

Care Quality Commission

Inspection Evidence Table

The Dove Valley Practice (1-550650216)

Inspection date: 19 November 2019

Date of data download: 14 November 2019

Overall rating: Good

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

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y*
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y**
Explanation of any answers and additional evidence: <ul style="list-style-type: none">*The practice was responsive to NICE guidance. They had devised templates to ensure safe and effective recall for conditions that could be missed. For example, they used the NICE hypertension guidance to adapt their own protocol which the nurses used in their hypertension clinics.	

- The practice was responsive to updating their systems, they gave an example of following up a gynaecological condition. Patients with this condition were often discharged back to primary care and it is important for them to have annual follow up including examination. To ensure this happens the practice developed a template on their electronic system for this condition with a recall date attached to it to ensure patients do not slip through the net. They were also developing a template for gender transition to ensure that appropriate bloods are done at the right time and that they are following protocol.
- **The practice had completed a risk assessment for the use of their electronic consultation service.

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) <small>(NHSBSA)</small>	0.89	1.15	0.75	No statistical variation

Older people

Population group rating: Good

Findings

- The practice provided two dedicated sessions per week to three care homes. Two regular GPs attended to ensure continuity for patients. The practice showed us evidence this had reduced hospital admissions. For example, the overall number of hospital admissions had reduced from 144 at the beginning of the scheme in 2013 to 105, giving a percentage reduction of 28%. The practice had sought feedback from one of the care homes. They said GP's always take time to speak to the concerned relatives and give further advice. Overall patient care had improved, and hospital admissions have been reduced.
- 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 shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs and the nurses liaised with the community breathe easy support group for step up care.
- 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) <small>(QOF)</small>	91.3%	78.7%	79.3%	Variation (positive)
Exception rate (number of exceptions).	16.9% (107)	11.3%	12.8%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	80.6%	77.0%	78.1%	No statistical variation
Exception rate (number of exceptions).	12.0% (76)	7.8%	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>	90.2%	82.8%	81.3%	Variation (positive)
Exception rate (number of exceptions).	16.1% (102)	13.5%	12.7%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23	86.5%	74.8%	75.9%	Variation (positive)

(01/04/2018 to 31/03/2019) (QOF)				
Exception rate (number of exceptions).	18.2% (117)	8.1%	7.4%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	93.8%	87.0%	89.6%	No statistical variation
Exception rate (number of exceptions).	10.0% (45)	8.6%	11.2%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to 31/03/2019) (QOF)	93.3%	84.3%	83.0%	Significant Variation (positive)
Exception rate (number of exceptions).	8.7% (160)	4.0%	4.0%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2018 to 31/03/2019) (QOF)	96.4%	94.4%	91.1%	Tending towards variation (positive)
Exception rate (number of exceptions).	7.8% (21)	6.4%	5.9%	N/A

Families, children and young people

Population group rating: Good

Findings

- The practice has met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for all four childhood immunisation uptake indicators.
- The practice contacted the parents or guardians of children due to have childhood immunisations. They also offered specific immunisation appointments at post-natal and baby check appointments.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception. Following feedback from patients, the practice had improved accessibility by introducing long acting reversible contraception (LARC) packs. This included information about types of contraception, self-swabs for chlamydia and a consent form. The practice told us this had streamlined the service, as patients could book to see a GP and then book to have a procedure without the additional step of seeing a nurse.

- 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)	107	110	97.3%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	113	113	100.0%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	112	113	99.1%	Met 95% WHO based target
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)	112	113	99.1%	Met 95% WHO based target

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

Any additional evidence or comments

The practice told us how they achieved high rates of immunisation at the practice. They said they run their baby check/ postnatal check and immunisation clinic at the same time to avoid repeated appointments for new mums.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had recently introduced 'doctorlink'. This is a digital application to connect patients to local NHS services, allowing them to check symptoms confidentially online, 24/7, and book face to face appointments with their own GP. The practice told us by this service improved patient access. Since the practice had introduced this service (October 2019), 900 patients had used the service and 12% of patients had received self-help. The practice told us that the service had also increased appointment availability.
- 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.
- The practice offered Saturday morning flu clinics.

