

Care Quality Commission

Inspection Evidence Table

Burdwood Surgery (1-537756858)

Inspection date: 5 November 2019

Date of data download: 01 November 2019

Overall rating: Good

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

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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
Explanation of any answers and additional evidence: Practice staff were able to access evidence-based guidance, for example those from the National Institute for Health and Care Excellence (NICE) through their computers and through the practice system. All guidance was reviewed, uploaded to the shared drive and was discussed at clinical meetings. Patients requiring urgent follow up appointments were provided with a 'green slip'. The clinician would complete the green slip, advising when the appointment is required, who the patient should see and the	

reason for the appointment. For example, blood test, electrocardiogram (ECG), spirometry or NHS health check. The patient could hand this into reception staff who were aware to book a priority 'green slot' appointment on the date required.

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) (NHSBSA)	0.26	0.56	0.75	Variation (positive)

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group and we saw some staff members wore easy to read badges to remind patients about flu vaccinations.

People with long-term conditions

Population group rating: Good

Findings

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

- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- The practice told us they are working with a community diabetes specialist to hold virtual diabetes clinics to aim to improve outcomes for patients with diabetes.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	74.4%	78.5%	79.3%	No statistical variation
Exception rate (number of exceptions).	4.3% (19)	12.1%	12.8%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	73.1%	78.9%	78.1%	No statistical variation
Exception rate (number of exceptions).	4.5% (20)	8.7%	9.4%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	81.0%	81.4%	81.3%	No statistical variation
Exception rate (number of exceptions).	6.5% (29)	12.4%	12.7%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2018 to 31/03/2019) (QOF)	70.1%	74.6%	75.9%	No statistical variation
Exception rate (number of exceptions).	1.5% (10)	5.4%	7.4%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	77.4%	89.4%	89.6%	Variation (negative)
Exception rate (number of exceptions).	5.7% (8)	10.7%	11.2%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to 31/03/2019) (QOF)	81.0%	81.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	2.2% (26)	3.2%	4.0%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2018 to 31/03/2019) (QOF)	98.3%	93.4%	91.1%	Tending towards variation (positive)
Exception rate (number of exceptions).	10.4% (7)	5.9%	5.9%	N/A

Any additional evidence or comments

We noted a slight decrease in Quality Outcomes Framework (QOF) achievement for Chronic Obstructive Pulmonary Disease (COPD) reviews since 2017/18 data and the current 2018/19 data demonstrated the practice was below the local and national averages.

We discussed the lower achievement of COPD reviews with the practice who told us about the challenges they faced with nursing recruitment and patients who had not attended for COPD checks. To improve COPD reviews, the practice nurse was being supported by two health care assistants (HCA), who had been upskilled to carry out spirometry checks (a test to measure how the lungs and respiratory system functioned) and GPs were then seeing patients for their care planning review. COPD achievement had been a discussion point in clinical meetings and the practice had a clear action plan to improve the uptake of reviews moving forward.

The practice was unable to provide any unverified data at the time of inspection due to a recent transition, with the practice switching clinical record systems. To ensure monitoring of the new system was correct and appropriate, the practice had a number of upcoming sessions booked with Insight Solutions, enhanced services health checks and a coding review. Once these have been completed (estimated for December 2019), the practice can ensure registers and prevalence is correct and review if measures put in to place have improved patient outcomes and COPD performance.

The practice also told us that to continue to improve uptake of asthma reviews, the clinical pharmacist will be undertaking asthma training to support patients with this service and in the meantime, HCAs are continuing to carry out the physical checks and GPs are completing reviews for patients diagnosed with asthma and have held a recent meeting to ensure reviews are consistent and comprehensive.

Families, children and young people

Population group rating: Good

Findings

- The practice had met the WHO based national target of 95% (the recommended standard) for one of four childhood immunisation uptake indicators and had exceeded the 95% target for three 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.
- 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.
- The practice would send a letter to young people on their sixteenth birthday to inform them they would now contact them directly rather than their parent or guardian. This was put in to place to inform young people about how to access confidential advice and support, where appropriate, in regard to their health.
- Staff had the appropriate skills and training to carry out reviews for this population group.
- A practice GP registrar attended a local school in February and March 2019 to provide educational presentations on illegal drug use.

