

# Care Quality Commission

## Inspection Evidence Table

### Langbank Medical Centre (1-586646610)

Inspection date: 3 December 2019

Date of data download: 20 November 2019

## Overall rating: Requires Improvement

A rating of requires improvement overall has been made as: -

- The system for managing patient blood results in a timely manner was not comprehensive.
- The fire risk assessment had not been fully addressed and was not fully adapted to the current fire detection and warning system.
- The system for ensuring staff training was not comprehensive.
- The practice did not carry out effective quality improvement activity to review the effectiveness and appropriateness of the care provided.

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

## Safe

## Rating: Requires improvement

A rating of requires improvement overall has been made as: -

- The system for managing patient blood results in a timely manner was not comprehensive.
- The fire risk assessment did not cover all safety measures for fire detection and prevention.

## Safety systems and processes

The practice had systems, practices and processes to keep people safe and safeguarded from abuse. However, improvements were needed.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies and procedures were monitored, reviewed and updated.	Y

Safeguarding	Y/N/Partial
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were 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.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>An audit of safeguarding was carried out within the last 12 months. Staff had access to written policies and procedures for safeguarding vulnerable adults and children. The procedures indicated how to identify and report safeguarding concerns. The procedures reflected the different types of abuse patients could experience. Staff were clear on the process for reporting concerns and how to gain advice about safeguarding issues from the Clinical Commissioning Group (CCG) and the local authority.</li> <li>The training records showed that employed staff had completed safeguarding training. A sample of training certificates showed that this was to a level appropriate to their role. The locum staff were not included on the training matrix. We were provided with training certificates showing the completion of safeguarding training to an appropriate level for one of four locum clinicians following the inspection.</li> <li>There was a system in place to respond to requests from social services for information to inform their decision making about safeguarding children and vulnerable adults. There was a system to communicate with health and social care professionals regarding concerns about vulnerable patients.</li> </ul>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We looked at a sample of two staff recruitment records. This showed evidence of suitable checks being undertaken. We saw a sample of records relating to staff vaccination checks and checks of the on-going registration of clinical staff.</p>	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: October 2019	Y
There was a record of equipment calibration. Date of last calibration: 15/11/2019	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: 27/11/2019	Y
There was a log of fire drills. Date of last drill: 27/11/2019 – weekly fire drill	Y
There was a record of fire alarm checks. Date of last check:	N/A
There was a record of fire training for staff. Date of last training: Various dates	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: Reviewed 26/11/2019	Y
Actions from fire risk assessment were identified and completed.	Partial
Explanation of any answers and additional evidence: An electronic fire system was not in place. The practice used a manual system to sound an alarm and torches were in place instead of emergency lighting. The provider told us that this manual system had been reviewed by an independent company who have specialised training in fire safety and who also completed the fire risk assessment. The fire risk assessment identified that no fire blankets were in place and that fire doors were also not in place. Smoke detectors were in place but there were no records of the checks undertaken. The provider told us that due to impending building works the fire doors had not been provided.	

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment: 18/04/2018 the provider told us this had been identified for a review.	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: Various dates	Partial
Explanation of any answers and additional evidence: There was a health and safety management plan which identified when checks of the building,	

equipment and risk assessments were to be reviewed. This should be incorporated into an overarching risk assessment which identifies risks and actions to be taken.

## Infection prevention and control

**Appropriate standards of cleanliness and hygiene were met. Improvements were needed to demonstrate all staff had received training.**

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received training on infection prevention and control.	Partial
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: November 2019	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence:	
We looked at a sample of rooms and the waiting area and found them to be clean and organised.	
Training records showed that employed staff had completed this training, however, there were no records to demonstrate long-term locum staff had completed this.	

## 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.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
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.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence:	

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**Information to deliver safe care and treatment**

**Staff had the information they needed to deliver safe care and treatment, however improvements were needed.**

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Partial
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Partial
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.	Y
Explanation of any answers and additional evidence:  We looked at the monitoring of blood results and found that there was not a recorded procedure for the management of test results. We reviewed the blood test results and found that there had not been a daily review of blood results with the oldest being received 22/11/2019. The results were reviewed by the GP partner and the advanced nurse practitioner (ANP). The partner GP told us that they monitored the results reviewed by the ANP however, this was not documented.  Following the inspection, the provider told us that they had now reviewed all outstanding results and implemented a system of daily review by two clinicians to ensure all results were reviewed in a timely manner.	

## Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation, however some improvements should be made.

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)	1.18	0.90	0.87	Tending towards variation (negative)
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)	9.4%	8.5%	8.6%	No statistical variation
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)	5.83	5.71	5.63	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/01/2019 to 30/06/2019) (NHSBSA)	2.82	2.20	2.08	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Partial
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
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.	Partial
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about	Y

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
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.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
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.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
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.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• One area of antibacterial prescribing was showing as higher than the local and national averages. The provider had taken steps to address this. An audit had been undertaken and we were shown more recent data from the Clinical Commissioning Group (CCG) which indicated an improvement.</li> <li>• We reviewed the management of prescriptions. The prescription pad numbers for written prescriptions were not in sequential order to enable a clear audit. Uncollected prescriptions were currently checked every 3 months and brought to the attention of a GP for review. The provider told us they would change this system to a monthly check to ensure any uncollected prescriptions were dealt with in a timelier manner. Following the inspection, the provider told us they had reviewed how they recorded prescriptions to ensure an audit could be completed.</li> <li>• The provider told us that they informally monitored the consultations, referrals and prescribing of clinicians. A record of these checks was not recorded. The provider told us that a recording system would be put in place.</li> </ul>	



**Track record on safety and lessons learned and improvements made**

**The practice had a system to learn and make improvements when things went wrong.**

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	11
Number of events that required action:	11
Explanation of any answers and additional evidence:	
The provider had introduced a new computer system. Information relating to significant events was now retained in this system however not all information had been transferred across and should be retained in one place.	

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

Event	Specific action taken
Prescription not available for collection as not signed.	Prioritising of pharmacist and GP time to ensure prescriptions signed and minimising a delay.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence:	
We saw evidence of a system for receiving and cascading safety alerts. The action taken as a result of safety alerts such as medication searches was not available as these had been undertaken by a member of staff employed by the Clinical Commissioning Group. Following the inspection, we were provided with action taken as a result of two alerts in the last 12 months. A full record of all alerts should be maintained even if no action has been taken.	
We saw that a regular search was carried out to identify women of child-bearing age taking sodium valproate.	



## Effective

## Rating: Requires improvement

A rating of requires improvement overall has been made as: -

- The system for ensuring staff training was not comprehensive.
- The practice did not carry out effective quality improvement activity to review the effectiveness and appropriateness of the care provided.

### 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.	Partial
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: The system in place to receive and disseminate the information to keep clinicians up to date with current evidence-based practice was under review. This was currently based on informal meetings and emails. Individual clinicians accessed the information they needed to ensure assessments and treatments were in-line with current good practice.	

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>	0.60	1.04	0.75	No statistical variation

## Older people

## Population group rating: requires

## improvement

### Findings

The practice used a clinical tool to identify older patients who were living with moderate or severe frailty to identify which patients may need a full assessment of their physical, mental and social needs.

The practice reviewed older patients who were admitted to hospital on an unplanned basis.

The practice carried out annual medication reviews for older patients.

The practice was reviewing older patients who were prescribed multiple medications to ensure appropriate and effective prescribing.

### People with long-term conditions

### Population group rating: requires improvement

### Findings

- Patients with long-term conditions were offered an annual review to check their health and medicines needs were being met. A text messaging service had been introduced to remind patients about their reviews.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were referred for ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- Multi-disciplinary meetings were held with social and health service practitioners to review patients with complex needs to ensure they had access to appropriate support.

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	77.8%	79.0%	79.3%	No statistical variation

months (01/04/2018 to 31/03/2019) <sup>(QOF)</sup>				
Exception rate (number of exceptions).	4.9% (16)	13.5%	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) <sup>(QOF)</sup>	76.8%	78.4%	78.1%	No statistical variation
Exception rate (number of exceptions).	5.2% (17)	10.0%	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) <sup>(QOF)</sup>	87.0%	83.5%	81.3%	No statistical variation
Exception rate (number of exceptions).	8.6% (28)	12.3%	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) <sup>(QOF)</sup>	78.8%	74.9%	75.9%	No statistical variation
Exception rate (number of exceptions).	2.1% (6)	9.2%	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) <sup>(QOF)</sup>	90.2%	88.6%	89.6%	No statistical variation
Exception rate (number of exceptions).	8.1% (18)	9.3%	11.2%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is	79.6%	82.8%	83.0%	No statistical variation

