

# Care Quality Commission

## Inspection Evidence Table

### The University of Lincoln Health Centre (1-2944557816)

Inspection date: 12 December 2019

Date of data download: 21 November 2019.

## Overall rating: Good

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

## 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
Explanation of any answers and additional evidence:	
The provider had a detailed and up to date policy for safeguarding for adults and children. This included	

Safeguarding	Y/N/Partial
useful contacts such as the sexual assault referral centre (SARC) and Lincolnshire Safeguarding Childrens Boards. The policy included the Female Genital Mutilation safeguarding pathway.	
Safeguarding was a standing agenda item on the clinical meetings. This meeting was attended by all clinicians.	
The practice had an alert system to ensure all staff were aware of any known safeguarding concerns.	

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
Explanation of any answers and additional evidence: The provider had a recruitment, vetting and qualification checking policy in place. This outlined the process in the recruitment of all staff. The provider had a human resources policy statement for staff recruitment to ensure all employees involved in the recruitment process were free from discrimination and followed the principles and ethos of the Equality Act 2010.	

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: 12 January 2019	Yes
There was a record of equipment calibration. Date of last calibration: 19 August 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. Date of last check: 27 November 2019	Yes
There was a log of fire drills. Date of last drill: 8 October 2019	Yes
There was a record of fire alarm checks. Date of last check: 11 December 2019	Yes
There was a record of fire training for staff. Date of last training: Varied – annually	Yes
There were fire marshals.	Yes

A fire risk assessment had been completed. Date of completion: 27 November 2019	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: The practice had a fire safety lead and provided evidence of a fire manual handbook for all staff. There were three fire wardens and all staff had up to date fire safety training. There was a fire risk assessment and action plan implemented and monitored monthly by the fire safety lead. The practice undertook spot checks on the signing in book process for all staff which is used in fire drill situations.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 22 February 2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 4 February 2019	Yes
Explanation of any answers and additional evidence: We saw evidence of an up to date health and safety assessment which included slips and trips in place. The practice had a current health and safety policy.	

### 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. Date of last infection prevention and control audit: March 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
Explanation of any answers and additional evidence: We saw evidence of an infection prevention and control policy and guideline framework. This included the cleaning and decontamination guidelines and the safe handling of specimens guidance.  The practice regularly reviewed and updated the infection control audit action plan.  There were annual internal and external infection control audits. We saw evidence of the control of substances to health (COSHH) risk assessment and data sheet for chemicals used within the practice.	

## 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
<p>Explanation of any answers and additional evidence:</p> <p>We found that:</p> <ul style="list-style-type: none"> <li>The practice had a comprehensive system to monitor and review pathology results daily.</li> <li>All stock (such as emergency medicines, dressings and vaccines) were tracked and recorded so location, amounts and expiry dates were logged and were highlighted when within a month of the expiry date. A monthly audit was also undertaken to ensure discrepancies were identified and rectified.</li> </ul> <p>The deputy practice manager held a staff rota to ensure any gaps in providing the service were covered. Staff were offered overtime to cover staff absences.</p> <p>The induction process was used for permanent and temporary staff. There was a comprehensive induction checklist for all new staff and they were recorded in all staff files.</p> <p>We found sepsis awareness amongst staff was good with both clinical and non-clinical staff and online training courses had been completed and relevant equipment was available with the emergency equipment in all consulting rooms.</p>	

## Information to deliver safe care and treatment

**Staff had 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	Yes

line with current guidance and relevant legislation.	
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
Explanation of any answers and additional evidence: Patient records that we reviewed were well kept with detailed management reviews such as patients with asthma.	