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)	110	114	96.5%	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)	114	119	95.8%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	113	119	95.0%	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)	114	119	95.8%	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

- 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)	80.4%	N/A	80% Target	Met 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	75.7%	72.1%	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)	56.3%	57.5%	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)	71.0%	73.9%	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)	63.2%	54.1%	51.9%	No statistical variation

Any additional evidence or comments

The practice had a strong focus on cancer screening uptake and we saw evidence of cancer awareness displays for cervical cancer and breast cancer to encourage screening. We noted that the current display was for pancreatic cancer in light of pancreatic cancer awareness month in November.

The practice had achieved the national 80% target for cervical screening and in December 2018, the practice was highlighted in the local newspaper as scoring the highest cervical screening rates locally for women in the standard age groups.

We saw evidence of information available to patients regarding breast cancer screening and the practice worked in conjunction with the local mobile breast screening facility to increase uptake.

The practice actively contacted patients by letter who did not attend their appointments to encourage attendance and letters were sent in an easy read format where required.

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 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 and could signpost patients for support to a local drug and alcohol recovery service who provide clinics at the practice.
- The practice is military veteran friendly and has a veteran's champion within the practice. This ensured military veterans had access to dedicated services for those who have served in the armed forces, including services for mental health and physical health conditions.

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. The practice told us they linked in with Mental Health Action Group and Suicide Prevention Group.
- 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. This includes having shared care with the local memory clinic.
- There is a GP champion for perinatal (the period immediately before and after birth) mental health and two GP champions for dementia at the practice.
- The website informed patients they are a dementia friendly practice and offered patients to join free interactive information sessions to learn about how dementia can affect a person.
- The practice told us they were currently involved in developing a memory/sensory garden in the local area as part of a social enterprise group called 'Dig and Do'.

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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	94.9%	90.9%	89.4%	No statistical variation
Exception rate (number of exceptions).	4.8% (3)	10.1%	12.3%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	98.3%	91.6%	90.2%	Tending towards variation (positive)
Exception rate (number of exceptions).	6.5% (4)	8.7%	10.1%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	89.7%	85.3%	83.6%	No statistical variation
Exception rate (number of exceptions).	6.5% (2)	5.9%	6.7%	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)	542.6	No Data	539.2
Overall QOF score (as a percentage of maximum)	97.1%	No Data	96.4%
Overall QOF exception reporting (all domains)	2.6%	No Data	No Data

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes
Quality improvement activity was targeted at the areas where there were concerns.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes
Explanation of any answers and additional evidence: The practice had a comprehensive quality improvement programme in place. Data was used to inform quality improvement activity and the practice had a clear audit schedule to cover a variety of clinical areas to ensure quality improvement and identify areas to review, such as long-term conditions.	

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

The practice had a comprehensive audit schedule covering a variety of areas to ensure quality improvement and areas to review.

The practice regularly analysed data and carried out audits to monitor how the practice was performing. For example, the practice had carried out a two-cycled audit in the past two years to identify patients with a diagnosis of splenectomy (removal of the spleen) to ensure patient records had been flagged as a priority and to check the patient had the relevant vaccinations and appropriate antibiotics prescribed to them. We saw that the initial audit in January 2018 identified six patients, all of which had the correct flag on their records and all had up to date vaccinations or have been invited to have them. In addition, patients records had the correct recall added to ensure they were called back for further vaccinations at the relevant time and all patients had a current repeat therapy for antibiotics, although one patient had stopped taking their antibiotics. The re-audit in January 2019 identified the same data, however, one patient had not responded to a reminder for a vaccination and the practice sent an additional reminder letter. The audit is set to be reviewed on a yearly basis to ensure the practice continue to manage this group of patients effectively.