150/90mmHg or less (01/04/2018 to 31/03/2019) (QOF)				
Exception rate (number of exceptions).	2.4% (17)	4.8%	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)	85.6%	90.5%	91.1%	No statistical variation
Exception rate (number of exceptions).	8.5% (9)	6.0%	5.9%	N/A

## Families, children and young people

**Population group rating: requires improvement**

### Findings

- The practice has not met the minimum 90% target for one of four childhood immunisation uptake indicators.
- Uptake of childhood immunisations was monitored regularly by a dedicated member of staff. To improve uptake texts and telephone call reminders were made, contact was made with parents who failed to bring a child to a vaccination appointment to remind them of the importance of this and flexible appointments were offered.
- 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 parents/health visitors when necessary.
- Post-natal checks were undertaken, and these patients were provided with advice and post-natal support

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)	53	59	89.8%	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)	63	67	94.0%	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)	63	67	94.0%	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)	63	67	94.0%	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>

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

## Population group rating: Requires improvement

Findings
<ul style="list-style-type: none"> <li>• Cervical cancer screening uptake was below the 80% coverage target.</li> <li>• Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74.</li> <li>• Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.</li> <li>• Telephone consultations and eConsult (email consultation service) were offered which assisted patients finding it difficult to attend an appointment.</li> </ul>

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)	69.5%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	62.1%	63.2%	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)	49.9%	50.1%	57.3%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	59.1%	75.1%	69.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	39.1%	44.2%	51.9%	No statistical variation

#### Any additional evidence or comments

- Cervical cancer screening was below the 80% coverage target. To increase uptake the provider was offering flexible appointments, opportunistic screening, monitoring of non-attendance and putting flags on the records of patients who had not attended so they could be reminded.
- Bowel cancer screening rates were similar to local and national averages but overall low. To increase uptake if a patient missed their appointment an automatic text was sent to them with links to information about the importance of this screening and how to re-book.
- We checked the records relating to cancer reviews which indicated an increase in uptake.

**People whose circumstances make them vulnerable**

**Population group rating: requires improvement**

#### Findings

- The practice held meetings and communicated with health and social care professionals to ensure that end of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients with a learning disability and offered annual health checks to these patients.



- The provider told us how they identified patients with alcohol or drug dependency and how these patients were referred to support services.
- A system was in place for monitoring medication for patients who misused substances.

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

**Population group rating: requires improvement**

### **Findings**

The practice maintained a register of patients who experienced poor mental health. The register supported clinical staff to offer patients experiencing poor mental health, including dementia, an annual health check and a medication review.

Same day and longer appointments were offered when required.

Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	86.0%	88.8%	89.4%	No statistical variation
Exception rate (number of exceptions).	5.0% (3)	8.8%	12.3%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	91.5%	87.9%	90.2%	No statistical variation
Exception rate (number of exceptions).	1.7% (1)	6.6%	10.1%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	82.1%	83.1%	83.6%	No statistical variation
Exception rate (number of exceptions).	6.7% (2)	6.8%	6.7%	N/A

### Monitoring care and treatment

**The practice did not carry out effective quality improvement activity to review the effectiveness and appropriateness of the care provided.**

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	550.2	No Data	539.2
Overall QOF score (as a percentage of maximum)	98.4%	No Data	96.4%
Overall QOF exception reporting (all domains)	5.9%	No Data	No Data

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	N
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
Explanation of any answers and additional evidence:	
A limited amount of quality improvement activity was undertaken. There was a list of audits undertaken which had not been written up. We saw one audit of antibiotics with recommendations. We saw	

information had been collated relating to the management of end of life care, minor surgery and prescribing. However, this activity did not clearly document the learning and actions to be taken as a result. There was also no planned programme for audits/improvement activity to be undertaken.

## Effective staffing

**The practice was not able to fully demonstrate that all staff had the skills, knowledge and experience to carry out their roles.**

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Partial
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> <ul style="list-style-type: none"> <li>• A training needs analysis was completed following employment to ensure that staff had a training plan to meet their needs.</li> <li>• The provider told us that they informally monitored the consultations, referrals and prescribing of clinicians. A record of these checks was not recorded. The provider told us that a recording system would be put in place.</li> <li>• The provider held records showing that employed staff had completed training in safeguarding adults and children, infection control, basic life support, information governance and fire safety. However, the training records did not demonstrate that all long-term locum staff had completed this training.</li> </ul>	

## Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2018 to 31/03/2019) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A
<p>Explanation of any answers and additional evidence:</p> <p>The provider told us how patients received consistent, coordinated, person-centred care when they moved between services.</p> <p>We saw that care planning information was on patients records which should be used to formulate formal care plans.</p>	

## 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
<p>Explanation of any answers and additional evidence:</p> <p>The provider supported staff to do additional training. A practice nurse was in the process of completing their prescribing training.</p>	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	94.8%	94.3%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.2% (2)	0.9%	0.8%	N/A

### Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	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
Explanation of any answers and additional evidence:	

## 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 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:  The provider told us that there were systems in place to ensure that patients were provided with timely information to cope emotionally with their care, treatment or condition.	

CQC comments cards	
Total comments cards received.	9
Number of CQC comments received which were positive about the service.	5
Number of comments cards received which were mixed about the service.	4
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	Positive comments indicated that patients considered all staff to be respectful, helpful, considerate and polite. Comments indicated that patients' needs were met by the clinicians they had seen.  The mixed comment cards related to there not being enough GPs and that the premises would benefit from being refurbished.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4747	420	114	27.1%	2.40%

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)	87.6%	91.0%	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)	86.4%	89.4%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	96.9%	96.2%	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)	82.5%	85.9%	82.9%	No statistical variation

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

Any additional evidence
In the last 12 months a survey of patient views was undertaken to assist the Primary Care Network with future service development.
The practice monitored feedback websites such as NHS Choices and encouraged patients to complete the NHS Friends and Family test (FFT). The FFT is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. The practice had a suggestion box for patients to leave feedback about the service provided. Results for November 2019 showed that 92% of patients (based on 24 responses) would be either extremely likely or

likely to recommend the practice.

**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
<p>Explanation of any answers and additional evidence:</p> <p>The provider told us that when patients registered with the service they identified any additional support they may need in understanding their care and treatment and that this was indicated in the patient record.</p>	

**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)	92.7%	93.4%	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
<p>Explanation of any answers and additional evidence:</p> <p>Information leaflets could be made available in other languages, in large font and audio format on request. The practice had access to a service which provided easy read leaflets on a number of health matters, tests and screening.</p>	



Carers	Narrative
Percentage and number of carers identified.	84 (1.7%)
How the practice supported carers (including young carers).	There was a carer's lead. Information for carers was available in the waiting area. A register of carers was maintained. Carers were invited for an influenza vaccination and a health check. Carers support organisations visited the practice to advertise services to patients. Services for carers were not advertised on the practice website.
How the practice supported recently bereaved patients.	The practice referred bereaved relatives to counselling services and/or signposted them to support organisations where appropriate.

## 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
Explanation of any answers and additional evidence:	

If the practice offered online services:

	Y/N/Partial
Patients were informed and consent obtained if interactions were recorded.	N/A
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	N/A
Online consultations took place in appropriate environments to ensure confidentiality.	N/A
The practice advised patients on how to protect their online information.	Y
Explanation of any answers and additional evidence:	
The practice used eConsult to enable patients to consult with a GP online by completing a quick form	

that was sent and reviewed by the practice.

## 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.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Partial
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence:	
<p>The practice offered a range of appointments including on the day, pre-bookable, telephone consultations, email consultations (eConsult) and home visits.</p> <p>The premises were showing some signs of wear and tear. The provider had a programme of refurbishment planned that involved the creation of additional clinical rooms and the provision of a lift which would enable services to be provided from both floors of the building. The plan for completion was Summer 2020.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 7pm
Thursday	7.30am – 6.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday	9am -1pm and 2pm – 5pm
Tuesday	9am -1pm and 2pm – 5pm
Wednesday	9am -1pm and 3pm – 7pm
Thursday	7.30am – 11am and 4pm – 6pm
Friday	9am -1pm and 2pm – 5pm

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4747.0	420.0	114.0	27.1%	2.40%

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)	97.0%	95.2%	94.5%	No statistical variation

### Any additional evidence or comments

## Older people

## Population group rating: Good

### Findings

- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- Referrals were made to support services to assist older patients.
- Patients over 90 received a regular visit from a clinician and coordinated care with other agencies.
- GPs and an advanced nurse practitioner visited local nursing homes once a week to review patient health and respond to any concerns identified.

