

Care Quality Commission

Inspection Evidence Table

Stonydelph Health Centre (1-5995044707)

Inspection date: 12 November 2019

Date of data download: 30 October 2019

Overall rating: Good

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

Safe

Rating: Requires Improvement

We rated the practice as requires improvement for providing safe services because:

- There were gaps found in the recruitment records for some staff including their vaccination and immunity histories.
- The practice training matrix demonstrated some gaps in staff training, including equality and diversity, mental capacity act, infection prevention and control and safeguarding.
- There were areas noted for improvement for infection prevention and control.
- There was no documented risk assessment for two of the suggested emergency medicines not held at the Wilnecote branch site.
- There was a lack of contingency planning for practice nurse hours.

Safety systems and processes

The practice had most of the 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.	Partial
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Partial
Partners and staff were trained to appropriate levels for their role.	Partial
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.	No

Safeguarding	Y/N/Partial
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>The practice were in the process of realigning and updating their policies and procedures into a central location for ease of access. Staff we spoke with were aware of who to ask in the event that a particular policy could not be located.</p> <p>The health visiting team were invited to meetings to discuss and reconcile their safeguarding registers. The practice-maintained registers for safeguarding of both adults and children which were electronically coded.</p> <p>One of the records for a non-clinical staff member did not contain evidence of a DBS check or risk assessment as to why a DBS check had not been completed. Immediately following the inspection, the practice reviewed the records and completed a risk assessment.</p> <p>The practice safeguarding policy had been reviewed and updated including separate policies on female genital mutilation, exploitation, modern slavery and radicalisation. It was clear in the records reviewed that clinical staff had attended safeguarding children training to the appropriate levels, records were less clear for safeguarding adult training. The practice assured us that this training was part of their protected learning day training events in which certificates of training were not provided. Not all clinical staff had completed Mental Capacity Act training or infection prevention and control training.</p> <p>Gaps were seen in non-clinical staff's completion of safeguarding training according to the practice training matrix. We were informed that staff completed on-line training and some attended face to face training. The practice manager advised that they would review the training matrix to ensure this was up to date and that staff received refresher training in line with best practice.</p> <p>The clinical staff had developed and utilised, via their electronic system, the use of a proforma for information for and from any safeguarding conference requests, this was useful for audit purposes.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	No
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	No
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>There were gaps found in the recruitment records completed by the practice. For one part time staff member we found no recruitment records. These included one non-clinical staff member's DBS check/risk assessment which the practice completed immediately following the inspection.</p> <p>There were gaps in the records kept for staff vaccinations. The practice assured the Care Quality Commission that they would act on ensuring all staffs' vaccination histories were maintained in line with current Public Health England (PHE) guidance if relevant to role.</p> <p>Gaps in recruitment records of the four records reviewed included a mix of gaps in having an application</p>	

form or curriculum vitae and full employment histories, interview summaries, proof of identity and references.

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: Feb 2019 at both sites	Yes
There was a record of equipment calibration. Date of last calibration: March 2019 at both sites	Yes
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. Date of last check: August 2019	Yes
There was a log of fire drills. Date of last drill: 14/06/2018	No
There was a record of fire alarm checks. Date of last check: 11/11/2019	Yes
There was a record of fire training for staff. Date of last training: Various dates	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed by NHS Property Services Date of completion: 27/06/2018	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: NHS Property Services owned both buildings used by the practice. The practice had evidence of requesting the appropriate risk assessments and documents for the premises at Wilnecote. The practice had a fire drill planned for November 2019 for their Stonydelph site.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes
Explanation of any answers and additional evidence: NHS Property Services owned both buildings used by the practice. The practice had evidence of requesting the appropriate risk assessments and documents for the premises. The practice advised should they be received after the inspection evidence would be forwarded to the Care Quality Commission.	

