

# Care Quality Commission

## Inspection Evidence Table

### The Northern Medical Centre (1-572137321)

Inspection date: 26 September 2019

Date of data download: 19 September 2019

## Overall rating: Good

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

## Safe

## Rating: Good

The practice was rated as good for providing a safe service as all staff were appropriately trained and monitored, all equipment was up to date, safety checks regularly undertaken and lessons learned from significant events.

### 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.                          | Yes         |
| Safeguarding systems, processes and practices were developed, implemented and communicated to staff. | Yes         |
| There were policies covering adult and child safeguarding which were accessible to all staff.        | Yes         |
| Policies took account of patients accessing any online services.                                     | Yes         |
| Policies and procedures were monitored, reviewed and updated.  | Yes         |
| Partners and staff were trained to appropriate levels for their role.                                | Yes         |
| There was active and appropriate engagement in local safeguarding processes.                         | Yes         |
| The Out of Hours service was informed of relevant safeguarding information.                          | Yes         |
| There were systems to identify vulnerable patients on record.  | Yes         |
| Disclosure and Barring Service (DBS) checks were undertaken where required.                          | Yes         |
| Staff who acted as chaperones were trained for their role.   | Yes         |
| There were regular discussions between the practice and other health and social care                 | Yes         |

| <b>Safeguarding</b>   | <b>Y/N/Partial</b> |
|---|--------------------|
| professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm. |                    |
|   |                    |

| <b>Recruitment systems</b>   | <b>Y/N/Partial</b> |
|--|--------------------|
| Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).  | Yes                |
| Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.  | Yes                |
| There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.  | Yes                |
| Explanation of any answers and additional evidence:  |                    |
| The practice held a spreadsheet for all staff to ensure that all documents have been received and remain up to date and training is complete and up to date. This is checked monthly to ensure training and indemnity cover has not expired. |                    |

| <b>Safety systems and records</b>   | <b>Y/N/Partial</b>  |
|---|---------------------|
| There was a record of portable appliance testing or visual inspection by a competent person.<br>Date of last inspection/test: | Yes<br>September 19 |
| There was a record of equipment calibration.<br>Date of last calibration:   | Yes<br>September 19 |
| There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.       | Yes                 |
| There was a fire procedure.   | Yes                 |
| There was a record of fire extinguisher checks.<br>Date of last check:  | Yes<br>April 19     |
| There was a log of fire drills.<br>Date of last drill:  | Yes<br>September 19 |
| There was a record of fire alarm checks.<br>Date of last check:   | Yes<br>September 19 |
| There was a record of fire training for staff.<br>Date of last training:  | Yes<br>September 19 |
| There were fire marshals.   | Yes                 |
| A fire risk assessment had been completed.<br>Date of completion:   | Yes<br>September 19 |

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|--|-----|
| Actions from fire risk assessment were identified and completed.   | Yes |
| <p>Explanation of any answers and additional evidence:</p> <p>All fire safety is managed centrally by the management of the health centre in which the practice is situated. The practice had access to all records to ensure all are up to date at all times.</p> |     |

| Health and safety  | Y/N/Partial    |
|--|----------------|
| Premises/security risk assessment had been carried out.  | Yes            |
| Date of last assessment:   | January 2019   |
| Health and safety risk assessments had been carried out and appropriate actions taken.   | Yes            |
| Date of last assessment:   | September 2019 |
| <p>Explanation of any answers and additional evidence:</p> <p>Health and safety and premises security is managed centrally by the management of the health centre in which the practice is located. Any follow up actions specific to the practice are carried out by the practice and then reported back to the building management once completed.</p> |                |

## Infection prevention and control

### Appropriate standards of cleanliness and hygiene were met.

|   | Y/N/Partial |
|---|-------------|
| There was an infection risk assessment and policy.  | Yes         |
| Staff had received effective training on infection prevention and control.                  | Yes         |
| Infection prevention and control audits were carried out.                                   | Yes         |
| Date of last infection prevention and control audit:  | 18 Sept 19  |
| The practice had acted on any issues identified in infection prevention and control audits. | Yes         |
| There was a system to notify Public Health England of suspected notifiable diseases.        | Yes         |
| The arrangements for managing waste and clinical specimens kept people safe.                | Yes         |
|   |             |

