

Care Quality Commission

Inspection Evidence Table

The Parks Medical Centre - B Hainsworth (1-550130122)

Inspection date: 4 November 2019

Date of data download: 25 October 2019

Overall rating: Good

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

Effective

Rating: Good

Effective needs assessment, care and treatment

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

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

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)	0.46	0.96	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 GPs reviewed all discharge reports and amended care plans, including medication, where relevant.
- The practice was taking part in the CCG scheme to identify patients with five or more co-morbidities or any patient that the GP felt required enhanced support. These patients had a 20-minute consultation to develop appropriate care plans and this was reviewed by the GP with the

patient.

- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- 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. All new patients were invited for a health checks as well as NHS health checks for patients aged 40 to 74 years. New patients on existing medication had their review with a GP and those not on medication had a review with a nurse.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with COPD were offered rescue packs.

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)	78.9%	77.4%	78.8%	No statistical variation
Exception rate (number of exceptions).	13.6% (36)	8.4%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	87.8%	75.8%	77.7%	Tending towards variation (positive)
Exception rate (number of exceptions).	6.8% (18)	7.6%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	83.5%	80.1%	80.1%	No statistical variation
Exception rate (number of exceptions).	10.6% (28)	8.7%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	74.9%	76.6%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.6% (3)	3.5%	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) <small>(QOF)</small>	95.3%	88.8%	89.7%	No statistical variation
Exception rate (number of exceptions).	1.2% (1)	9.5%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	84.9%	82.5%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.2% (13)	4.2%	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)	94.1%	93.0%	90.0%	No statistical variation
Exception rate (number of exceptions).	3.8% (2)	7.0%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

- The practice has not met the minimum 90% target for one of four childhood immunisation uptake indicators according to the below table. However, on the day of inspection staff told us that some children had been followed up and if reflected in the below table would show that the practice had met the minimum target.
- 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. The midwives generally highlighted any issues with the practice.
- Young people could access services for sexual health and contraception. The practice offered a coil fitting service.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	99	111	89.2%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	84	92	91.3%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	83	92	90.2%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	83	92	90.2%	Met 90% minimum

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

Any additional evidence or comments

The practice received monthly report from the immunisation team at the CCG and investigated the number of children that had missed their vaccination. The practice was aware of the children that had missed their vaccination but were unable to do anything as some the children's families had declined the vaccine. In other cases, there were newly arrived children that were unable to provide a vaccination history. The practice advised us that they were trying to establish whether the children had received vaccination already and that this could lead to delays.

The practice told us that they held a dedicated vaccine clinic on the first Monday of every month and the CCG vaccination team sent out invites to relevant patients. Ad-hoc appointments and opportunistic vaccination was also offered as and when required. When patients did attend they were offered follow up appointments in advance as the practice found that patient were more likely to attend.

Text message reminders were sent to prompt patients of their appointments and if there was no response, letters asking parents to sign a disclaimer were sent. The practice told us that this often engaged the patient's parents/guardians.

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. The practice was taking part in the enhanced scheme and was fulfilling the requirements of that scheme. For example, posters were displayed in the reception area and alerts were put on relevant patient records so that they could be offered opportunistic vaccination.
- 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. Patients could have access to their summary care record and view full medical records.

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)	70.6%	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)	71.3%	63.1%	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)	47.0%	42.7%	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)	63.6%	60.2%	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%	53.2%	51.9%	No statistical variation

Any additional evidence or comments

The practice was aware of relevant patients that were overdue a cervical cytology test. Alerts were put on the clinical system so that these patients could be offered opportunistic screening when they encountered the practice.

We saw evidence on patient notes that reminded clinicians to have a discussion regarding the patient's non-attendance of screening. If the patient refused following a discussion with a clinician, they were then asked to sign a disclaimer that they did not want to go ahead with the screening.

The practice manager received alerts from the Open Exeter system and reviewed these lists every two weeks to ensure all relevant patients were being followed up with appointments and reminders. Open Exeter gives access to patient data held on the NHS system including cervical screening, organ donor as well as blood donor information.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check. Patients were sent leaflets developed by the CCG when they are invited for a health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The practice used an end of life template to ensure consistent approach.
- 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 identified these patients during new patient registration checks and has a close working relationship with the local drug and alcohol service who share relevant information with the practice.