The practice held copies of the Legionella risk assessment and survey for the Stonydelph site on 14 October 2018. There was an incident regarding this report in April 2019 which had been fully actioned and documented. The practice completed regular water temperature checks the last was recorded in October 2019.

The practice manager was aware that the Legionella risk assessment for the Wilnecote site was due as it was last completed in September 2017.

Staff verbally reported equipment failure or via email to the practice manager. The practice during the inspection commenced a spreadsheet to ensure that faulty equipment reported could be dealt with in a timely manner with a clear audit trail.

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.	Partial
Infection prevention and control audits were carried out.	Yes
Date of last infection prevention and control audit: May 2019 achieved 100%	
The practice had acted on any issues identified in infection prevention and control audits.	NA
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
Explanation of any answers and additional evidence:	
The last infection prevention and control audit had not highlighted any issues having scored 100%. However, we identified a number of areas which required immediate attention. These included for example:	
<ul style="list-style-type: none"> • A tear in one of the treatment rooms couch. • Some repairs were needed to worktop and desk edges which could not be readily wiped clean. 	
We were informed that action would be taken to address these.	
Additional training was planned for the nurse who had just taken on the lead role in infection prevention and control.	
In discussion with the practice manager they informed us they would undertake a repeat audit including documenting the actions required and the dates for completion for both sites.	
There were gaps noted on the practice staff training matrix for the completion of infection prevention and control training.	

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.	Partial
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.	Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>One of the practice nurses had retired without the opportunity for the practice to put in place succession plans. The relatively new practice nurse was managing appointments across both practice sites and the practice were interviewing for a practice nurse position during the week of the inspection.</p> <p>There was no contingency in place should the nurse fall ill or to cover annual leave during the period of the former nurse leaving and until the appointment of another nurse. The practice advised they would consider interim staffing measures in consultation with staff. The practice advised that should an adverse event occur patient appointments would be rearranged and where appropriate the GPs would provide cover.</p> <p>The administration, reception and practice management had contingencies in place including practice manager succession plans.</p> <p>Training records reviewed showed that one staff member had yet to complete their annual basic life support training.</p> <p>Reception staff had clear guidance to follow for deteriorating or clearly unwell patients, and information was displayed around the practice.</p> <p>Clinical staff had access to electronic templates to assist with identifying and managing patients with severe infections included sepsis.</p>	

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	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)	0.81	0.97	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)	2.7%	9.1%	8.6%	Significant Variation (positive)
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)	4.95	5.73	5.63	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/01/2019 to 30/06/2019) (NHSBSA)	1.12	1.80	2.08	Tending towards variation (positive)

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to	Yes

Medicines management	Y/N/Partial
authorised staff.	
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.	NA
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 changes to a patient's medicines including changes made by other services.	Yes
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.	NA
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Partial
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>Explanation of any answers and additional evidence:</p> <p>The practice worked closely with clinical commissioning group (CCG) pharmacists to actively reduce the prescribing rate for certain antibiotics. The practice was a low prescriber of antibiotics and had achieved below the CCG's target.</p> <p>The Wilnecote Medical Practice site held most suggested emergency medicines with the exception of dexamethasone or an alternative to this. The practice assured us that they would put in place the same emergency medicines and risk assessments as they applied to both sites.</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

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
A letter for a patient was accidentally attached to the wrong patient's notes when scanned into the practice electronic system.	This was discovered, and action taken immediately. Staff were informed of the importance of checking letters including the patient's date of birth prior to attaching documents together for scanning. This event was discussed and reviewed at the practice meeting. It was reiterated to staff the importance of taking care with all records. This was to be reviewed within three months to ensure the risks had been mitigated and staff awareness and training embedded.
Communication error	A patient had been seen at a local hospital their medicines needed to be recommenced and the patient needed a face to face consultation to be booked. Instead a telephone consultation was booked, and the GP or reception staff did not know the reason for the call as this had not been recorded. This was discussed at a meeting and it was agreed staff must ensure that they enter a reason for the telephone consultation, or enter on the records that an appointment has been booked and the reason for the call so that the GPs know why the patient is ringing

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
Explanation of any answers and additional evidence: All safety alerts were recorded and clearly identified, action taken and by whom. Alerts were reviewed by the clinical staff and forwarded to the most appropriate person for action. Alerts were discussed at the clinical meetings.	