Since 2014, the practice had carried out an annual audit to ensure patients taking Clopidogrel (a blood thinner) on a repeat prescription had not also been prescribed Omeprazole or Esomeprazole (medicines to lower the amount of stomach acid produced) as a medicine alerts had highlighted that it would reduce the effectiveness of Clopidogrel. The second audit showed a deterioration in the figures, the third and fourth audits demonstrated a significant change in practice and by September 2016, no patients were being co-prescribed. The fifth re-audit was carried out in September 2019 and showed that out of a total of 147 patients prescribed Clopidogrel since May 2019, none were prescribed Omeprazole or Esomeprazole. This demonstrated a sustained good practice reaching a 100% standard.

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.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
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.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>All staff had access to a range of training, and the two HCAs had been supported to undertake role specific training to support the needs of the practice. For example, completing wound care courses.</p> <p>Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.</p> <p>There was an induction pack available for all new starters as well as an employee handbook.</p>	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2018 to 31/03/2019) (QOF)	Yes
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.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
Explanation of any answers and additional evidence: The practice held a number of regular meetings with the district and community nurses, social services, rapid response team, health visitors and community matron to discuss patients on the safeguarding registers and patients on the palliative care register. We saw evidence of minutes from these multidisciplinary meetings.	

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.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff were aware of local initiatives to improve patient's health and would signpost patients to appropriate services. For example, providing information on West Berkshire village agents, a voluntary organisation which supported people to access community support networks, activities as well as transportation. In the waiting room, we saw information about various clinics and support services such as community groups, smoking cessation, exercise schemes and self-management information.</p> <p>In addition, the practice told us they had recently offered the new role of social prescriber to two people and hope they will start their employment in the near future. Social prescribing is when health professionals refer patients to support in the community, in order to improve their health and wellbeing.</p>	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	92.4%	94.4%	95.0%	No statistical variation
Exception rate (number of exceptions).	1.2% (25)	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.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	Yes
Explanation of any answers and additional evidence: We saw evidence that formal written consent was obtained for minor surgery procedures at the practice. Staff we spoke to on the day of inspection were clear on the requirement to obtain consent and provided clear examples to demonstrate their understanding of mental capacity.	

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.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: <p>The practice has faced some recent challenges with recruiting an additional practice nurse and currently have one practice nurse working part time. To continue to ensure quality of care, GPs were supporting the practice nurse where possible with long term condition reviews and two health care assistants (HCA) had been upskilled to support the practice nurse with wound care, health checks, diabetic checks, blood pressure and spirometry. In addition, the practice was in discussions within their Primary Care Network to access additional support with nursing and had temporarily suspended the provision of travel vaccinations to alleviate the pressure on the practice nurse.</p> <p>During this time, the impact on patients and patient feedback had been closely monitored and the practice continued to put measures in place to support the practice nurse and ensure quality of care for patients. All patient feedback we saw on the day of inspection was positive and did not refer to any concerns regarding staffing levels or access to appointments.</p>	

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.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: The practice mission statement was to provide an appropriate and rewarding experience for patients and to be the type of practice that staff would want to go to. This vision had been developed at a practice away day and staff were involved in this. Staff we spoke to on the day were aware of the practice vision and the practice had a clear strategy to achieve this. For example, to be courteous, approachable, friendly and accommodating to all patients and visitors and to maintain motivated and skilled work teams.	

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>To promote wellbeing of staff, the practice introduced an employee of the month programme to provide recognition for staff achievement. Both staff and patients were able to vote for who would be employee of the month and the practice would display the outcome in the waiting area. We noted that the current employee of the month was the practice nurse. In addition, the practice told us they ran a staff walking group and have a buddy system in place to ensure staff feel supported.</p> <p>A 2019 staff survey was carried out and asked for staff feedback about how to improve well being and most staff fed back that they enjoyed the various ways the practice had tried to recognise their hard work. For example, fruit Friday meetings (where the practice provided fruit for staff), team building activities and team days.</p> <p>We saw evidence the practice adhered to the duty of candour following an incident where a patient had been sent another patients medication request in error. Both patients were contacted by their usual GP, made aware of the error and apologised to.</p> <p>The practice told us that they had previously carried out as much in-house training as possible but recognised that this needed to be transferred to online learning. As a result, the practice recently introduced an online learning system, and this was being monitored by the practice management team. We saw that a number of staff members had completed the equality and diversity training online, but due to the recent changeover, the practice was still in the process of collecting additional certificates and confirmation of completion. Following inspection, the practice confirmed that four members of staff had been unable to provide confirmation of their completion of equality and diversity training due to being on leave.</p>	