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.
- A mental health facilitator held clinics at the practice every 2 weeks for relevant patients who were not under secondary care but needed support.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication. The mental health facilitator reviewed this and informed the practice if these patients did not engage.

- 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. The practice was aware of relevant patients as they had alerts on the system. If these patients called, they would be offered an appointment on the day.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	91.3%	90.0%	89.5%	No statistical variation
Exception rate (number of exceptions).	4.2% (1)	11.7%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	100.0%	93.0%	90.0%	Variation (positive)
Exception rate (number of exceptions).	4.2% (1)	9.5%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	76.9%	83.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	7.1% (1)	6.5%	6.6%	N/A

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	548.9	526.8	537.5
Overall QOF score (as a percentage of maximum)	98.2%	94.2%	96.2%
Overall QOF exception reporting (all domains)	5.0%	5.8%	5.8%

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

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

past two years

Any additional evidence or comments

We saw a number of audits such as cleaning, reception spot checks and appointment audits which were used to monitor and improve quality.

The practice had initiated an audit following a complaint from a patient and the relative. This audit was on patients over 65 years on a combination of two medicines for the treatment of high blood pressure. The audit found 20 patients who were over 65 years of age on the relevant combination of the two medicines. The practice took action to stop the medicines even though it was a licensed product with no contraindication. This was because this combination had the potential to be harmful to the kidneys. A re-audit found that no patients were on this combination of medicines.

Furthermore, the practice planned to extend the audit for patients over 65 years of age and on more than one diuretic repeat medicine. The practice also planned to take part in a research study looking at improved way of detecting deterioration of kidney function.

We looked at an antibiotic audit which demonstrated improvement in the prescribing behaviour in comparison from the first quarter of 2018 to the third quarter of 2018.

The practice had also carried out an audit of intrauterine device usage and outcome in June 2019. The audit found that there had been no complications from eight devices that had been reviewed.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	N/A
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had recruited a nurse from secondary care and they were being supported to transition to primary care through relevant training. The nurse was attending a local University for training such as those related cancer screening.</p> <p>The practice had recruited an international GP and currently they were at the practice three times a week. They did not see any patients, but the training was being delivered by GP partners through simulated patient consultations to help them understand the structure of the NHS and the various referral pathways.</p>	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams	Y

and organisations, were involved in assessing, planning and delivering care and treatment.	
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
Explanation of any answers and additional evidence:	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence: We received 15 comments cards and some patients commented that the doctors were very knowledgeable and helpful including knowledge of exercise and lifestyle advice.	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	95.8%	96.7%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.0% (9)	0.9%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	Y
Explanation of any answers and additional evidence: The practice had in place a formal consent form for minor surgery. Consent was sought using a template for coil fitting.	

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

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
Patients	We spoke with two patients who were part of the Patient Participation Group (PPG) and they were positive about the care they had received. They told us that they were always able to get an appointment and the staff were very caring.
Comment cards	We received 15 comment cards, and all were very positive about the service. Patients said staff were empathetic and caring and they felt listened to. Patients said that all staff were friendly, and the doctors always had time to speak with them and were very helpful.
NHS Choices	Generally positive feedback about service and staff. Patients commented how the GPs were attentive to their needs and how staff understood their needs.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5933.0	370.0	107.0	28.9%	1.80%

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)	72.0%	84.7%	88.9%	Variation (negative)
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)	82.0%	82.0%	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)	93.4%	91.6%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	80.5%	75.0%	82.9%	No statistical variation

Any additional evidence or comments

The practice told us that they had doubled the list size within the last 10 years which had resulted in increased demand and time pressures on clinicians. As a result, the practice has had to rely on long term locums and felt that this may have also contributed to the lower achievement in the national patient survey.

The practice had recruited an international GP who following their training would be working as a salaried GP. The practice hoped that this would ease pressure on the practice and improve patient feedback. The practice had also recruited a nurse to help increase capacity.

The practice had carried out its own patient survey in February 2019 and although the questions differed to that of the national patient survey, 97% of patients asked stated that their experience with a GP or a Nurse was good or very good. This was based on 65 returned surveys.

We also received 15 comment cards and some of the comments stated that the doctors always listened to them.

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

Any additional evidence

The practice had carried out its annual in-house patient survey in February 2019 and had developed an action plan. Part of the plan was to recruit a GP and a practice nurse which the practice had done.

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.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence:	
There were easy read and pictorial materials available for relevant patients.	