We saw examples of actions taken on recent alerts for example, regarding sodium valproate.

Effective

Rating: Good

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment were 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:	

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)	0.39	0.53	0.75	Tending towards variation (positive)

Older people

Population group rating: Good

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

- 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.

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 used software to assist them with their patient recall systems called Accurx which supported patients with best practice information.
- 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 COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	67.3%	77.0%	79.3%	Tending towards variation (negative)
Exception rate (number of exceptions).	14.0% (33)	11.9%	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) (QOF)	65.3%	76.7%	78.1%	Tending towards variation (negative)
Exception rate (number of exceptions).	16.6% (39)	10.2%	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>	78.5%	78.9%	81.3%	No statistical variation
Exception rate (number of exceptions).	20.9% (49)	13.5%	12.7%	N/A
Any additional evidence or comments				
Explanation of any answers and additional evidence:				
<p>We reviewed this data with the clinical staff who were aware of the negative variations. They advised that exception reporting was only completed by the clinical staff. There had been a reduction in the availability of nursing staff hours in the short term which may have impacted on their results. Measures such as the recruitment of a replacement practice nurse were in place.</p> <p>The practice's recent electronic data which we reviewed showed some improvement had been made in these areas.</p>				

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) <small>(QOF)</small>	76.0%	75.5%	75.9%	No statistical variation
Exception rate (number of exceptions).	10.7% (31)	9.3%	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) <small>(QOF)</small>	94.7%	91.4%	89.6%	No statistical variation
Exception rate (number of exceptions).	12.6% (11)	12.9%	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) <small>(QOF)</small>	78.5%	82.7%	83.0%	No statistical variation
Exception rate (number of exceptions).	5.3% (32)	4.7%	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) <small>(QOF)</small>	94.7%	89.6%	91.1%	No statistical variation
Exception rate (number of exceptions).	1.7% (1)	4.3%	5.9%	N/A

Families, children and young people

Population group rating: Requires Improvement

Findings
<ul style="list-style-type: none"> The practice had not met the minimum 90% target for the four childhood immunisation uptake indicators. The practice had not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for the four childhood immunisation uptake indicators. We saw that their most recent figures demonstrated improvements in these areas towards meeting the targets. 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. Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	48	54	88.9%	Below 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)	44	56	78.6%	Below 80% uptake
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)	45	56	80.4%	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)	45	56	80.4%	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 had not met the minimum 90% target for the four childhood immunisation uptake indicators. The practice had not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for the four childhood immunisation uptake indicators.

The practice advised that they had plans in place to improve uptake of these vaccinations. This included opportunistic approaches to health promote, robust recall systems and the appointment of a practice nurse to replace a nurse who had retired to assist with the childhood immunisation programme.

We reviewed recent practice data and found the practice were on target to achieve improvement in their uptake.

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. 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. Although the practice advised that uptake of on-line appointments had been slow.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	71.3%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	68.7%	71.7%	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)	55.6%	58.4%	57.3%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	60.0%	71.5%	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)	28.6%	47.7%	51.9%	No statistical variation

Any additional evidence or comments

The practice advised that they had plans in place to improve the uptake of screening programmes. This included opportunistic approaches to health promotion, notice board information and leaflets, robust recall systems and the appointment of a practice nurse to replace a nurse who had retired.

We reviewed recent practice data and found the practice was on target to achieve improvement in their cervical screening uptake.

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 completed video conferences with

their local hospice team.

- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and signposting to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- 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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	92.3%	92.2%	89.4%	No statistical variation
Exception rate (number of exceptions).	18.8% (3)	16.4%	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>	85.7%	92.6%	90.2%	No statistical variation
Exception rate (number of exceptions).	12.5% (2)	14.7%	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>	94.4%	81.1%	83.6%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	6.1%	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)	526.4	No Data	539.2
Overall QOF score (as a percentage of maximum)	94.2%	No Data	96.4%
Overall QOF exception reporting (all domains)	6.7%	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

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

<p>The practice completed an audit on a medicine used in osteoporosis and similar diseases, (Bisphosphonate/Alendronic acid) use after five years. They monitored the need for continuing use of Bisphosphonate after five years as per National Osteoporosis Guideline Group (NOGG) and NICE best practice.</p> <p>An electronic search was completed, and this was discussed at the practice clinical meeting. Adults having long-term bisphosphonate therapy should have a review of the need for continuing treatment, an assessment of frailty and a bone density scan (Dexa) when indicated.</p> <p>The practice then ensured this audit became part of their programme for routine monitoring.</p>

Any additional evidence or comments
<p>The practice had completed a number of audits which included for example:</p> <ul style="list-style-type: none"> • A thyroid audit • Chronic kidney disease (CKD) is a long-term condition where the kidneys don't work as well as they should. • Social Prescribing Audit • Inadequate smear audits • Infection Prevention and Control audit • Medicines audits • Patient safety alert searches and audits

Effective staffing

The practice was unable to demonstrate that all 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.	Partial
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.	NA
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.	N/A
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>The practice staff training matrix indicated gaps in staff training which included for example, basic life support, Mental Capacity Act, infection prevention and control and information governance.</p> <p>The practice nurse advised on their completion of immunisation refresher training in August 2019 and Flu vaccinations in September 2019 and that their refresher training for cervical cytology was due for review in June 2020.</p> <p>The practice informed us that clinical supervision and mentoring support was undertaken for staff with extended roles and new staff. This was verified with clinical staff for example providing support and advice for the practice nurse when required. This was not documented or formalised.</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

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
Explanation of any answers and additional evidence: Staff reviewed the leaflets and documents in the waiting room areas and signposted patients to the most appropriate service for their needs.	

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>	93.2%	95.2%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.9% (9)	0.9%	0.8%	N/A

Consent to care and treatment

The practice 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
Explanation of any answers and additional evidence: Staff we met understood consent and documented this appropriately into the patients' records. Some staff had not completed training in the Mental Capacity Act or Deprivation of Liberty Safeguards.	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	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

CQC comments cards	
Total comments cards received.	Four
Number of CQC comments received which were positive about the service.	Four
Number of comments cards received which were mixed about the service.	Zero
Number of CQC comments received which were negative about the service.	Zero

Source	Feedback
CQC Comment cards	Some patients had singled out the GPs, nurses and reception staff for specific praise. All were positive about the care and treatment received.
Friends and Family Test (FFT)	Between 24 May2018 to 23 May2019 the practice had received 1,038 patient responses. The findings were that 87% of patients would recommend the practice, 8% would not and 5% said neither. The most recent FFT figures for January 2019 to April 2019 from MJog showed that 94% of patients would recommend the surgery to friends or family.
Independent patient questionnaire completed by CEFP survey	The period 2018 to 2019 a survey was conducted, and the findings showed that 85% of patients rated the practice as good or very good.
NHS Website	Four reviews had been posted on the NHS website since September 2018 for the Wilnecote site. Two of the most recent reviews (2019) were positive, two posted in 2018 were negative and one applied across both sites regarding confusion as to which site their appointment was for. There were no reviews found specific to the Stonydelph site.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4477.0	463.0	133.0	28.7%	2.97%

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)	83.2%	89.5%	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)	85.7%	88.2%	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)	96.4%	96.4%	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)	84.1%	82.0%	82.9%	No statistical variation

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

Any additional evidence
<p>The period 2018 to 2019 an independent survey was conducted on behalf of the surgery and the findings showed that 85% of patients rated the practice as good or very good.</p> <p>Members of the patient participation group (PPG) told us they were involved in reviewing the results of the national GP survey and the internal patient satisfaction survey with the practice manager. An action plan had been developed in response to the surveys.</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
Explanation of any answers and additional evidence: Easy read and pictorial materials were available within the practice. The practice staff demonstrated their awareness of inclusive access and the Accessible Information Standard.	