## 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)	0.50	1.03	0.87	Significant Variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2018 to 30/06/2019) (NHSBSA)	2.7%	10.2%	8.6%	Significant Variation (positive)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2019 to 30/06/2019) (NHSBSA)	3.76	5.91	5.63	Significant Variation (positive)
Average daily quantity of oral NSAIDs	0.67	2.44	2.08	Significant Variation

Indicator	Practice	CCG average	England average	England comparison
prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/01/2019 to 30/06/2019) (NHSBSA)				(positive)

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).	NA
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	NA
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	NA
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	NA
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
Explanation of any answers and additional evidence:	

Medicines management	Y/N/Partial
<p>We found that:</p> <ul style="list-style-type: none"> <li>• All stock (such as emergency medicines, dressings and vaccines) were tracked and recorded so location, amounts and expiry dates were logged and were highlighted when within a month of the expiry date. A monthly audit was also undertaken to ensure discrepancies were identified and rectified.</li> <li>• The practice had implemented a safe system to monitor the distribution and security of prescription stationery on site.</li> <li>• The practice reported their low prescribing of antibacterials was due to staff adhering strictly to prescribing protocols. The practice also completed an annual antibiotic audit which highlighted clinicians prescribing trends. The practice also ran a year round health promotion programme with the support of Student Wellbeing and the Students Union which assisted patients to be more aware of self-care, illness prevention and other places to access health support and treatments.</li> </ul>	

### 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:	19
Number of events that required action:	19
<p>Explanation of any answers and additional evidence:</p> <p>We found that the practice had a significant event log which was accessible on a shared drive to all staff. The significant events were discussed at individual meetings such as clinical or administrative and then updated at the practice bi-annual review meetings. These meetings were attended by the full practice team and the actions were monitored on the non-clinical administration system (teamnet). The themes and trends were reviewed at this meeting and the log highlighted the trends. The minutes to the meetings were circulated to all staff via email.</p>	

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

Event	Specific action taken
No review service for ADHD patients provided in the area	The clinical lead had actioned the lack of services and taken to the CCG for further discussion

Two patients with similar names booked in with two different GP's	The event was discussed in the administration and clinical meetings and staff were made aware to increase vigilance and use surname of patient when calling them into consultation
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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
<p>Explanation of any answers and additional evidence:</p> <p>Safety alerts were recorded and evidence was seen that the alerts were shared with staff, actions were taken and the outcomes recorded.</p> <p>We saw that the practice manager and the clinical nurse lead received safety alerts and were cascaded to all relevant staff. Actions were taken by the GP lead and clinical nurse lead and this was documented and reviewed in the clinical meetings. The practice displayed any safety alerts on their intranet front page.</p> <p>The practice was signed up to the NHS England safety alerts cascades. This meant the practice was notified in real time of alerts to be acted upon immediately.</p>	

## Effective

## Rating: Good

We have rated the practice good because:

### 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
<p>Explanation of any answers and additional evidence:</p> <p>We saw that current evidence based practice was a standard agenda item on the practice clinical team meetings and updates were cascaded through the intranet to all staff.</p> <p>The practice offered a telemedicine service to students during out of term time.</p> <p>With a large increase in transgender patients registered at the practice we saw that they had developed guidance and literature on prescribing and advice. The practice had a working group which consisted of practice staff and the student union to look at transgender issues for the university community.</p>	

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>	0.13	1.14	0.75	Significant Variation (positive)

## Older people

## Population group rating: Good

### Findings

- Health checks were offered to patients. The practice had 21 patients between the ages of 57 and 66 years old.
- Staff had the appropriate knowledge to support the psychological, mental and communication needs of older people.
- Any patients discharged from hospital were followed up and an appointment organised if appropriate.

## 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.
- Patients with asthma were offered an asthma management plan.
- The practice had no patients with COPD.

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>	46.5%	81.8%	79.3%	Significant Variation (negative)*
Exception rate (number of exceptions).	24.6% (14)	11.9%	12.8%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	84.1%	79.5%	78.1%	No statistical variation
Exception rate (number of exceptions).	22.8% (13)	7.6%	9.4%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	78.7%	83.0%	81.3%	No statistical variation
Exception rate (number of exceptions).	17.5% (10)	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	81.8%	78.7%	75.9%	No statistical variation
Exception rate (number of exceptions).	2.4% (11)	8.3%	7.4%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	0.0%	91.1%	89.6%	-

Exception rate (number of exceptions).	0.0% (0)	11.4%	11.2%	N/A
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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)	88.9%	85.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	18.2% (2)	3.5%	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)	0.0%	93.6%	91.1%	-
Exception rate (number of exceptions).	0.0% (0)	4.5%	5.9%	N/A

#### Any additional evidence or comments

We reviewed 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) and found that the variance was negative due to only two patients eligible for reporting. These were reviewed and appropriate.