## 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.  | Yes |
| There was an effective induction system for temporary staff tailored to their role.   | Yes |
| Comprehensive risk assessments were carried out for patients.   | Yes |
| Risk management plans for patients were developed in line with national guidance.   | Yes |
| The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.                    | Yes |
| Clinicians knew how to identify and manage patients with severe infections including sepsis.  | Yes |
| 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. | Yes |
| There was a process in the practice for urgent clinical review of such patients.  | Yes |
| When there were changes to services or staff the practice assessed and monitored the impact on safety.  | Yes |
|   |     |

## 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.                                     | Yes         |
| There was a system for processing information relating to new patients including the summarising of new patient notes.  | Yes         |
| There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.   | Yes         |
| Referral letters contained specific information to allow appropriate and timely referrals.  | Yes         |
| Referrals to specialist services were documented and there was a system to monitor delays in referrals.   | Yes         |
| There was a documented approach to the management of test results and this was managed in a timely manner.  | Yes         |
| There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.  | Yes         |
| 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. | Yes         |
|   |             |

## 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)   | 0.70     | 0.67        | 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)                                       | 18.7%    | 10.6%       | 8.6%            | Significant Variation (negative) |
| 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) | 8.52     | 5.85        | 5.63            | Significant Variation (negative) |
| 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)   | 1.23     | 1.66        | 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.   | Yes         |
| Blank prescriptions were kept securely and their use monitored in line with national guidance.   | Yes         |
| Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).  | Yes         |
| 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. | Yes         |
| There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.  | Yes         |
| The practice had a process and clear audit trail for the management of information about   | Yes         |

| 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.  | Yes         |
| The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).  | Yes         |
| There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.  | Yes         |
| 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.   | N/A         |
| The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.  | Yes         |
| For remote or online prescribing there were effective protocols for verifying patient identity.  | N/A         |
| The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.  | Yes         |
| There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.   | Yes         |
| Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.  | Yes         |
| <p data-bbox="57 1176 810 1211">Explanation of any answers and additional evidence:</p> <p data-bbox="57 1263 1513 1368">The practice was aware of the higher than average results for antibiotic prescribing. They were working hard with the CCG medicines management team and pharmacists to reduce this figure. The practice had a policy to educate patients in the use of antibiotics as a means of reducing the numbers prescribed.</p> |             |

## 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.   | Yes         |
| Staff knew how to identify and report concerns, safety incidents and near misses.   | Yes         |
| There was a system for recording and acting on significant events.  | Yes         |
| Staff understood how to raise concerns and report incidents both internally and externally.   | Yes         |
| There was evidence of learning and dissemination of information.  | Yes         |
| Number of events recorded in last 12 months:  | 11          |
| Number of events that required action:  | 11          |
| Explanation of any answers and additional evidence:<br>All significant events were discussed in the weekly management meetings, written up and then shared with all staff. Events were also discussed in detail at relevant team meetings (clinical/Admin). |             |

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

| Event   | Specific action taken   |
|---|---|
| A patient came to the surgery to chase up a referral given to them from an optician. It was found that the referral had been put in the administration tray for non-workflow (letters that had already been seen by a GP). The referral had not been done.  | An apology was given to the patient and the referral was correctly made. The practice policy for receiving referrals from other health professionals such as opticians was updated to ensure that all referrals handed to reception staff were date stamped and signed off by a doctor for actioning. |
| A batch of prescriptions were rejected by one of the doctors without the reason being stated on the computer system. Due to this, no one was aware of the rejection. This meant that the reception staff were unaware of the reason and were not able to contact the patient to call in for a review. | This was discussed at clinical meeting where doctors were reminded to ensure reasons for rejections were placed on the system. All rejected prescriptions were investigated and patients contacted to ensure all had the correct medications.   |

| Safety alerts   | Y/N/Partial |
|---|-------------|
| There was a system for recording and acting on safety alerts. | Yes         |
| Staff understood how to deal with alerts.                     | Yes         |
|   |             |

## 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         |
|  |             |

| 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) | 1.20                 | 0.77        | 0.75            | No statistical variation |

### Older people

### Population group rating: Good

#### Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients.



- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice had an up to date palliative care register and close links with the local palliative care team.