Source	Feedback
Interviews with patients.	The two patients we spoke with advised that they felt listened to and involved in their care and treatment.

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)	91.8%	93.8%	93.4%	No statistical variation
				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.	18 carers which represented 0.3% of the practice population.
How the practice supported carers (including young carers).	Carers were supported with the offer of flu vaccinations and annual health checks and signposting to local services for additional support. The practice was working on improving the uptake onto their carer register and in the identification of carers.
How the practice supported recently bereaved patients.	Bereaved relatives were sent condolence cards and information about support available and the process to proceed with arrangements. Information on bereavement services was available in the practice and on the website.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	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
Explanation of any answers and additional evidence: Calls were taken slightly away from the main reception desk area. The waiting rooms at both the Wilnecote and Stonydelph sites were shared with other provider services.	

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	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
Explanation of any answers and additional evidence: Access to the sites was via electronic automated doors for ease. The use of both verbal and visual prompts were available to inform patients when to go through to see the GP or nurse.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am-6.30pm
Tuesday	8am-6.30pm
Wednesday	8am-6.30pm Wilnecote Closed from 1pm
Thursday	8am-6.30pm Wilnecote Closed from 1pm
Friday	8am-6.30pm
Extended Hours 6:30pm – 8pm Patients contact the practice reception for details of which practice is providing the extended hours service.	
Appointments available:	
Monday	8.30am-6pm
Tuesday	8.30am-6pm
Wednesday	8.30am-6pm Wilnecote Closed from 1pm
Thursday	8.30am-6pm Wilnecote Closed from 1pm
Friday	8.30am-6pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4477.0	463.0	133.0	28.7%	2.97%

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)	93.6%	95.3%	94.5%	No statistical variation

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.
- Social Prescribing to the local Community Together CIC scheme including a befriending service for loneliness, seated exercises, singing and a walking club.

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. The practice was one of the first to use teleconferencing for palliative care, Gold Standard Framework meetings with their local hospice and achieved a Meridian Award for this project.

Families, children and young people

Population group rating: Good

Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice participated in the extended access GP hours services. This provided pre-bookable appointments to all patients at additional locations within the area. Appointments were available Saturday and via Q doctor on a Sunday. The practice provided extended hours with Thursday evening appointments.
- Patients could complete on-line appointments and prescription ordering, they had a close working relationship with local pharmacies for prescription ordering service, and one local pharmacy offered an ear, nose and throat service following the successful completion of additional training.

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 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 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. Patients had access to a confidential self-referral service for cognitive behavioural therapies

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)	71.2%	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)	68.1%	62.7%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	59.0%	58.2%	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)	79.6%	70.6%	73.6%	No statistical variation

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	Two
Number of complaints we examined.	Two
Number of complaints we examined that were satisfactorily handled in a timely way.	Yes
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	Zero

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice recorded verbal, written and feedback/ complaints received onto an electronic spreadsheet which recorded the date received, the patient's details, the action taken, and any learning derived.</p> <p>There were insufficient complaints received to complete a trend analysis however these were discussed at practice meetings and should there be a repeat of an incident this would be reviewed with a root cause analysis.</p> <p>The practice did not have complaints leaflets in the waiting room at either of their sites however they responded promptly to feedback and this was rectified, and patients could access these readily without need to consult with the reception staff unless they choose to do so.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient complained about the toilet facilities at one of the practice sites.	The complaint was acknowledged, NHS Property Services contacted, and patients informed of the actions taken by NHS Property Services.