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

Source	Feedback
Staff interviews	Feedback from staff we spoke to was positive and staff told us the practice was a good place to work and felt supported by the team and the leaders at the practice. Staff felt listened to and involved in decisions about challenges and improvements at the practice. Staff felt their hard work was recognised by the leadership team and found their roles rewarding.

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.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: The practice held a number of regular meetings throughout the year for staff to attend to discuss issues affecting the practice and the service patients received. These included clinical meetings, full practice meetings, multidisciplinary meetings and more recently the practice had begun trialling a Monday morning huddle meeting for all staff to attend.	

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.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence:	
The practice had effective systems in place for managing safety alerts, incidents and complaints and these were appropriately reviewed, actioned and discussed at clinical or practice meetings.	
Clinical audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.	
The practice previously provided online services through Vision online services and the use of My GP App. However, the practice recently underwent a system change and are due to begin the use of online services through the NHS App in the near future. During this transition, online services are not accessible to patients and the practice had informed patients of this in the practice, by letter and on the website. In addition, the practice and Patient Participation Group have set up drop in sessions in November 2019 for patients to attend and learn more about how to set up the new online services and how to utilise the services.	

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.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence: The practice had a proactive approach to improving the service for patients and staff. For example, having regular meetings to discuss significant events, complaints, audits and the practice used data to inform performance targets for clinical staff.	

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.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:	
The practice monitored patient feedback through social media, friends and family test, GP patient survey and practice surveys and we saw this was discussed at regular practice meetings and with the Patient Participation Group (PPG).	
The practice told us they actively engaged with other practices within their Primary Care Network (PCN) to further improve recruitment and provide a wider range of services to patients. This included being in discussions within the PCN about offering group consultations for fibromyalgia, COPD and diabetes. We saw there were leaflets in the practice waiting area to inform patients about the PCN.	

Feedback from Patient Participation Group.

Feedback
We spoke to members of the Patient Participation Group (PPG) who informed us the quarterly meetings with PPG and practice staff was well attended and worked well. In addition, there is a virtual PPG in which a large number of patients are signed up to receive agendas, PPG updates as well as being offered the opportunity to share any suggestions or feedback via email.
The PPG were involved in writing the quarterly newsletter and felt actively involved in supporting the practice to improve services for patients. For example, the PPG supported the practice with ensuring the new website was user-friendly, as well as supporting with the introduction of a dedicated cancellation line and the PPG created badges for staff members to wear to remind patients about the flu vaccinations. We saw that some staff wore these on the day of inspection.
The PPG and the practice have also set up a 'digital clinic' at the practice to assist patients to learn how to use the new NHS App, which will allow patients to book appointments and order repeat prescriptions. The PPG felt the practice was honest with them, shared relevant information, actively sought the PPG views and suggestions and acted on those ideas. Overall, the PPG felt the practice worked hard to meet patient needs and make improvements where possible.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
<p>The practice is a teaching practice for GP registrars and a number of the registrars who trained at the practice returned to work as qualified GPs, three of which are now GP partners. The practice also told us they offer work experience to local A-level students who have an interest in studying medicine.</p> <p>The practice was currently working within their Primary Care Network (PCN) to improve and increase services to the local population.</p> <p>There are plans for the practice to being working with mental health teams to have joint multi-disciplinary meetings from December 2019.</p> <p>The practice had plans to implement virtual consultations to improve the access of working age people.</p>	

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.