## People with long-term conditions

## Population group rating: Good

### Findings

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

| Diabetes Indicators  | Practice  | CCG average | England average | England comparison       |
|--|-----------|-------------|-----------------|--------------------------|
| The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)                        | 76.9%     | 78.3%       | 78.8%           | No statistical variation |
| Exception rate (number of exceptions).   | 9.4% (35) | 15.7%       | 13.2%           | N/A                      |
| The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF) | 82.1%     | 76.8%       | 77.7%           | No statistical variation |
| Exception rate (number of exceptions).   | 8.8% (33) | 11.3%       | 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) (QOF) | 83.0%     | 81.4%       | 80.1%           | No statistical variation |
| Exception rate (number of exceptions).  | 9.9% (37) | 13.2%       | 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) (QOF)          | 78.1%     | 76.7%       | 76.0%           | No statistical variation |
| Exception rate (number of exceptions).   | 3.3% (15) | 3.6%        | 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) (QOF) | 91.3%     | 91.0%       | 89.7%           | No statistical variation |
| Exception rate (number of exceptions).   | 3.4% (4)  | 7.7%        | 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) (QOF)   | 83.3%      | 82.1%       | 82.6%           | No statistical variation |
| Exception rate (number of exceptions).  | 4.5% (37)  | 4.8%        | 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) | 87.7%      | 86.0%       | 90.0%           | No statistical variation |
| Exception rate (number of exceptions).  | 15.1% (13) | 12.5%       | 6.7%            | N/A                      |

| Any additional evidence or comments  |
|--|
| The practice was unsure as to why the exception rate was high for patients with atrial fibrillation. They have carried out some work around this area and more patients have been placed on anti-coagulants. The practice were confident that the exception rate will be reduced in the forthcoming QOF results. |

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## Families, children and young people      Population group rating: Good

| Findings  |
|---|
| <ul style="list-style-type: none"> <li>Childhood immunisation uptake rates were slightly below the World Health Organisation (WHO) targets.</li> <li>The practice contacted the parents or guardians of children due to have childhood immunisations.</li> <li>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.</li> <li>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.</li> <li>Young people could access services for sexual health and contraception.</li> <li>Staff had the appropriate skills and training to carry out reviews for this population group.</li> </ul> |

| 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) | 106       | 115         | 92.2%      | Met 90% minimum                 |
| 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)  | 98        | 112         | 87.5%      | Below 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)  | 96        | 112         | 85.7%      | Below 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)   | 94        | 112         | 83.9%      | Below 90% minimum               |

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

### Any additional evidence or comments

The practice was aware that the figures for childhood immunisations were below the WHO targets. The practice provided unverified figures for each quarter for 2018/2019 which showed that they had reached the 90% mark. This data was a total figure of all indicators together. The practice had an effective recall system. Missed immunisations were also chased up by GPs in consultations, where appointments were offered for the immunisation to be done.

### 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. A reminder text was also sent prior to appointments.
- The practice had effective links to social prescribers.
- The practice used FIT notes to facilitate patients' return to work through shared decision making.

| 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) | 59.9%    | N/A         | N/A             | Below 70% uptake         |
| Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)   | 58.9%    | 60.0%       | 69.9%           | 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)   | 47.9%    | 43.5%       | 54.4%           | 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)   | 79.3%    | 72.5%       | 70.2%           | N/A                      |
| Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to  | 39.3%    | 47.1%       | 51.9%           | No statistical variation |

### Any additional evidence or comments

The practice was aware of the lower than average results for the cervical screening programme. The practice sent text messages to remind patients that they were due a cervical screening appointment (both mass text and to individuals). Receptionists also had a list of patients for recall. The practice also attempted to educate patients through posters displayed in the waiting room, information on the website and up to date information on the electronic board within the surgery.

The practice found that there were a number of patients that would either return to their country of origin or a private doctor to have the test. They would inform the practice but not provide a copy of the test results so that they could be included in the practice figures.

### 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 registered patients that were homeless.
- Staff had undertaken training in and had developed policies for the identification and handling of patients who were victims of female genital mutilation (FGM).
- 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.
- The practice reviewed young patients at local residential homes.

