Care Quality Commission

Inspection Evidence Table

Queen Camel Medical Centre (1-551266645)

Inspection date: 13 November 2019

Date of data download: 23 October 2019

Overall rating: Good

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

Safe Rating: Good

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes

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: 21st May 2019	Yes
There was a record of equipment calibration. Date of last calibration: 21st May 2019	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.	Yes
There was a log of fire drills.	Yes
There was a record of fire alarm checks. Date of last check: Weekly	Yes
There was a record of fire training for staff. Date of last training: 21st January 2019	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 18th October 2019	Yes
Actions from fire risk assessment were identified and completed.	
Following the last inspection, the practice had increased the number of fire marshals and clarified roles and responsibilities for checking: the emergency grab bag, alarm and fire extinguishers. The fire risk assessment had been reviewed after the new porch had been built in April 2019.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 3rd July 2019 & 5th October 2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 3rd July 2019	Yes

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. January 2019.	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
The practice had completed actions that were noted in the infection control audit. For example: A cleaning programme was established for curtains which were not disposable. Making suitable arrangements for disposal of babies and children's' soiled nappies.	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
Sepsis awareness was part of mandatory training for all staff and there was information and guidance for staff to use.	

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
We were informed by the practice manager that the whole clinical team worked together each day to file results and letters. This ensured clinical staff had the most up to date patient information.	

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)	0.87	0.86	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)	4.9%	4.7%	8.6%	Variation (positive)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and	6.65	5.96	5.63	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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)				
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)	1.67	2.40	2.08	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about 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.	Yes
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	Yes

Medicines management	Y/N/Partial
and expiry dates.	
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

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Yes
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Yes
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patents. There was a risk assessment or practice policy for exceptions such as acute prescriptions.	Yes
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Yes
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	Yes
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Yes
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Yes
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Yes
Dispensary staff said that they felt able to speak up about any concerns. Staff had access to training the practice deemed necessary and basic dispensary training. Staff said they would appreciate further training targeted at dispensary staff needs to develop their skills further. The practice's dispensary had a secure system to enable medicines to be taken to villages in the area and designated collection points. Records were in place to ensure all collections were signed for.	

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:	9
Number of events that required action:	9
• The practice had a clear and effective overview of significant events that was discussed at the weekly huddle meetings and at the quarterly practice team meetings.	

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

Event	Specific action taken
Administration staff had scanned documents onto the incorrect patients records.	• This was identified at the time. • The practice checked patients records and found the relevant information had been recorded on the correct patient record.
A patient had an episode of severe breathlessness and the practice needed to call an emergency ambulance. The practice had to call the ambulance service a total of three times, as the patient's condition was deteriorating, and oxygen supplies at the practice were running out.	The patient did not experience any harm, learning points included: • Providing feedback to the ambulance service of risks of ambulance delays and how this could compromise patient safety. • Relabelling of oxygen masks to make sure they were clearly identifiable; and purchasing extra supplies of oxygen to make sure patient' needs could be met if there were further delays to assistance being provided.

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

Effective Rating: Good

Until April 2019 the practice had taken park in the Somerset Practices Quality Scheme (SPQS) rather than the Quality and Outcomes Framework (QOF). (QOF is a system intended to improve the quality of general practice and reward good practice). SPQS measured the quality and outcomes differently with an emphasis on quality improvement for a reduced or different number of indicators. Under the SPQS framework reporting some indicators in the QOF data below had not been included in SPQS. This meant some negative variations in achievement were not fully representative of patient outcomes.

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) (NHSBSA)	0.77	0.66	0.75	No statistical variation

Older people Population group rating: Good

Findings
• The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medicine 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.
- Two health coaches have been employed by the practice to help patients who are experiencing social isolation, they offered weekend tea parties at the practice as well as a befriending service.
- GPs carried out a weekly ward round at the local care home which has helped reduce the need for additional visits and hospital admissions.
- GPs provided their personal telephone numbers to palliative care patients and their families to ensure continuity of care.