## People with long-term conditions

## Population group rating: Good

### Findings

- Patients with multiple conditions had their needs reviewed in one appointment where possible.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- The provider told us how care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

## **Families, children and young people**

**Population group rating: Good**

### **Findings**

- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice signposted families who need help to health and social care support services

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

**Population group rating: Good**

### **Findings**

- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- Telephone consultations and eConsult (email consultation service) were offered which assisted patients finding it difficult to attend an appointment.
- The practice offered late evening appointments on a Wednesday and early morning appointments on a Thursday.
- The practice offered direct booking to an extended access service

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

**Population group rating: Good**

### **Findings**

- The practice held meetings and communicated with health and social care professionals to ensure that end of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients with a learning disability and offered annual health checks to these patients.
- A register of carers was kept and helped to ensure they had access to appropriate services. For example, carers were invited for an annual health check and flu vaccination.

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

**Population group rating: Good**

### **Findings**

- The practice maintained a register of patients who experienced poor mental health. The register supported clinical staff to offer patients experiencing poor mental health, including dementia, an

annual health check and a medication review.

- Same day and longer appointments were offered when required.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Patients with poor mental health, including dementia, were referred to appropriate services.

## 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.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence: Reception staff took details of patients requesting home visits and these were passed to the duty clinician to be triaged.	

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)	72.7%	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)	73.7%	70.3%	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)	68.8%	68.0%	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)	73.2%	74.2%	73.6%	No statistical variation

Source	Feedback
Comment cards	Positive comments indicated that patients considered all staff to be respectful, helpful, considerate and polite. Comments indicated that patients' needs were met by the clinicians they had seen.  The mixed comment cards related to there not being enough GPs and that the

premises would benefit from being refurbished.

### Any additional evidence or comments

The provider told us that they had found it difficult to recruit salaried GPs and as a result used the same locum GPs for continuity. The provider was continuing to advertise for salaried GPs and had applied for GPs through the international GP recruitment scheme. Patients could also see advanced nurse practitioners.

We met with six members of the Patient Participation Group (PPG). Some members told us that they did not think there were sufficient numbers of GPs. They were unclear about the role and remit of advanced nurse practitioners and we brought this to the attention of the provider so that they could disseminate this information to the patient population.

The provider monitored the appointment system and told us they offered the number of appointments agreed with the Clinical Commissioning Group (CCG). Access to the service was monitored and adjustments made when needed. For example, as a result of patient feedback additional administrative staff had been allocated to periods when the service was busy to enable better access to reception/administrative staff. As a result of staff and patient feedback about telephone access a new telephone system was installed which enabled call queuing and gave patients options regarding the reason for their telephone call.

A project had been undertaken to ensure that appointments for patients were made with the best member of the clinical team to meet their needs to ensure the effective use of staff resources.

## Listening and learning from concerns and complaints

### Complaints were used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	4
Number of complaints we discussed.	1
Number of complaints we discussed that were satisfactorily handled in a timely way.	1
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence:	
We discussed the action taken in relation to one complaint with the practice manager. Information about making a complaint was available to patients but did not include advocacy services. This was	



addressed following the inspection.

## Well-led

Rating: Good

### Leadership capacity and capability

There was compassionate and inclusive leadership at all levels. Improvements were needed to make leadership more effective.

	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 staff spoken with felt supported and able to approach the GP partner and the practice manager.	
There was a managerial structure in place to ensure that managerial tasks and oversight was shared, however the issues we identified at this visit indicates that this oversight needed to be improved. For example, improvements were needed to the quality monitoring processes, processes for ensuring the premises were safe, for ensuring safe care and treatment and that all staff received the training required for their roles.	

### Vision and strategy

The practice had a vision and 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 mission statement to provide high quality care for patients and to continuously improve the service. Staff interviewed understood the mission statement and told us they felt a good service was provided to patients.	
The provider had made changes to improve the practice and had plans for further improvements to be made. These included a building refurbishment and employing clinicians rather than using locums. The	

partners met to review the improvements planned and the progress made. A formal quality plan had not been recorded although the provider was aware that this should be completed and was planning to address this.

## Culture

### The practice encouraged a culture to provide good quality 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
Staff were aware of 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.	Partial
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence:	
Following the inspection, the practice included the contact details of Freedom to Speak Up Guardians to be contacted external to the organisation.	
Staff spoken with were aware of the requirements of the duty of candour and told us how they encouraged this.	
The practice used an external agency for advice and guidance regarding human resource issues, such as behaviour inconsistent with the values of the organisation.	
To promote the well-being of staff weekly team meetings were held, away day events and a reward system to show appreciation of staff and encourage their motivation had been introduced.	