### 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.
- A practice based mental health team was available to provide mental health appointments and ongoing support to patients within the 'safe' environment of the practice.
- 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.

| 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) <small>(QOF)</small> | 94.9%    | 91.6%       | 89.5%           | No statistical variation |
| Exception rate (number of exceptions).  | 3.0% (6) | 9.3%        | 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>                          | 93.9%    | 91.7%       | 90.0%           | No statistical variation |
| Exception rate (number of exceptions).  | 2.0% (4) | 8.4%        | 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) <small>(QOF)</small>  | 90.3%    | 84.6%       | 83.0%           | No statistical variation |
| Exception rate (number of exceptions).  | 2.7% (2) | 4.5%        | 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)         | 552.6    | 544.2       | 537.5           |
| Overall QOF score (as a percentage of maximum) | 98.8%    | 97.3%       | 96.2%           |
| Overall QOF exception reporting (all domains)  | 5.9%     | 6.3%        | 5.8%            |

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 |

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

|   |
|---|
| <p>The practice undertook a comprehensive system of clinical audit and quality improvement. For example:</p> <p>The practice undertook an audit of patients who were on a combination of Aspirin and Clopidagrel (used as part of dual anti-platelet therapy for patients with acute coronary syndrome and/or undergoing secondary prevention of coronary heart disease) to ensure that they were on the treatment for the correct amount of time. At the time of the audit in 2018, the practice found that:</p> <ul style="list-style-type: none"> <li>• 15 patients were undergoing the therapy.</li> <li>• Each patients' records were reviewed to indicate when the treatment was due to stop. For those patients that had been on the therapy longer than expected, they were recommended by the GP to stop. Complex patients were referred on to their GP or specialist for a review.</li> <li>• The practice ensured alerts were put on the patient record system to indicate when the treatment was due to end.</li> </ul> <p>The practice carried out another audit in 2019 and found that:</p> <ul style="list-style-type: none"> <li>• Out of the five patients from the previous audit that remained on the therapy, three had their treatment changed, one patient was under the care of a specialist and a further patient had three months left on the therapy.</li> <li>• Two new patients were identified, and both were compliant with the audit standards and no interventions were required.</li> <li>• All patients had alerts on the records to remind prescribers of the intended treatment stop dates.</li> </ul> <p>The practice planned to repeat the audit in 2020.</p> |
|---|



## 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         |
|  |             |

## 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)<br>(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         |
|   |             |



## 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         |
|   |             |

| 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) (QOF) | 95.6%     | 94.6%       | 95.1%           | No statistical variation |
| Exception rate (number of exceptions).   | 1.0% (16) | 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. | 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         |
|  |             |

## Caring

## Rating: Good

The practice was rated as good for providing a caring service due to the systems in place to help carers and the positive responses from the national and practice based patient surveys.

### 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.                      | Yes         |
| Staff displayed understanding and a non-judgemental attitude towards patients.                                      | Yes         |
| Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition. | Yes         |
| Explanation of any answers and additional evidence:   |             |

| CQC comments cards   |    |
|--|----|
| Total comments cards received.   | 31 |
| Number of CQC comments received which were positive about the service. | 31 |
| 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  |
|--|---|
| CQC Comment cards and interviews with patients | Patients stated that staff were friendly and helpful and were happy with the service provided. Clinical staff were informative and supportive. GPs are patient and understanding. They always include patients in the decisions about their care. |
|  |   |
|  |   |

## National GP Survey results

**Note:** The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

| Practice population size | Surveys sent out | Surveys returned | Survey Response rate% | % of practice population |
|--------------------------|------------------|------------------|-----------------------|--------------------------|
| 8996                     | 466              | 114              | 24.5%                 | 1.27%                    |

| 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)                   | 81.8%    | 88.5%       | 88.9%           | No statistical variation |
| The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019) | 84.7%    | 86.7%       | 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%    | 94.8%       | 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)   | 76.3%    | 83.5%       | 82.9%           | No statistical variation |

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

| Any additional evidence  |
|--|
| <p>The practice patient participation group undertook a patient satisfaction survey in March 2019 following the publication of the national survey as they felt that the numbers returned for the national survey were too low to represent the practice. The PPG sent out 500 surveys and 478 were completed. Of this, 84% said that the GP or nurse spent enough time with them and 96% rated their overall satisfaction of the practice as either good or excellent.</p> <p>An action plan was also developed following this and included speaking to the administrative team regarding all services that are offered by the practice and how they could signpost patients appropriately to them.</p> |

### 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. | Yes         |
| Staff helped patients and their carers find further information and access community and advocacy services.                         | Yes         |
|   |             |

| Source                    | Feedback   |
|---------------------------|--|
| Interviews with patients. | Patients stated that they had confidence in the clinical staff at the practice and were always involved in the decisions about their treatment and care. |
|                           |  |

### 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) | 86.2%    | 93.3%       | 93.4%           | Tending towards variation (negative) |