People with long-term conditions Population group rating: Good

Findings

- Patients with long-term conditions (LTC) 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 asthma were offered an asthma management plan.
- The practice has GPs that have a special interest in dermatology and musculoskeletal (MSK), they hold weekly MSK clinics within the practice which has reduced the need to refer into secondary care.
- The practice has introduced longer appointments (fifteen minutes) for patients with LTC or complex problems this was following feedback from patients.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	55.0%	70.0%	78.8%	Significant Variation (negative)
Exception rate (number of exceptions).	1.6% (5)	7.3%	13.2%	N/A
The percentage of patients with diabetes, on	62.5%	67.4%	77.7%	Tending towards variation

the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)				(negative)
Exception rate (number of exceptions).	2.6% (8)	6.2%	9.8%	N/A

- Under the SPQS framework reporting on some indicators such as the QOF data above showed a negative variation were not included, meaning the negative variation in achievement shown were not representative.

- The practice was aware of the low achievement figures related to diabetes indicators. They had identified that improvements were needed to ensure all patients on the register were contacted and invited in for a review.

- Patients were only excepted after a process of not responding to invitations and being on the maximum medicine available.

- The practice had drawn up clinical responsibilities for named GPs and a meeting schedule was in place to ensure that the QOF reporting was correct.

- Unverified data reported by the practice from the 5th June 2019 showed the clinical indicators for diabetic patients, in whom the last blood pressure reading was 140/80mmHg had increased to 70%. This was above the local average by 2.6%.

- Unverified data reported by the practice for diabetic patients shows an increase in the above figures.

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	66.7%	75.5%	80.1%	Variation (negative)
Exception rate (number of exceptions).	4.2% (13)	10.8%	13.5%	N/A

- We looked at a sample of clinical records of patients with diabetes and found that they were receiving appropriate care and treatment.

- Due to a number of these patients only attending their hospital checks the practice has written to these patients to explain the importance of regular monitoring with their GP and nursing team. In addition, the practice has organised virtual diabetic clinics to discuss the management of more complex diabetic patients with hospital consultants.

- Unverified data reported by the practice from the 5th June 2019 shows the practice has increased its percentage to 67%.

- The practice has drawn up clinical responsibilities for named GPs and a meeting schedule has been shared with the team to ensure that the QOF reporting is correct

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	38.6%	61.3%	76.0%	Significant Variation (negative)
Exception rate (number of exceptions).	2.4% (9)	7.0%	7.6%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	48.2%	68.8%	89.7%	Significant Variation (negative)
Exception rate (number of exceptions).	5.5% (8)	7.2%	11.5%	N/A

- Until April 2019 the practice had taken park in the Somerset Practices Quality Scheme (SPQS) rather than the Quality and Outcomes Framework (QOF). (QOF is a system intended to improve the quality of general practice and reward good practice). SPQS measured the quality and outcomes differently with an emphasis on quality improvement for a reduced or different number of indicators.

- Unverified data from the practice in relation to the percentage of patients with asthma who have had a review in the preceding 12 months is 70% which is above the CCG average.

- Unverified data from the practice in relation to the percentage of patients with COPD who have had a review in the preceding 12 months is 88% which is above the CCG average of 68.8%.

- The practice has drawn up clinical responsibilities for named GPs and a meeting schedule has been shared with the team to ensure that the QOF reporting is correct

- We looked at several clinical records of patients with long term conditions and found that reviews were carried out on the records we viewed. Care and treatment for these patients was appropriate and documented. The practice confirmed that reviews for these patients had been completed, but due to the practice not reporting into QOF they had not been coded as reviewed. This has now been corrected accordingly since April 2019.

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	70.7%	76.2%	82.6%	Variation (negative)

150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	2.0% (20)	3.7%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	88.8%	86.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	1.7% (2)	3.8%	6.7%	N/A

- The practice had only been gathering data on QOF since April 2019, we looked at unverified data which showed the current overall score was 419.55 points out of a possible 485 points to date, and they were monitoring clinical indicators in line with CCG and local averages.

Families, children and young people Population group rating: Good

Findings

- The practice has met the minimum 90% target for all four childhood immunisation uptake indicators. The practice has met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for three of the four childhood immunisation uptake indicators.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.
- There was a dedicated text service for teenagers following their feedback to the practice.