We discussed the diabetes QOF performance with the practice who reported that their prevalence of diabetes was low within the practice and they typically had more patients who had type 1 diabetes rather than type two. The practice reported that the majority of the patients with type 1 diabetes were being treated under secondary care and therefore did not engage with the practice in regards to their diabetic control.

The practice had no chronic obstructive pulmonary disease (COPD) patients.

#### Families, children and young people

Population group rating: Good

#### Findings

- 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 and the practice were proactive at health promotion in this area.
- Staff had the appropriate skills and training to carry out reviews for this population group.

#### Working age people (including those recently retired and students)

Population group rating: Good

#### Findings

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

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) (31/03/2019 to 30/06/2019) (Public Health England)	48.3%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	46.2%	72.5%	71.6%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2018 to 31/03/2019) (PHE)	71.4%	60.6%	58.0%	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. (01/04/2018 to 31/03/2019) (PHE)	33.3%	59.1%	68.1%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) (PHE)	100.0%	57.7%	53.8%	No statistical variation

### Any additional evidence or comments

We saw evidence to show the practice engaged with patients to encourage screening and three attempts were made to get the patients an appointment. However, some international students preferred to have screening conducted in their home country.

The practice provided us with unverified data in regards to cervical screening from the current QOF year which showed the practice was currently achieving a rate of 48.5% (which was taken within the QOF year). Due to patient demographics there is a lower number of patients within the practice which are eligible for cervical screening. The practice also reported that they have a high number of patients who refuse to have cervical screening done for cultural reasons.

**People whose circumstances make them vulnerable**

**Population group rating: Good**

**Findings**

- 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 held Gold Standard Framework meetings quarterly and attended by district nurses and MacMillan nurses.
- The practice had a palliative care pack for end of life patients.
- The practice had a palliative care register.

**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.
- 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. This included working closely with local mental health services as well as student support services on the campus.
- The practice had no patients with dementia.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QoF)</small>	90.9%	92.4%	89.4%	No statistical variation
Exception rate (number of exceptions).	26.7% (4)	20.2%	12.3%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption	100.0%	91.7%	90.2%	Tending towards variation (positive)

has been recorded in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)				
Exception rate (number of exceptions).	13.3% (2)	18.9%	10.1%	N/A
The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	0.0%	85.1%	83.6%	-
Exception rate (number of exceptions).	0.0% (0)	8.3%	6.7%	N/A

### Any additional evidence or comments

All staff were dementia trained although the practice did not have any dementia patients.

### 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)	333.5	No Data	539.2
Overall QOF score (as a percentage of maximum)	59.7%	No Data	96.4%
Overall QOF exception reporting (all domains)	7.2%	No Data	No Data

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

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

- A depression audit was carried out in August 2018 with eight actions, one of which included re-audit in January 2019. We saw the re-audit results from January 2019 which showed more patients were being reviewed and receiving appropriate follow up.
- A clinical notes audit for nursing staff was completed in January 2018 with a second cycle audit being carried out in January 2019 showing improvements in some areas. The practice planned to re-audit annually.

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## 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
Explanation of any answers and additional evidence:  We found that the practice had a training matrix that recorded all staff training. We saw evidence that training was monitored including safeguarding, fire safety, customer care and bullying and harassment, and that staff training was up to date.  The practice had a study and training policy in place for staff. Staff could attend training courses and could apply for study time. Within the policy we found detailed eligibility for assistance with training and study. Further training and development were discussed at annual appraisals.  Staff poor performance was managed by informal individual reviews and we saw evidence of meeting minutes documented and probationary reviews discussed. All sickness and absence was monitored.	

## 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)	Yes

(QOF)	
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
Explanation of any answers and additional evidence: We saw evidence that patients were followed up, by a clinician, after discharge from hospital the following day.	

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence: The practice ran a wide range of targeted and proactive health promotion campaigns. They hosted welcome days for new students with any identified mental health conditions before the start of term.	