### Any additional evidence or comments

The practice was aware of this indicator and were planning to include this question in the next patient survey. They have also discussed this in clinical meetings so that GPs are aware and can and discuss treatment further with patients.

|   | Y/N/Partial |
|---|-------------|
| Interpretation services were available for patients who did not have English as a first language.   | Yes         |
| Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations. | Yes         |
| Information leaflets were available in other languages and in easy read format.   | Yes         |
| Information about support groups was available on the practice website.   | Yes         |
|   |             |

| Carers  | Narrative   |
|---|---|
| Percentage and number of carers identified.                 | 56 patients were on the practice carers list which is 0.6% of the total practice list.  |
| How the practice supported carers (including young carers). | <p>The practice identifies patients that may be carers through the new patient registration forms and opportunistically through consultations.</p> <p>A carers notice board is present in the main waiting area.</p> <p>The practice started a carers hub in May 2019 which takes place at the practice for one morning a month where carers can come for support and staff can talk to patients to identify if they have any carer needs or responsibilities and signpost them to support organisations.</p> |
| How the practice supported recently bereaved patients.      | The GP will make contact with the family and offer an appointment or signpost to other organisations that may be of help at that time.  |

### Privacy and dignity

#### The practice respected / did not always respect patients' privacy and dignity.

|  | Y/N/Partial |
|--|-------------|
| Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. | Yes         |
| Consultation and treatment room doors were closed during consultations.  | Yes         |
| A private room was available if patients were distressed or wanted to discuss sensitive issues.  | Yes         |
| There were arrangements to ensure confidentiality at the reception desk.   | Yes         |
|  |             |



## Responsive

## Rating: Good

The practice was rated as good for providing a responsive service because of the way the practice had tailor made its services to meet the need of the patient population.

### 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. | Yes         |
| The importance of flexibility, informed choice and continuity of care was reflected in the services provided.    | Yes         |
| The facilities and premises were appropriate for the services being delivered.                                   | Yes         |
| The practice made reasonable adjustments when patients found it hard to access services.                         | Yes         |
| There were arrangements in place for people who need translation services.                                       | Yes         |
| The practice complied with the Accessible Information Standard.  | Yes         |
|  |             |

| Practice Opening Times  |  |
|-------------------------|--|
| Day                     | Time   |
| Opening times:          |  |
| Monday                  | 08:30 – 19:00                                      |
| Tuesday                 | 08:00 – 18:30                                      |
| Wednesday               | 08:30 – 18:30                                      |
| Thursday                | 08:30 – 18:30                                      |
| Friday                  | 08:30 – 18:30                                      |
| Saturday                | 09:30 – 13:00                                      |
| Appointments available: |  |
| Monday                  | 09:30 – 11:30 and 14:00 – 18:00 and 18:30 to 19:00 |
| Tuesday                 | 08:30 – 11:30 and 14:00 – 18:00                    |
| Wednesday               | 08:30 – 11:30 and 14:00 – 18:00                    |
| Thursday                | 08:30 – 11:30 and 14:00 – 18:00                    |
| Friday                  | 08:30 – 11:30 and 14:00 – 18:00                    |
| Saturday                | 09:30 – 13:00 (pre bookable only)                  |

## National GP Survey results

| Practice population size | Surveys sent out | Surveys returned | Survey Response rate% | % of practice population |
|--------------------------|------------------|------------------|-----------------------|--------------------------|
| 8996                     | 466              | 114              | 24.5%                 | 1.27%                    |

| 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) | 86.4%    | 93.4%       | 94.5%           | Variation (negative) |

### Any additional evidence or comments

The practice was aware of the slightly lower than average result for this indicator. An action plan was developed to address this area which included discussing with patients what their expectations are and how the practice can satisfy them. The practice has also started to promote the alternative services within the practice such as pharmacists and the community led clinics so that patients needs can be met this way rather than the traditional way of seeing their GP.

## Older people

## Population group rating: Good

### 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.
- Flexible nurse appointments to fit in around patient need and access issues.
- Phlebotomy was available on site.
- 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.
- There was a medicines delivery service for housebound patients.

## People with long-term conditions

## Population group rating: Good

### 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 were supported by the healthcare assistant and phlebotomist.
- Services were planned by the practice to meet their needs.

## **Families, children and young people**

**Population group rating: Good**

### **Findings**

- The practice had improved the clinical environment with toys.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Flexible appointments were available through the triage system to fit in with nap times and school pick ups.