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

Source	Feedback
Staff feedback	<ul style="list-style-type: none"> <li>Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.</li> </ul>

	<ul style="list-style-type: none"> <li>• Staff told us they felt well supported.</li> </ul>
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## Governance arrangements

**Improvements were needed to ensure 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.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	
<p>This inspection has identified that improvements were needed to the oversight of how the service operated. Improvements were needed to the systems to ensure the safe management of blood results, safety of the premises and ensuring all staff had the training needed for their roles.</p> <p>The staff we spoke with were clear about their own roles and responsibilities and those of others. The practice held a weekly practice meeting and a monthly practice development meeting. Staff told us there was good communication.</p> <p>The system in place to receive and disseminate the information to keep clinicians up to date with current evidence-based practice was under review. The locum clinicians all worked part-time and there were limited opportunities for all to meet. This was currently based on informal meetings, the Intradoc system and emails.</p> <p>The practice monitored its performance through QOF attainment and benchmarking against other practices via the CCG.</p>	

## Managing risks, issues and performance

**Improvements were needed to the processes for managing risks, issues and performance.**

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

A limited amount of quality improvement activity was undertaken. There was a list of audits undertaken which had not been written up. We saw one audit of antibiotics with recommendations. We saw information had been collated relating to the management of end of life care, minor surgery and prescribing. However, this activity did not clearly document the learning and actions to be taken as a result. There was also no planned programme for audits/improvement activity to be undertaken.

This inspection has identified that improvements were needed to the monitoring of the service and systems to mitigate risks. The systems for managing patient blood results, ensuring the safety of the premises and ensuring all staff had the training required for their roles were not comprehensive.

A business continuity plan was in place which indicated how staff were to respond to incidents. Employed staff had been trained in how to respond to clinical emergencies. The training records did not demonstrate that all locum clinicians had undertaken this training and that it was up to date.

The provider told us that they informally monitored the consultations, referrals and prescribing of clinicians. A record of these checks was not recorded.

### 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:	

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Any unusual access was identified and followed up.	Y
Explanation of any answers and additional evidence:	

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

**The practice involved the public, staff and external partners to sustain the quality of 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:	
As a result of staff feedback changes had been made to the number of staff available to manage prescriptions on busy days.	
With the support of the Patient Participation Group (PPG) the practice organised an open afternoon for all patients to educate them on the services available to them. They invited community services such as cancer screening organisers, smoking cessation, alcohol services, Citizen Advice Bureau and medicines management.	

Feedback from Patient Participation Group.

Feedback
The practice had a Patient Participation Group (PPG). We met with six members of the PPG who told us that they met 3-4 times a year basis with a representative from the practice. They said they were kept informed about changes at the practice, asked their opinion and felt listened to. For example, the PPG had been kept informed about clinical staffing changes and the challenges faced in recruiting GPs. The PPG said that changes had been made at the practice as a result of their feedback. For example, changes had been made to the telephone system.

## Continuous improvement and innovation

**Overall, there were systems and processes for learning and continuous improvement.**

	Y/N/Partial
There was a focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Partial
Explanation of any answers and additional evidence:	
The system in place to receive and disseminate the information to keep clinicians up to date with current evidence-based practice was under review. The GPs all worked part-time and there were limited opportunities for all to meet. This was currently based on informal meetings, the Intradoc system and emails.	

## Examples of continuous learning and improvement

- The practice reviewed the needs of its patient population and adjusted services accordingly. For example, they had reviewed telephone access and as a result put in place a new telephone system. The practice had introduced eConsult.
- The practice was working with the Primary Care Network (PCN) to look at service developments in the local area. There were limited resources for social prescribing and this was one area the PCN was looking at developing.
- The practice had introduced new computer technology for the benefit of patients. For example, a new information sharing system (Intradoc) had been introduced.
- Medical records had been digitalised.
- Staff had been trained in signposting and GP Quick Start to improve access for patients and service delivery.
- Patients had been enrolled in the healthy lung programme operated through the Clinical Commissioning Group (CCG).
- The practice team had undertaken the “GP Productive Practice” programme provided by NHS England to improve processes at the practice. The team had identified administrative areas for improvement and had worked to address these.
- The practice was signed up for the Daffodil Gold Standards Programme to improve care for patients receiving palliative and end of life care.

## Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	$\leq -3$
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.