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,	97.8%	94.9%	95.0%	Tending towards variation (positive)

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>				
Exception rate (number of exceptions).	1.4% (5)	1.1%	0.8%	N/A

## Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	NA
Explanation of any answers and additional evidence: Consent forms were used for minor surgery. The forms were detailed and included possible risks to patients.	

## 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
Explanation of any answers and additional evidence: The practice worked closely with the university international office to support students from overseas.	

The practice had developed a close working relationship with the multi faith chaplaincy team.

CQC comments cards	
Total comments cards received.	16
Number of CQC comments received which were positive about the service.	13
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	2

Source	Feedback
Comment cards	<p>We received sixteen comments cards and patients fed back that staff were helpful, caring and responsive to their needs.</p> <p>Patients said that it was not always easy to get an appointment however staff try to be accommodating.</p>

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11769.0	457.0	39.0	8.5%	0.33%

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)	86.1%	89.7%	88.9%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	82.6%	88.5%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	86.8%	95.3%	95.5%	Variation (negative)
The percentage of respondents to the GP	76.6%	84.6%	82.9%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)				

#### Any additional evidence or comments

The practice told us that they have incorporated questions into their patient survey around confidence and trust in their healthcare professional and will review results to make improvements based on structured feedback when this is collated

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

#### Involvement in decisions about care and treatment

##### Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence:	

Source	Feedback
Interviews with patients.	<p>We spoke to seven patients who told us that appointment availability was not always easy. Patients told us that due to their education timetables the practice was accessible to book appointments around lessons.</p> <p>Patients we spoke to told us that staff were friendly, approachable and caring to their needs.</p> <p>We were told that the implementation of additional telephone lines has assisted with accessibility of the service.</p> <p>Patients felt respected and could request longer appointments if needed.</p>

#### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP	89.3%	93.8%	93.4%	No statistical

Indicator	Practice	CCG average	England average	England comparison
patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2019 to 31/03/2019)				variation

#### Any additional evidence or comments

The practice had a dedicated staff member to manage patient surveys and feedback. We were told that patient surveys are held every year to assess patient satisfaction with the service and drive change for a better patient experience based on comments left.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: The practice had access to interpretation services and posters were displayed in the waiting areas with further information. The practice website could be translated into many different languages.  The practice were working alongside the student welfare team to support patients who were affected by domestic violence or sexual abuse. They were currently designing a small business card to distribute around the campus to signpost for support and the card can be used to discreetly request an appointment at the practice by handing the card in at reception. This was currently in development.	

Carers	Narrative
Percentage and number of carers identified.	0
How the practice supported carers (including young carers).	The practice had a carers champion. There was a carers pledge. We saw that the practice had leaflets and information packs for carers if any are identified. The practice was planning to work with the student well-being team to look wider into identifying potential carers.
How the practice supported recently bereaved patients.	Bereaved patients were signposted to chaplaincy services on the campus. There was leaflets for patients to take away.

#### 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
<p>Explanation of any answers and additional evidence:</p> <p>The waiting room had a privacy window for patients which ensured confidentiality. A private room was available for any patient requiring sensitive conversations.</p> <p>The practice had paper slips at the reception desk that detailed the patient would like to speak in confidence to a member of the team. The patient could give the slip of paper to the receptionist which ensured the patient was managed appropriately to their needs for example; given a private area to wait in.</p>	

**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
<p>Explanation of any answers and additional evidence:</p> <p>Staff were involved in the Productive General Practice initiative to look at how appointments were managed. They were also considering job description standards, so patients saw the right clinician at the right time and for the correct length of time.</p> <p>Staffing levels took into account busier times such as the beginning of a new academic year to enable the practice to better manage workload. The deputy practice manager reviewed staff rotas to ensure appropriate cover for peak times.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	07.30am to 6.30pm
Tuesday	07.30am to 6.30pm
Wednesday	07.30am to 6.30pm
Thursday	07.30am to 8.00pm
Friday	07.30am to 6.30pm
Appointments available:	
Monday	07.30am to 6.30pm
Tuesday	07.30am to 6.30pm
Wednesday	07.30am to 6.30pm
Thursday	07.30am to 8.00pm
Friday	07.30am to 6.30pm

#### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11769.0	457.0	39.0	8.5%	0.33%

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)	84.4%	95.0%	94.5%	Variation (negative)

#### Any additional evidence or comments

The practice undertook patient surveys annually. We looked at the results from their internal survey which was held in November 2019. We saw 98 patients participated and asked thirteen questions including how long patients waited to get their appointment and overall did they feel like they were treated with dignity and respect.