## **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.
- Telephone consultations were available for patients that could not attend the practice due to work commitments.
- Online services were available for booking appointments and repeat prescribing.
- Text message reminders were in use.
- Saturday morning appointments and early morning/evening appointments were available with GPs and the nurse.

## People whose circumstances make them vulnerable

Population group rating: **Good**

### Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and 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 had an open door policy for the most vulnerable patients.
- 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.   | Yes         |
| The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. | Yes         |
| Appointments, care and treatment were only cancelled or delayed when absolutely necessary.   | Yes         |
|  |             |

| 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) | 76.4%    | 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)                             | 65.7%    | 70.2%       | 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)                    | 64.3%    | 64.3%       | 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)                     | 65.9%    | 72.1%       | 73.6%           | No statistical variation |

| Source                       | Feedback  |
|------------------------------|---|
| Practice survey (March 2019) | <p>In the PPG survey of March 2019:</p> <ul style="list-style-type: none"> <li>94% of patients waited 2 or less minutes to speak get through to someone on the telephone.</li> <li>96% of patients rated their overall satisfaction with the practice as either good or excellent.</li> <li>100% of patients rated the convenience of their appointment as either good or 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 were not used to improve the quality of care.**

| Complaints   |    |
|--|----|
| Number of complaints received in the last year.                                    | 17 |
| Number of complaints we examined.  | 17 |
| Number of complaints we examined that were satisfactorily handled in a timely way. | 17 |
| Number of complaints referred to the Parliamentary and Health Service Ombudsman.   | 0  |

|   | Y/N/Partial |
|---|-------------|
| Information about how to complain was readily available.                      | Yes         |
| There was evidence that complaints were used to drive continuous improvement. | Yes         |
|   |             |

Example(s) of learning from complaints.

| Complaint   | Specific action taken  |
|---|--|
| A patients referral to a hospital department was rejected and the patient was not informed. | The practice investigated this, a apology was sent to the patient and an appointment offered to discuss further. A further referral was then sent. The matter was discussed in the clinical meeting to share learning. |
| A patient was unhappy with their name appearing on the calling screen.                      | The practice responded to the patient advising of the reason for this and agreed to review the way patients are called in future.  |

## Well-led

## Rating: Good

The practice was rated good for well led due to the clear management and governance structure, the clear vision, improvement plans in place and the innovative ways in which it is meeting the needs of the patient population.

### 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         |
|   |             |

### 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 main partner is to retire soon but the practice have a plan in place for the 3 other existing partners to continue the work. There is also a plan to bring in a male partner.<br>Regarding development, the practice knew what they wanted to do and which direction they wanted to go in but there were stumbling blocks, such as constraints over space which was limiting growth. The practice aimed to use of more services to provide a complete service to patients. |             |

## 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.  | Yes         |
|  |             |

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

| Source           | Feedback  |
|------------------|---|
| Staff interviews | Staff said it was a happy place to work and all the staff, including management were approachable. They knew where to go if they had if they had a concern. |

## 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         |
|   |             |

## 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         |
|  |             |

## 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         |
|  |             |

## 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 |
|  |     |

Feedback from Patient Participation Group.

| Feedback  |
|---|
| The practice had recently re started the PPG. The group has an input into the changes taking place within the practice and are consulted on their viewpoint. Recent work has included a revision of the wording on the automatic display board within the reception area to enable it to be better understood with relevant and updated messages. |

## 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         |
|  |             |

| Examples of continuous learning and improvement   |
|---|
| <p>The practice had a programme of continuous learning through clinical audit, patient feedback, through the PPG and action plans developed following patient surveys.</p> <p>Staff were involved in regular peer learning sessions and clinical meetings as well as joint consultations with other health professionals such as health visitors and psychiatrists with the aim to make the patient journey less complicated.</p> <p>The practice improved the experience for diabetic patients by establishing group consultations with the resident pharmacist. This has seen a reduction in the HbA1c levels for these patients. There were plans to extend this service to patients with Chronic Obstructive Pulmonary Disease in the near future.</p> <p>The practice was also improving the experience for patients on the mental health register with the formation of a practice based mental health team who would see patients within the comfort of the practice rather than the alien environment of a hospital. This has led to a reduction in the referrals to external mental health services for more serious mental health concerns. The team worked closely with GPs and were able to get to know patients and treat them more effectively.</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)     | $\leq -3$              |
| 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.
- 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.

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>

### 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.