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)	36	37	97.3%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation	31	32	96.9%	Met 95% WHO based target

for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)				
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)	31	32	96.9%	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)	30	32	93.8%	Met 90% minimum

- Once children had their first immunisation the nurses made follow up appointments for the child to attend the immunisation clinics to receive the remaining vaccines.
- Weekly searches were carried out on the computer system to ensure that letters had been sent to eligible children's parents or guardians, inviting the children for immunisations. If a child did not attend an appointment this was followed up by the practice and health visitors were informed.

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

Working age people (including those recently retired and students) — Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medicines without the need to attend the practice.

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)	74.7%	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)	79.3%	73.9%	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)	64.2%	61.1%	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)	0.0%	45.1%	69.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	52.0%	54.8%	51.9%	No statistical variation

- Unverified data from the practice in relation to the percentage of women eligible for cervical cancer screening aged 25 to 49 years old is 76% and for women aged 50 to 64 years old is 82%.
- Unverified data from the practice for 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 is 98%

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointment and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- End of life (EOL) care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. GPs gave out their telephone numbers to EOL patients and their families and were on-call when needed.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice liaised regularly with social services, mental health organisations, the local hospice, rehabilitation teams and the local complex care teams.

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 medicines.

- 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.
- A support worker trained in supporting people living with dementia attended the practice to provide a drop-in service for patients.
- Patients living with dementia were referred to the memory clinic for early diagnosis.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	15.4%	39.1%	89.5%	Significant Variation (negative)
Exception rate (number of exceptions).	3.7% (1)	6.6%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	25.9%	47.3%	90.0%	Significant Variation (negative)
Exception rate (number of exceptions).	0.0% (0)	6.0%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	63.9%	52.1%	83.0%	Variation (negative)
Exception rate (number of exceptions).	1.6% (1)	6.9%	6.6%	N/A

- Until April 2019 the practice had taken park in the Somerset Practices Quality Scheme (SPQS) rather than the Quality and Outcomes Framework (QOF). (QOF is a system intended to improve the quality of general practice and reward good practice). SPQS measured the quality and outcomes differently with an emphasis on quality improvement for a reduced number of indicators.

- Under the SPQS framework reporting on some indicators such as the QOF data above which showed a negative variation were not included, meaning the negative variation in achievement shown were not representative of achievement.

- We were shown unverified data by the practice for the percentage of patients diagnosed with dementia who had a care plan reviewed in the preceding twelve months this showed 73% of patients had been reviewed since April 2019 an increase of 10% and now they were above the local average.

- We looked at seven clinical records of patients who were experiencing poor mental health and saw reviews had been documented as completed on the records we viewed. Reviews were carried out by the patients named GP and took place annually or with their annual medication review. Care and treatment for these patients was appropriate and documented. The practice confirmed that reviews for these patients had been completed, but due to the practice not reporting into QOF they had not been coded as reviewed. This has now been corrected accordingly since April 2019.

- Health coaches were trained to support patients with poor mental health. The health coaches worked alongside the complex care teams to support these patients and their families by visiting them at home.

- The practice had drawn up clinical responsibilities for named GPs and a meeting schedule has been shared with the team to ensure that the QOF reporting is correct.

- The practice held weekly huddle meetings with the GP team, health coaches and the community complex care team to discuss any concerns there maybe with patients those patients with mental health conditions.

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)	333.8	423.2	537.5
Overall QOF score (as a percentage of maximum)	59.7%	75.7%	96.2%
Overall QOF exception reporting (all domains)	1.9%	4.0%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes

The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes
Quality improvement activity was targeted at the areas where there were concerns.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

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

Any additional evidence or comments
• An audit was carried out in October 2017 for uncollected medicines from the dispensary, to establish reasons and to introduce new measures to reduce uncollected prescriptions. • A total of 57 items had not been collected. The practice put in place a regular check of uncollected medicines to ensure that duplicate medicines were not issued. • A re-audit was carried out in February 2018 and the results reduced to 36 items not collected. The audit showed that less than 1% of items remained uncollected and these related to patients who had died or moved away. • The practice carried out an audit in October 2018 of its monitored dose systems (MDS) also known as blister packs to establish the number of staff who were able to prepare the MDS packs. The first audit completed in October 2018 showed that there were only three out of the seven staff able to prepare the packs boxes. The re audit in January 2019 showed that 100% of staff were able to prepare the boxes on a daily basis with no errors recorded.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes

The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (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
• The practice ethos was to provide an accessible and approachable patient-orientated service.	