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)	75.7%	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)	79.1%	76.7%	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)	59.1%	56.9%	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)	88.2%	67.7%	69.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	24.6%	45.4%	51.9%	Variation (negative)

Any additional evidence or comments

The practice was aware they had not met the cervical cytology target and were taking action to address this. They could refer patients to local practices to receive Tuesday evening and Sunday morning appointments, these were being audited, patients were asked about access and what works for them. The practice opportunistically reminded patients when their screening was due if the patient attended for another appointment. They had developed a discreet note template patients could pass to reception staff when booking for a cervical smear test to avoid any embarrassment. They coded verbal reminders, so they have an audit trail to monitor. All staff have been trained to look at 'pop up boxes' on the electronic system (smear reminders/ asthma reviews etc are displayed as 'pop-ups' on patient records). The practice was aware they had not met the target for new cancer cases treated and were taking action to address this. A new lead GP had taken over QOF in last six months. They had changed the electronic system, to show patients on the system even if they had been excepted to enable patients to be opportunistic reviewed.

People whose circumstances make

Population group rating: Good

them vulnerable

Findings

- Same day appointments and longer appointments were offered when required.
- All of the practices GPs worked on Mondays to enable them to attend weekly clinical meetings to discuss clinical issues, including vulnerable patients. They also reviewed did not attend (DNAs) at monthly clinical meetings to see what additional support patients needed.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice has a GP lead and deputy for gender identity. The gender identity lead and deputy were due to attend training at a national centre for gender transition to enable them to enhance the service needs of patients.

People experiencing poor mental health (including people with dementia)

Population group rating: **Good**

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

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,	96.9%	84.2%	89.4%	No statistical variation

in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)				
Exception rate (number of exceptions).	31.6% (30)	15.8%	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) (QOF)	94.7%	87.1%	90.2%	No statistical variation
Exception rate (number of exceptions).	21.1% (20)	10.9%	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) (QOF)	83.0%	79.8%	83.6%	No statistical variation
Exception rate (number of exceptions).	18.5% (20)	8.2%	6.7%	N/A

Any additional evidence or comments

The practice was aware of their high exception reporting. To address this, they reworded the letter to reduce patients easily opting out. They sent text reminders. They had changed the electronic system, to show patients on the system even if they had been excepted to enable patients to be opportunistic reviewed. They sent reminders to patients a month before their reviews were due and sent text reminders. The practice told us they would utilise the physician associate they had recently employed to complete dementia reviews. The lead GP also reviewed all patient notes to check on optimal medications even if a patient had been excepted. The practice was confident through these actions, their rates would reduce.

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)	559	No Data	539.2
Overall QOF score (as a percentage of maximum)	100%	No Data	96.4%
Overall QOF exception reporting (all domains)	8.7%	No Data	No Data

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

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

The practice had a comprehensive audit programme in place.

We viewed a one cycle audit for review of patients who have received a diagnosis of a condition that develops during pregnancy to ascertain whether they have been managed in accordance with NICE guidance. If a patient develops this condition, they have a higher risk of developing type two diabetes. The practice reviewed the number of patients with this condition and the number of patients who had had an average blood glucose reading in the last year. The practice had identified areas for improvement, for example inviting patients for annual screening. This group of patients will be included in the annual chronic disease review system. The practice will repeat the audit in January 2020.

We viewed a one cycle audit of the management and follow up of patients with a long-term condition in accordance with NICE guidance. As a result, they had improved systems to ensure patients are reviewed. The practice will repeat the audit in February 2020.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y*
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y**
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y***
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> *The practice had a system to monitor staff training. All staff were up to date with mandatory training. The practice safeguarding lead had plans in place to roll out level two safeguarding training for all staff. Nurses and GPs had completed level three safeguarding training and non-clinical staff level one. **Staff inductions were job specific. Staff were provided with a matrix for their role, a two-month review to identify any additional support or training and staff were reviewed again after a six- 	

month probation.

