provider submitted unverified data showing that on the 2 October 2019 the practice had achieved to date 79% for cervical smears for 2019/2020.

**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. The practice held a list of patients who had a learning disability to ensure that reception staff could identify them and offer the appropriate appointments.
- 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.

**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. On the 15 October 2019 the provider demonstrated that to date from April 2019, 13 out of 18 patients had a dementia review and seven out of 17 people experiencing poor mental health had a care plan review.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) <sup>(QoF)</sup>	92.3%	94.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	7.1% (1)	9.0%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption	76.9%	94.5%	90.0%	No statistical variation

has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	7.1% (1)	7.4%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	81.9%	83.0%	Variation (positive)
Exception rate (number of exceptions).	0.0% (0)	3.9%	6.6%	N/A

#### Any additional evidence or comments

### Monitoring care and treatment

The practice had a 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)	511.8	528.3	537.5
Overall QOF score (as a percentage of maximum)	91.6%	94.5%	96.2%
Overall QOF exception reporting (all domains)	3.4%	5.3%	5.8%

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

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

- The provider monitored the quality of the service using the quality outcomes framework, the GP survey and the family and friends satisfaction survey.
- The provider had carried out three clinical audits in the last two years, these covered issues regarding hypertension in diabetes, and asthma.

### Effective staffing

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

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

## 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: <ul style="list-style-type: none"> <li>At the time of the inspection staff had not completed either an update of infection control training, dementia awareness or sepsis training. Following the inspection, the practice manager submitted documents to demonstrate that staff had commenced these trainings.</li> <li>The provider did not keep an overview of staff training, a review of all of the paperwork provided demonstrated that nine out of 11 staff had completed basic life support training, two nurses had</li> </ul>	



not completed adult safeguarding training. Following the inspection, the practice manager submitted a training matrix which enabled them to track staff training to ensure it was updated.

## Helping patients to live healthier lives

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

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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	96.3%	95.4%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.5% (3)	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:

# Responsive

Rating: Good

## Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice had a hearing loop and offered translation services.</li> </ul>	

Practice Opening Times	
Day	Time
Opening times: surgery	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 7.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments available:	
Monday	9am to 12pm and 4pm till 6pm
Tuesday	9am to 12pm and 4pm till 6pm
Wednesday	9am to 12pm and 4pm till 7.20pm
Thursday	9am to 12pm and 4pm till 6pm
Friday	9am to 12pm and 4pm till 6pm
Nurses appointments	Tuesday 9am to 2.30 pm Wednesday 9am to 2pm and 3.30pm to 6.30pm Friday 9am till 3.30pm
	Saturday clinic for minor surgery and for immunisations once a year.

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## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3016.0	325.0	94.0	28.9%	3.12%

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)	85.5%	92.1%	94.5%	No statistical variation

## Older people

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>All patients had a named GP who supported them in whatever setting they lived.</li> <li>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 held a list of patients who required a home visit so that reception staff could identify them promptly when they called the practice.</li> <li>The practice provided effective care coordination to enable older patients to access appropriate services.</li> <li>In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.</li> <li>There was a medicines delivery service for housebound patients by the local pharmacy.</li> </ul>

## People with long-term conditions

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>Patients with multiple conditions had their needs reviewed in one appointment.</li> <li>The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services. The practice attended integrated care meetings every two months.</li> <li>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.</li> <li>Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.</li> </ul>

## Families, children and young people

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>Additional nurse appointments were available for school age children so that they did not need to miss school.</li> <li>We found there were systems to identify and follow up children living in disadvantaged</li> </ul>

circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.

- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

### Working age people (including those recently retired and students)

Population group rating: **Good**

#### Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Appointments were available until 7.30pm on a Wednesday and were prioritised for working people. The practice was part of the local GP access hub, this offered appointments to patient up to 10pm Monday to Friday evenings and on a Saturday and Sunday daytime.