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
• The practice had employed a health coach since 2016. The coach attending regular health coaching meetings and forums to share learning. • Referrals came from GPs, clinicians, multi-disciplinary team members or patients themselves and were tailor made for each patient and aimed to reduce social isolation, reduce anxieties and improve well-being. Patients had been supported to access befriending services, social	

activities and other support services. Practice staff had seen that these patients had attended the practice less for appointments.

- The health coach had started a 'tea party group' once a month on a Sunday in the practice. This was being rolled out within the Primary Care Network.
- The practice promoted healthy living and had signed up to become a Park Run practice to facilitate health walks. The health coach had also organised flex exercise classes for patients.

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	86.2%	89.6%	95.1%	Significant Variation (negative)
Exception rate (number of exceptions).	0.6% (9)	1.1%	0.8%	N/A

- Until April 2019 the practice had taken park in the Somerset Practices Quality Scheme (SPQS) rather than the Quality and Outcomes Framework (QOF). (QOF is a system intended to improve the quality of general practice and reward good practice). SPQS measured the quality and outcomes differently with an emphasis on quality improvement for a reduced number of indicators.

- Under the SPQS framework reporting on some indicators such as the QOF data above which showed a negative variation were not included, meaning the negative variation in achievement shown were not representative of achievement.

- The practice said they had not been required to report on this indicator prior to April 2019 and that reviews and the smoking status was recorded but not coded on the system. Since re-joining the QOF in April the practice has a clinical lead for QOF and these patients have been coded correctly.

- The practice has drawn up clinical responsibilities for named GPs and a meeting schedule has been shared with the team to ensure that the QOF reporting is correct.

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes

The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	Yes

Caring Rating: Good

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.	15
Number of CQC comments received which were positive about the service.	15
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	All comment cards were positive about the practice. Patients commented that they felt cared for and treated with dignity and respect.
NHS Choices	Four reviews were received with an average score of 4.5 stars. Comments were positive about the service provided.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5970.0	245.0	147.0	60.0%	2.46%

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)	96.2%	91.7%	88.9%	Tending towards variation (positive)
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)	98.8%	90.6%	87.4%	Variation (positive)
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)	100.0%	96.9%	95.5%	Variation (positive)
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)	99.2%	85.4%	82.9%	Significant Variation (positive)

- Due to the rural nature of the practice the staff knew their patients well and there was also a low turnover of staff.
- The practice continually reviewed its appointment system to enable patients to have the most convenient access possible which was reflected in the positive GP survey data above.

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

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	100.0%	95.4%	93.4%	Significant Variation (positive)

Indicator	Practice	CCG average	England average	England comparison
31/03/2019)				

	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 about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 167 patients who were also carers. This represented 3% of the practice population.
How the practice supported carers (including young carers).	Staff signposted patients who were carers to other services such as carers breaks and respite care. The practice also had health coaches who provided support and signposting to relevant support for staff and patients. The practice had a carers champion and there was a carers information board on display at the entrance to the practice. The Patient Participation Group had several members that were actively involved in a local carer service and they shared updates with the practice team.
How the practice supported recently bereaved patients.	GPs contact the next of kin or main carer following a bereavement. Health coaches and external counsellors are available to meet families at the practice if needed.