The response overall from the survey was positive and had nearly three times the response from the previous survey in September 2018.

We saw actions were discussed at team meetings and implemented. For example; a patient described the check in screen not recognising their name, so the process now is that patients are reminded, at the point of booking their appointment, there is an option to check in with the receptionists.

**Older people**

**Population group rating: Good**

## Findings

- Health checks were offered to patients. The practice had 21 patients aged between 57 and 66 years old.
- Staff had the appropriate knowledge to support the psychological, mental and communication needs of older people.
- Any discharges from hospital was followed up and an appointment organised if appropriate.

## People with long-term conditions

Population group rating: **Good**

## Findings

- There was oversight of patients with long term conditions and they received a structured and well monitored annual review to ensure their health and medicines needs were being met.
- Patients with complex long-term conditions were supported by the clinical staff in conjunction with other health care professionals to deliver co-ordinated care.
- Specialist staff had received appropriate training to enable them to care for specific conditions, such as diabetes or asthma, and they were able to schedule future appointments to ensure continuity of care.
- Patients with long term conditions were highlighted at the initial registration and prioritised as a review to ensure conditions were correctly coded and their care was transferred to the practice smoothly.

## Families, children and young people

Population group rating: **Good**

## Findings

- 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.
- There was a system in place to follow up failed attendances of children following an appointment in secondary care and worked closely with health visitors when necessary. The practice had 49 patients aged between 0 and sixteen years old.
- Young people could access services for sexual health and contraception and the practice was proactive at health promotion in this area.

## Working age people (including those recently retired and students)

Population group rating: **Outstanding**

## Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open from 7.30am Monday to Friday and until 8pm on a Thursday.
- The practice encouraged eligible patients to have the meningitis vaccine, and supported those who attended for travel advice, often being able to fulfil last minute due a stock of vaccinations.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74 years old. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could register with the practice, book or cancel appointments online and order repeat

medication without the need to attend the surgery.

- The practice worked alongside the student union at the freshers fayre and offered various advice including self-examination. The practice used demonstration models for practical advice on self-examinations of breasts and testicles – the campaign was very well received and encouraged students to be more body aware.
- Annually, the practice held a Valentine’s day chlamydia screening campaign. The practice offered a box of chocolates for the first 100 patients to take a test.
- During the university festival season (winter and summer) the practice held campaigns to improve awareness of drink spiking, keeping safe at parties and safe contraception use. They held a very popular campaign called “sex, drugs and rock and roll” which was advertised in the waiting room and across campus. The practice worked closely with the Lincolnshire Integrated Sexual Health Services and Sexual Assault Referrals Centres to provide a multi-agency support group.
- Patients were encouraged to take part in the weekly ‘park run’ with the lead GP and her team. The practice was certified as a ‘park run practice’.

### **People whose circumstances make them vulnerable**

**Population group rating: Good**

#### **Findings**

- 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 also worked with counsellors and pastoral workers to provide support to those who might have shared accommodation with those patients.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

### **People experiencing poor mental health (including people with dementia)**

**Population group rating: Good**

#### **Findings**

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to ‘stop smoking’ services.
- 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. This included working closely with local mental health services as well as student support services on the campus.
- Practice staff developed a ‘12 positive steps’ leaflet to promote emotional health which contained organisations contact details and twelve tips to improve wellbeing.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- 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.

## Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence: Patients could book same day appointments.	