### People whose circumstances make them vulnerable

Population group rating: **Good**

#### 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.
- 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: **Good**

#### Findings

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

### 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	Y

the urgency of the need for medical attention.	
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>Although, on the day of the inspection the next routine inspection was at the beginning of November, patients who had an urgent condition were seen on the day.</li> </ul>	

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)	78.4%	N/A	68.3%	No statistical variation
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)	62.0%	62.6%	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)	59.7%	60.3%	64.7%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	63.6%	67.7%	73.6%	No statistical variation

Source	Feedback
For example, NHS Choices	<ul style="list-style-type: none"> <li>The four most recent reviews were all five stars and described the service as excellent.</li> </ul>

## 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.	1
Number of complaints we examined.	1
Number of complaints we examined that were satisfactorily handled in a timely way.	1
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: <ul style="list-style-type: none"> <li>The practice had a complaints policy which was last reviewed on the 28 January 2019. However, the policy required updating regarding the address of the ombudsman.</li> </ul>	

Example(s) of learning from complaints.

Complaint	Specific action taken
<ul style="list-style-type: none"> <li>Received from NHS England regarding the attitude of staff to a patient</li> </ul>	<ul style="list-style-type: none"> <li>The practice responded to NHS England and explained the reasons for the complaint and the actions the staff had taken.</li> </ul>

## 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"><li>The provider was considering the introduction of a new partner.</li></ul>	

### Vision and strategy

**The practice had a vision and 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"><li>The practice manager and provider described a practice that wished to operate as a family practice providing individual specialised care to all patients. They were both able to explain each patients issues and concerns when questioned.</li></ul>	

### Culture

**The practice had a culture which drove 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.	N
Explanation of any answers and additional evidence. <ul style="list-style-type: none"> <li>The practice staff had not completed equality and diversity training. At the inspection the practice manager said they would ensure staff completed this training.</li> </ul>	

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

Source	Feedback
Staff	<ul style="list-style-type: none"> <li>Staff told us they felt supported and the providers responded to their concerns. They enjoyed working at the practice.</li> </ul>

#### Governance arrangements

**There were clear responsibilities, roles and systems of accountability to support good governance and management. However, further improvements need to be made to the systems to ensure a continuous approach.**

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The provider, practice manager and staff knew the patients well and were able to tell the CQC team accurate details about the patients. The patient's records were comprehensive. However, the practice needed to improve some systems to ensure that they provided a continuous approach. For example <ul style="list-style-type: none"> <li>The practice had an e-referral computer system to track referrals, this showed they had 161 issues to action on the worklist (referrals that needed them to act). The CQC team checked a sample of referrals with the provider and the practice manager and both were able to state what had happened to the patient. A check on the patient notes also confirmed their account. The practice manager explained they had not removed the issues off the worklist. The practice had already contacted the CCG to request further training on the system to enable this to occur. In addition, following the inspection they informed CQC that they had checked each of the referrals to confirm there were no outstanding actions.</li> <li>The practice manager did not have a system in place to review the training of all staff. Following the inspection, the practice manager, submitted a training matrix that provided an overview of staff training.</li> <li>The practice had reviewed policies, but we found which did not contain up to date information and</li> </ul> </li> </ul>	

<p>a lack of detailed procedures regarding workflow. At the time of the inspection the practice manager updated the policy.</p> <ul style="list-style-type: none"> <li>○ The practice was highlighting children who were on the child protection, however they did not have a register for vulnerable or children of concern.</li> </ul>
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### Managing risks, issues and performance

**There were have 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.	Partial
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: <ul style="list-style-type: none"> <li>• The practice held monthly staff meetings and regular clinical meetings. However, the clinical meetings were informal and the staff did not keep minutes.</li> </ul>	

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"> <li>○ Patients could book an online appointment.</li> </ul>	

### 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.	Partial
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"> <li>• The practice was part of a primary care network who were working to build a shared view of challenges and the needs of the population.</li> <li>• The practice reviewed the friends and family and GP surveys, and responded but did not formulate an action plan.</li> <li>• The practice had carried out a review at the time of the last inspection in 2017 and reviewed the GP survey. At the time of the inspection the practice provided a completed survey where they had 37 responses. All were positive about the service, except for four patients who were concerned about the appointment times. In response the practice were going to look at ways in which the practice could respond.</li> </ul>	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> <li>• Patient participation group met every three months. The last meeting minutes seen on the 1 July 2019. The agenda included discussions about the reception, parking, and repeat prescriptions.</li> </ul>

### 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: <ul style="list-style-type: none"> <li>• The practice had commenced using a text messaging service to remind patient of their appointments.</li> </ul>	

- The provider was training to be a GP training facilitator.

## Examples of continuous learning and improvement

### Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. 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.