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

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

Practice Opening Times	
Day	**Time**
Opening times:	
Monday	8:30am – 6:30pm
Tuesday	8:30am – 6:30pm
Wednesday	8:30am – 6:30pm
Thursday	8:30am – 6:30pm
Friday	8:30am – 6:30pm
	8:30am – 6:30pm
Appointments available:	
Monday	9am – 12.30pm and 2pm – 6.30pm
Tuesday	9am – 12.30pm and 2pm – 6.30pm
Wednesday	9am – 12.30pm and 2pm – 6.30pm
Thursday	9am – 12.30pm and 2pm – 6.30pm
Friday	9am – 12.30pm and 2pm – 6.30pm
Extended hours appointments were available for patients to access at four of the five practices within the Primary Care Network between 6.30pm – 8pm Monday to Friday. Queen Camel offered appointments (for all practices in the PCN) between 9am – 10.30am on Saturdays.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5970.0	245.0	147.0	60.0%	2.46%

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)	100.0%	95.6%	94.5%	Significant Variation (positive)

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.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- The dispensary staff at the practice provided monitored dose systems (MDS) of medicines for vulnerable patients.

People with long-term conditions — Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

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.
- Parents with concerns regarding children under the age of 10 could attend a drop-in clinic held at the same time as the twice weekly baby clinic.
- There was a proactive approach to understanding the needs of different groups of patients. The practice had a text service for teenage patients allowing them priority access to appointments

via text messages to the practice. This service was provided in response to teenage patients saying it was their preferred method of communication.

- Practice GPs provided a weekly clinic during term time at a local preparatory school with 120 boarders.

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.
- Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a Practice Care Network (PCN).

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

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

Timely access to the service

People were able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when 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)	99.1%	N/A	68.3%	Significant Variation (positive)
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)	97.1%	70.9%	67.4%	Significant Variation (positive)
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)	92.2%	66.3%	64.7%	Significant Variation (positive)
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)	96.9%	77.5%	73.6%	Significant Variation (positive)

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.	5
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

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

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient was unhappy as they were they required a medicine review before the next prescription could be issued.	Contact was made to the patient. An apology was given along with an explanation of the process. An alert was added to the patient record
A patient was prescribed the wrong medicine, no harm came to the patient.	An apology was given by the practice. Practice manager discussed with all partners and a draft response was agreed.

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

- There were weekly and quarterly clinical and staff meetings held to discuss all aspects of the practice. All meetings had an agenda and minutes were recorded.
- The GP partners and practice manager met regularly to discuss staffing issues, finance and premises to ensure that they were proactive in addressing issues and ready to face the challenges of general practice.
- Staff said that they felt part of a strong team and were supported by the GPs and manager. They could speak to the practice manager, or the GPs, if they had concerns or needed support.

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes

Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes

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
Staff had undertaken equality and diversity training.	Yes

Source	Feedback
Staff Feedback	Members of staff said they were very happy working at the practice, morale was high, and they felt well supported by the whole staff team.

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

- Policies and procedures were in place and being transferred across to the new computer system to enable them to be more accessible to staff. The practice manager regularly reviewed and updated policies as required.
- There was a system in place for investigating, reviewing and learning from complaints and significant events. They were then formally documented and discussed during staff and clinical meetings.
- There were health and safety systems in place and equipment was maintained in line with guidance.

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes

We saw examples of effective governance processes including:

- The management and oversight of cleanliness, health and safety and control of infection at the premises.
- The management, safety and stock control of medicines and emergency equipment was effective.
- There was oversight of ongoing recruitment checks and training provision.
- The monitoring and review of complaints and significant events was effective and promoted learning.
- There were systems to receive and respond to medical safety alerts such as those from Medicines and Healthcare Regulatory Agency (MHRA).
- There was an effective system to review and manage patients on high risk medicines.
- Policies and procedures were regularly reviewed and communicated to staff.

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

- The practice has drawn up clinical responsibilities for named GPs and a meeting schedule has

been shared with the team to ensure that the QOF reporting is accurate.

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

- The practice communicated effectively with the community. For example, the practice provided educational talks to the local school and provided a newsletter for the community.
- There was a quarterly whole practice half day closure for training and team building.

Feedback from Patient Participation Group.

Feedback
• We received five emails from the Patient Participation Group (PPG) which advised us that there was effective collaboration between the practice staff and the PPG. We were told the staff listened to any concerns which were raised, and these were resolved as swiftly as possible.

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.	Yes
Learning was shared effectively and used to make improvements.	Yes

- Minutes of meetings across the practice staff team showed that there was a focus on development and improvement and that learning from significant events, complaints, training and patient feedback was shared effectively

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 practices 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.