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)	74.2%	N/A	68.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	66.4%	68.6%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	70.1%	66.3%	64.7%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	61.8%	74.4%	73.6%	No statistical variation

Source	Feedback
NHS Choices	There had been 25 ratings for this practice. The last review was in November 2019. The practice had responded to all feedback on NHS choices. All four/five star and very positive feedback included that staff were always friendly, helpful and approachable. Patients commented that staff took the time to explain any

	outcomes of their appointments or necessary advice and the center sent regular updates to ensure they did not miss appointments.
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## 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.	2
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
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
Explanation of any answers and additional evidence: The practice had received two complaints in the last twelve months and all were closed.  We found that the practice was monitoring complaints and concerns and had a comprehensive detailed spreadsheet.  There was a complaints policy. A complaints leaflet was available, and posters located in the waiting room. All complaints were discussed in staff team meetings and we saw evidence of this in the meeting minutes.  All incoming complaints had a front sheet document which monitored dates of receipt of complaint, checks to be undertaken before disclosing information, investigation taken, responses and post complaint learning.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Misdiagnosed skin irritation patient presentation	This was discussed in administration meeting and clinical meeting for shared learning. Clinicians were informed to be aware of these symptoms if they come across similar situations.
Urinary Tract Infection form used to diagnose patient	The practice had ceased to use this form and now all patients are seen face to face and treated by a clinician.

**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
<p>Explanation of any answers and additional evidence:</p> <p>There was a supportive management structure in place and the practice was overseen by GP partners, a GP Clinical lead and the Chief Operating Officer. This team, consisting of the practice manager, deputy practice manager and reception manager, were able to develop ideas and make improvements. The practice had a future five-year plan which included proactive working with the wider health community and to build stronger links with the university and students union.</p> <p>They did not have a formal leadership development programme however they spoke about the plans to recruit additional GPs to the practice.</p> <p>Development of the administration team included a trainee manager being appointed and recently promoted to deputy manager within the practice.</p>	

## Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a vision, a mission statement and values embedded. The leadership team and staff understood the practice vision and their roles in achieving this although the progress was not documented.</p>	

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a freedom to speak up guardian and a whistleblowing policy in place.</p> <p>A 'Nice Event Recording Document' (NERD) award and staff member of the month were developed to encourage colleagues to show appreciation to each other in a structured way. The NERD was an opportunity for staff to feedback on an event and a theme such as 'teamwork' or 'support' and what the learning point was.</p>	

## 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.	Partial
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice told us that governance systems were continually discussed.</p> <p>We found that there was clear clinical oversight and leadership but the formal governance documentation needed strengthening. The leadership were aware of this and working to improve these systems.</p>	

## Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence:	
Since the last inspection in February 2018 the practice had reviewed and evidenced all risk assessments to ensure the practice retained oversight and that all risk assessments were up to date.	

## Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence:	
The practice had a comprehensive log for complaints, concerns and compliments. They had introduced a staff suggestion box.	
The practice had a comprehensive risk register which was discussed at clinical and non-clinical team meetings. The risk register detailed completed and future planned actions and a colour coded risk status.	

## Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:	
<p>The practice met with the university student well-being hub team to share any learning and ways to continually improve the service.</p> <p>Patients were encouraged to feedback to a 'tell Dan' comments box as well as the friends and family test. The practice responded to comments on NHS choices website and used the feedback to praise staff or as learning to drive change.</p> <p>Staff had roles outside of the practice which supported the development of the local health community. These included roles on committees and being part of the local federation and CCG.</p>	

Feedback from Patient Participation Group.

Feedback
With the short amount of time patients were registered with the practice the creation of a sustainable PPG group had been a challenge for the practice, however they had developed their relationship with the student union. This had increased local registration and the promotion of the service.

**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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• There were social events for staff which included afternoon teas, dancing lessons, an escape room visit with further events planned.</li> <li>• Staff were given their birthday off work as an additional leave day.</li> <li>• There was a paid night out arranged following fresher's week, when staff work additional hours to ensure all new students were registered and reviewed quickly and safely.</li> <li>•</li> </ul>	

## Examples of continuous learning and improvement

The practice supported the lesbian, bisexual, gay, transsexual and questioning population, and had provided advice handouts for trans patients. This included:

- Asking patients about preferred names, titles, pronouns and gender and changing medical records to reflect this.
- Referral process to the NHS Gender Identity Clinic (GIC).
- Sexual health services and additional information for trans male patients booking contraception, smears and gynaecological exams.
- The practice were working alongside secondary care to embed a healthcare digital mobile app 'VituCare' for patients. The app was an online service to manage long term conditions and had trialled this with 2000 patients. This was an ongoing project.

### 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)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. 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.