Source	Feedback
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Interviews with patients.	We spoke with two patients on the day who were part of the PPG. We received positive feedback from them, they said that staff including GPs were friendly, helpful and caring.
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National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2019 to 31/03/2019)	92.2%	90.5%	93.4%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 110 carers which represented almost two percent of the list size.
How the practice supported carers (including young carers).	<p>The practice had a close working relationship with a local carer centre who attended the practice twice a year to highlight the support available to carers.</p> <p>The practice had relevant leaflets and posters including signposting to local befriending service.</p> <p>The practice offered flu vaccinations and health checks to carers. Records indicated that 22 carers had received a flu vaccination since September 2019. Records we looked at also indicated that five carers had undergone a health check since April 2019.</p>
How the practice supported recently bereaved patients.	<p>The practice contacted the bereaved to offer condolences and advised them to come into the surgery to discuss any support they required.</p> <p>The practice also referred relevant patients to a local bereavement support service.</p> <p>When relatives came into the practice to pick up death certificates, GPs took the opportunity to discuss any support they needed.</p>

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.	Y

Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There was signage at reception advising patients that they could ask for a private room for confidential discussion. There was an area in the reception available for private discussions.</p>	

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: The practice was aware of the increasing list size and its over reliance on locum GPs. As a result, it had recruited an international GP. The practice had also recruited a nurse and was supporting them to transition into primary care.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: The practice had a vision to improve services and to ensure all relevant practices within the Primary Care Network (PCN) were working together to deliver care. The practice had recruited an international GP to allow them to offer flexibility and to offer the ability to improve care. The practice had recruited a nurse and was supporting them to transition from secondary care. They were currently attending training at a local university to enable them to deliver an effective service.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice team was small and our discussions with the practice showed that they worked well as a team. Staff stated that the GP and management team were supportive.</p> <p>The practice manager ensured gave feedback to staff on day to day issues to ensure that staff well-being issues were dealt with.</p>	

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

Source	Feedback
Staff	Staff told us that they enjoyed working at the practice and management were supportive.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y

There were appropriate governance arrangements with third parties.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We saw a number of audits such as cleaning, reception spot checks as well as appointment which were used to review quality.</p> <p>Staff members we spoke with told us they were clear on their roles and accountabilities including in respect of safeguarding and incident reporting.</p> <p>The GP partners took on lead roles such for information governance and safeguarding. The practice manger told us that they were responsible for the management of administration staff and the GP partners took on the responsibility to manage clinical staff. Patient outcomes such as QOF targets were monitored by one of the GP partners, they sent tasks to the practice manager to action improvement.</p> <p>The practice had appropriate policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.</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.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
<p>The practice used incidents and complaints to identify risks and implement learning to manage and mitigate those risks. We saw an example of an audit that had been initiated following a complaint from a patient and their relative. The audit demonstrated that the practice had reflected on the learning and had explored ways to comprehensively improve patient safety and quality of care.</p> <p>There was an effective process in place to receive and respond to patient safety alerts. Staff had received training in emergency procedures and were aware of the actions to take.</p> <p>The practice had agreement with other surgeries that were part of the Primary Care Network (PCN) to share their premises if they were unable to use the building. This was included in the practice's plan.</p>	

Appropriate and accurate information

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

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

QOF was used to ensure targets were met. Spot checks in reception tasks were in place to ensure that staff were following appropriate policies and procedures. There were checks in place to ensure staff were up to date with training.

Incidents and complaints were used to improve safety and quality of care.

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: A health visitor had started to hold regular clinics at the practice. However, the practice took feedback from the reception staff on the best time to hold the clinic. This was to avoid peak times where other clinics would be running ensuring minimal patients in the reception. This also minimised pressure on reception staff.	

Feedback from Patient Participation Group.

Feedback
The practice met with the PPG quarterly, the practice modified their same day appointment system to stagger appointment times rather than everyone attending at the same time.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	

Examples of continuous learning and improvement

- The practice held a two-hour childhood immunisation clinic on the first Monday of every month. The practice manager sat in with the nurse during childhood immunisation to double checked on

the vaccines that were given to help the clinic to run more effectively ensuring minimal delays.

- The practice had initiated an audit following a complaint. The audit demonstrated quality improvement in patient care. Furthermore, the complaint prompted the practice to look at other areas of care and the practice had increased its scope of audit.
- The practice was taking part in research studies to help the practice improve understanding of detection of some conditions.

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.