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: The practice had recognised the potential challenges to quality and sustainability and was working jointly with another practice and with their Primary Care Network (PCN). Engagement included discussions with their staff team at regular meetings for their awareness of any changes. Staff reported a flat structure in which they could approach any member of staff for support and to provide support to others relevant to their roles and responsibilities. The practice reported on the difficulties in recruiting GPs but had been successful in recruiting salaried GPs. The practice manager had put in place succession plans over a three-month period for their role and this was reported as being valued by staff. The practice was actively recruiting for a replacement practice nurse. There had been no opportunity to succession plan in this event. The nurse at the practice worked across both sites and the practice recognised the need for additional nurse support for this interim period.	

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.	Partial
Staff knew and understood the vision, values and strategy and their role in achieving them.	Partial
Progress against delivery of the strategy was monitored.	Partial
Explanation of any answers and additional evidence: Staff awareness of the practice vision, values and strategy was not embedded. Staff we spoke with understood their role, responsibilities and described their duty towards achieving this in the best interests of their patients.	

Practice management and GPs had developed a strategy for the forthcoming year with short-term goals such as discussions around a merger and their roles within the PCN. They had considered the GP five year forward view and developed the practice plans.

The practice was to implement further joint working with other practices, video conferencing through the federation which had taken place with the palliative care hospice team with successful results.

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
Explanation of any answers and additional evidence:	
The practice training matrix indicated gaps in staff's completion of equality and diversity training.	

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

Source	Feedback
Staff	Positive feedback was received on their supportive management team and the GPs. All reported that they enjoyed working for and at the practice on both sites.

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

Staff had clearly defined roles and responsibilities and staff were upskilled to assist in the event of staff absence for continuity of service provision.
--

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.	Partial
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 provider demonstrated that every effort had been made to gain information from NHS Property Management and the landlord to obtain copies of the environmental risk assessment and any derived action plans via email. At the time of the inspection this documentation was incomplete.	

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
Explanation of any answers and additional evidence: Staff had opportunity to add to the practice meeting agendas, to attend forums outside of the practice and the leadership team fed back at meetings on the practice performance and any areas to focus on and to improve.	

Feedback from Patient Participation Group (PPG).

Feedback
<p>The PPG reported that the practice manager and on occasion one of the GPs attended their meetings. The PPG was a small group that met between four and five times per year.</p> <p>The PPG reported that the practice valued their opinions and listened to suggestions such as having higher backed chairs available in the waiting rooms. They reported that staff were polite, professional and had time for you and listened to their needs, from the reception staff through to the GPs.</p> <p>They reported the practice at both sites to be clean and tidy and that in general appointments ran to time within reason.</p>

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: Staff had recently had training in care navigation and the practice monitored their signposting to other services and found they had appropriately signposted 10 patients to pharmacy services. The practice was part of a Primary Care Network (PCN) who were actively looking to employ a practice pharmacist to improve the skill mix in the practice with the ability, skills and knowledge to support the completion of patient medicine reviews.	

Examples of continuous learning and improvement
<p>One of the GP partners had successfully attended the NHS Leadership Academy Primary Care Leadership and Change Agent Development Programme, to support innovation and change.</p> <p>In 2018 one of the GPs at the practice had an article published in a national professional magazine. Patients who had agreed to use a Health Fabric self-management app to improve control of their blood pressure had had positive results. They had customised high blood pressure management plans and the findings demonstrated that all 28 patients were well controlled, and a review a year later showed that 24</p>

out of the 28 patients were still well controlled.

In 2019, one of the GPs won an innovation award at the Celebration of Innovation Awards 2019, West Midlands Academic Health Science Network, for their use of videoconferencing in gold standard framework/palliative care meetings.

The practice was about to start the CHICO research programme with the University of Bristol via National Institute of Health Research for research into coughs in children.

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.