

Care Quality Commission

Inspection Evidence Table

Dr Chidambaram Balachander (1-4246508287)

Inspection date: 31 October 2019

Date of data download: 29 October 2019

Overall rating: Good

At the last inspection on the 04 December 2018, we found Dr Chidambaram Balachander to be Requires improvement overall because we had found breaches in HSCA Regulations 12,17, 18 and 19 which led to ratings of Requires improvement in the Safe, Effective and Well-led domains. They were found to be Good in the Caring and Responsive domains and Requires Improvement overall.

At this inspection we found that the practice had made sufficient improvements that they were no longer in breach of any of the regulations and were now rated Good in the Safe, Effective, Caring, Responsive and Well-led domains, all of the population groups and overall.

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

Safe

Rating: Good

At the previous inspection on 04 December 2019 the service was rated Requires Improvement for the Safe domain because we found that care and treatment was not always provided in a safe way for patients.

At this inspection we found that:

- Risk assessments had been completed and acted on in a way that helped keep patients safe.
- Security risks had been resolved and risk assessment action plans contained time frames.
- Alerts were now flagged up on the records of household members of children on the child protection register.
- There had been improvements to the arrangements for medicines management in the practice. All issues identified at the previous inspection had been resolved and patients were now being kept safe as a result.
- All staff that were assessed as requiring a DBS check had received one.
- A Legionella risk assessment, water testing and water temperature testing had been carried out. although further changes were required to the system temperature testing.

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	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 took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	P
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 regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We looked at four staff files. All contained evidence of training in the safeguarding of children and vulnerable adults appropriate to their role except for one staff member.</p> <p>The practice was unable to provide evidence that one of the members of clinical staff had completed recent training on the safeguarding of vulnerable adults although they had completed training in the safeguarding of children to an appropriate level. After the inspection, the practice provided CQC with evidence that the member of staff had completed appropriate training in the safeguarding of vulnerable adults.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	P
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.	P
<p>Explanation of any answers and additional evidence:</p> <p>We looked at four staff recruitment files. Three had appropriate recruitment checks carried out in accordance with the regulations. However, there was no evidence of a record of references, contract</p>	

or job description, or record of current registration for one member of medical staff. The practice did comment that they had received references. After the inspection the provider sent us evidence to show that these documents had now been obtained. Additionally, we saw evidence that the staff member was appropriately registered with the General Medical Council.

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 15 October 2019	Y
There was a record of equipment calibration. Date of last calibration: 15 October 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: August 2019	Y
There was a log of fire drills. Date of last drill: December 2018	Y
There was a record of fire alarm checks. Date of last check: Weekly	Y
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: 7 February 2019	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence:	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 28 November 2018 (as part of the Health and safety risk assessment)	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 28 November 2018	Y
Explanation of any answers and additional evidence: The premises/security issues had been resolved.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	P
Infection prevention and control audits were carried out.	Y
Date of last infection prevention and control audit: 26 September 2019	
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:	
<p>There was no record of infection prevention and control training having been completed by one member of clinical staff. All other staff whose files we looked at, had completed infection prevention and control training to an appropriate level. After the inspection the provider sent us evidence to show that the member of staff had completed the training appropriate to their level.</p>	

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.	P
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:	
<p>Of the four staff files that we examined, there was no evidence of training in the recognition and initial management of sepsis having been completed by one clinician. There was also one member of non-clinical staff who had not completed sepsis training. After the inspection the provider sent us evidence</p>	

to show that both members of staff had completed training appropriate to their level.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	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.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
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: Test results were only reviewed by clinical staff. The lead GP had access to the practice system from home, via a laptop with a secure Virtual Private Network (VPN). This meant that where necessary, results could be dealt with as soon as they were received.	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) (NHS Business Service Authority - NHSBSA)	0.69	0.81	0.87	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total	11.4%	10.4%	8.6%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2018 to 30/06/2019) <small>(NHSBSA)</small>				
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) <small>(NHSBSA)</small>	5.92	5.99	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) <small>(NHSBSA)</small>	1.14	2.39	2.08	Tending towards variation (positive)

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.	Y
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.	Y
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 changes to a patient's medicines including changes made by other services.	Y
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
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	Y

Medicines management	Y/N/Partial
identity.	
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
Explanation of any answers and additional evidence: No controlled drugs were kept in the practice.	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	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:	7
Number of events that required action:	7
Explanation of any answers and additional evidence: Significant events were recorded, discussed, action taken, and learning disseminated appropriately. Staff told us that patients were given a verbal explanation as part of their duty of candour to the patient, but we could not find written records that this had taken place. We did however note that written replies to complaints complied with the duty of candour.	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Patient identifiable information found left on a desk and in a bin.	Reinforced to staff that all unwanted paperwork must be shredded and not left out. Reinforced clear desk policy. Reinforced that the danger of not shredding papers may lead to a breach of GDPR.
A housebound patient was given two doses of 'flu vaccine by two different	The list of housebound patients to be given influenza vaccine by District Nurses was to be double checked and taken off the

people.	GP list for vaccines to be given.
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Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: We saw a log of alerts and actions taken.	