- ***The lead GP attended all staff appraisals to ensure they felt validated and supported.

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)	Y*
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y**
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	NA
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • *The practice held regular complex patient meetings, which included the attendance of the community matron and McMillan nurses. • **The practice had a well-planned approach to chronic disease management. Each GP had a lead area and they used the 'year of care' local templates for chronic obstructive pulmonary disease (COPD) and diabetes, where the patients were sent a summary and explanation of their blood tests prior to the appointment. They had a system whereby bloods were reviewed by a lead nurse, patient needs were discussed with the lead GP prior to a face to face consultation with the patient. 	

Helping patients to live healthier lives

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

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

		average	average	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>	98.0%	95.8%	95.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	3.9% (115)	0.7%	0.8%	N/A

Consent to care and treatment

The practice always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	Y

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had a stable partnership with a relatively low staff turnover. The leadership team were knowledgeable about issues and priorities for the quality and sustainability of services, understood what the challenges were and acted to address them. Staff were highly valued and there was a proactive approach to sustainability by upskilling staff. Staff felt supported in their role, and part of a really nice team. They said all staff were visible and approachable and there was always a GP available to speak with should they need to. The practice also had team leaders to bridge the gap between management and staff. 	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had a clear vision to provide a friendly, caring and efficient service. • The practice had a five-year plan and held planning meetings every 6 months to review progress. 	

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.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process. • There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care, patient experiences and ensuring the workforce were happy, supported and valued. • The practice had recently introduced an employee of the month scheme to boost staff morale. • The practice had a buddy system in place to provide additional support to the duty doctor. 	

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

Source	Feedback
Staff	Staff we spoke with were knowledgeable about the practices systems and processes. They spoke positively about working at the practice and felt supported and listened to.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had an electronic system for policies and procedures which staff have access to. Following the previous inspection in December 2016, the business manager had reviewed the recruitment and selection policy to contain all the requirements set out in Schedule 3 of the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014. There was a strong overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. Communication was effective and organised through numerous structured minuted meetings, practice training sessions, emails and face to face. They also had an electronic board for staff to leave feedback and organise social events. 	

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Problems were identified and addressed quickly and openly. The practice had undertaken 	

several risk assessments relevant to the provision of clinical care, including health and safety and fire risk assessments. Recommendations from risk assessments where appropriate had been actioned.

Appropriate and accurate information

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

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

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Any unusual access was identified and followed up.	NA
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had completed an impact assessment for this area. 	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice proactively sought, listened and acted to patient and staff feedback. Because of staff feedback the practice offered more development opportunities for staff. For example, a receptionist has trained to become a health care assistant, a nurse was training to become an advanced nurse practitioner, the business manager has completed a diploma in health 	

management and a nurse has completed a prescribing course.

Feedback from Patient Participation Group.

Feedback

The practice had a virtual PPG. The PPG told us they worked well and had a good rapport with the practice and the PPGs views were always sought prior to changes and for any improvements to the service. For example, they were consulted on the doctorslink initiative.

Any additional evidence

Patients we spoke with said they received a good service. They felt listened to and involved in their care. One patient told us the doctorslink service was too onerous. We fed this back to the practice and they said the service was new and they would continue to monitor and formally review within six months.

We received eight CQC comment cards. Seven were positive about the care they received at the practice. Patients said staff were helpful and friendly. They said GPs were brilliant, always listened and provided them with information about their care and treatment. One patient was dissatisfied with access to appointments, reception staff's attitude and not having enough time at a GP consultation. The practice told us staff attend customer care training and try to ensure staff competency. They have also increased appointments and offer double appointments where patients can discuss more than one concern.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The management team and GPs had a shared purpose and strived to deliver and motivate staff to succeed.• The practice was a teaching and training practice and had recently employed a physician associate.• Information was proactively used to improve safety. Significant events were monitored monthly and shared with all staff and discussed at practice meetings and training sessions.	

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.