Effective

Rating: Good

At the previous inspection on 04 December 2019 the service was rated Requires Improvement for the Effective domain because we found systems or processes were not established and operated effectively to ensure the practice could assess, monitor and improve the quality and safety of the services provided.

At this inspection we found that:

- Quality improvement activity was now effective and was ongoing.
- Unverified Quality Outcomes Framework data supplied by the practice showed improvements over the previous year.
- The practice had completed two audits of two cycles.
- Staff had now completed the essential training identified as incomplete at the previous inspection.
- Patients received effective care and treatment that met their needs.

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

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>	1.00	0.86	0.75	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. The practice carried out structured annual medication reviews for older patients. Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. Staff who were responsible for reviews of patients with long-term conditions had received specific training. GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions. The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. Patients with atrial fibrillation were assessed for stroke risk and treated appropriately. Regular medication reviews are done for patients to ensure that their medications are working for them correctly. The practice supplied unverified data of performance for diabetes, asthma, COPD and hypertension indicators for the first seven months of the year, during which the QOF data

is collected (01/04/2019 to 21/10/2019). This suggested a noticeable improvement so far in their performance.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	68.4%	78.4%	79.3%	Tending towards variation (negative)
Exception rate (number of exceptions).	6.3% (13)	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) <small>(QOF)</small>	62.1%	75.2%	78.1%	Variation (negative)
Exception rate (number of exceptions).	1.5% (3)	10.2%	9.4%	N/A

Explanation of any answers and additional evidence:

The practice supplied recent data for the seven-month period from 01 April 2019 to 31 October 2019 although it is currently unverified.

The question '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 is no longer asked of GP practices.

Instead two similar questions are asked:

'The percentage of patients with diabetes, on the register, with no moderate or severe frailty, and an HbA1c of 58 mmol/l or less is **82%**'

'The percentage of patients with diabetes, on the register, with no moderate or severe frailty, and an HbA1c of 75 mmol/l or less is **90%**'

'The percentage of patients with diabetes, on the register, with no moderate or severe frailty, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less is **80%**'

Whilst this data is not directly comparable with the last years' data, it does show an apparent improvement in outcomes for the year to date.

	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	62.1%	77.7%	81.3%	Significant Variation (negative)

months) is 5 mmol/l or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>				
Exception rate (number of exceptions).	7.8% (16)	13.5%	12.7%	N/A

The above question is no longer asked of GP practices so there is no current data.

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	63.9%	72.1%	75.9%	Variation (negative)
Exception rate (number of exceptions).	2.1% (5)	10.8%	7.4%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	65.3%	84.0%	89.6%	Significant Variation (negative)
Exception rate (number of exceptions).	14.0% (8)	12.7%	11.2%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	74.1%	80.6%	83.0%	Variation (negative)
Exception rate (number of exceptions).	2.9% (15)	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) <small>(QOF)</small>	85.4%	90.6%	91.1%	No statistical variation
Exception rate (number of exceptions).	12.7% (7)	5.1%	5.9%	N/A

Any additional evidence or comments

The practice presented us with (unverified) data to support how their QOF data had improved in the period from 01/04/2019 to 31/10/2019 (seven months). The figures show the percentage of the annual target that had been completed in the seven-month period.

'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' – This figure is no longer requested of practices.

'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 is **62%**'

The (unverified) data supplied by the practice suggests that the practice have achieved so far in seven months almost what they achieved in the previous 12 months.

'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 is **70%**

This (unverified) data suggests that the practice have, in the last seven months, exceeded the number of reviews completed that they had achieved in the previous 12 months)

Families, children and young people

Population group rating: **Good**

Findings

- The practice has met the minimum 90% target for all of the four childhood immunisation uptake indicators. The practice has met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for three of four childhood immunisation uptake indicators.
- The practice made appointments for childhood immunisations when patients attended for a six-week post-natal check.
- 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 nurse offered appointments for parents who had concerns about having their children immunised to discuss the concerns.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.
- The whooping cough vaccine (Pertussis) is offered to all pregnant women who are 28 weeks pregnant and over.

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)	68	71	95.8%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	69	72	95.8%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	69	72	95.8%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	68	72	94.4%	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: Good

Findings
<ul style="list-style-type: none"> Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery. The practice provided a travel advice and vaccination service.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	74.3%	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)	76.1%	71.7%	72.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	57.8%	55.4%	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)	61.5%	74.1%	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)	40.0%	50.9%	51.9%	No statistical variation

Any additional evidence or comments

The practice was aware that their data for cervical screening was below the national target. If someone fails to attend, they are sent three reminder letters, and then regular recall letters. They also try to opportunistically remind patients to make appointments.

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.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- Contact details for support workers and carers are put on to the surgery system

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.
- Patients with mental health concerns received regular medication reviews
- Same day and longer appointments were offered when required.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 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 to the Community Mental Health Team for Older People.
- Patients with poor mental health, including dementia, were referred to the appropriate services for their age.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	86.4%	85.8%	89.4%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	15.8%	12.3%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	57.1%	87.7%	90.2%	Variation (negative)
Exception rate (number of exceptions).	4.5% (1)	13.5%	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) <small>(QOF)</small>	100.0%	85.2%	83.6%	Variation (positive)
Exception rate (number of exceptions).	6.3% (1)	6.8%	6.7%	N/A

Any additional evidence or comments

The practice presented us with (unverified) data to support how their QOF data had improved in the period from 01/04/2019 to 31/10/2019 (seven months). The figures show the percentage of the annual target had been completed in the seven-month period.

'The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less.'

The question has changed slightly to:

'Hypertension age 80 and over with bp 150/90 mm/hg or less'

The (unverified) data that the practice provided for the year to date is **80%**

The question:

'The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months' is no longer requested of practices.

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)	466	No Data	539.2
Overall QOF score (as a percentage of maximum)	83.4%	No Data	96.4%
Overall QOF exception reporting (all domains)	4.8%	No Data	No Data

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

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

One of the audits had identified improvements that could be made to their system of monitoring the prescribing of high-risk medicines and the practice had implemented them.

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.	P
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence:	
Of the records that we looked at, one recently employed staff member did not have a record of sepsis training and one clinician did not have a record of training in the safeguarding of vulnerable adults, infection prevention and control and sepsis. After the inspection, the practice provided CQC with evidence that the members of staff had completed the appropriate training.	

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
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Helping patients to live healthier lives

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

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

Smoking Indicator	Practice	CCG 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>	94.5%	94.2%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.2% (2)	1.2%	0.8%	N/A

Any additional evidence or comments

The practice only had one exception rate that was noted as being a high rate for follow up. This was: 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 anticoagulation drug therapy (01/04/2018 to 31/03/2019). 12.7% (CCG 5.1%, England 5.9%)

They could not find a clear reason why this should be (seven patients out of 41) but intended to monitor the situation.

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 if required.	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

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive.

	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

CQC comments cards	
Total comments cards received.	41
Number of CQC comments received which were positive about the service.	34
Number of comments cards received which were mixed about the service.	7
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Patients Comment cards	Patients considered staff at the practice to be professional, helpful, kind and caring. The practice was thought to be efficient, brilliant, hygienic, clean and tidy. Some of the more negative comments in the mixed responses were around getting appointments and picking up prescriptions that hadn't been signed.
Google reviews	Since the last inspection, there have been two reviews with five stars and one with three stars.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4383.0	264.0	101.0	38.3%	2.30%

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	87.2%	84.9%	88.9%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
good at listening to them (01/01/2019 to 31/03/2019)				
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)	83.8%	83.0%	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)	95.1%	94.1%	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)	82.6%	75.3%	82.9%	No statistical variation

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

Any additional evidence
We overheard one patient giving very positive feedback about the service to the reception staff. We spoke to three members of the patient participation group all of whom were very positive about the service.

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: Easy read materials were available if requested.	

Source	Feedback
Interviews with patients.	Positive feedback about the staff and services offered.

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)	94.3%	91.1%	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 if requested	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: The website has a built-in translation service and could be translated in to any of 103 languages.	

Carers	Narrative
Percentage and number of carers identified.	35 carers have been identified which is 0.8% of the practice population.
How the practice supported carers (including young carers).	Carers were identified at registration or by self-identification and were referred to the social prescriber who attended the practice weekly. They would direct them to the appropriate support agencies. The practice website had links to support agencies. Carers were offered influenza vaccinations.
How the practice supported recently bereaved patients.	Where appropriate a GP would phone or visit the bereaved relative or they would be offered the opportunity to go to the practice to speak to a GP. They were signposted to various bereavement support organisations. Staff members would also talk to the patient whilst the certificate was being organised.

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

If the practice offered online services:

	Y/N/Partial
Patients were informed, and consent obtained if interactions were recorded.	Y
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.	Y
The practice advised patients on how to protect their online information.	Y

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.	Y
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

Practice Opening Times

Day	Time	
Opening times:		
Monday	08.00 – 13.00	15.00 – 18.00
Tuesday	08.00 – 13.00	15.00 – 18.00
Wednesday	08.00 – 13.00	15.00 – 18.00
Thursday	08.00 – 13.00	15.00 – 18.00
Friday	08.00 – 13.00	15.00 – 18.00
GP appointments available:		
Monday	09.00 – 11.30	15.00 – 17.30
Tuesday	09.00 – 11.30	15.00 – 17.30
Wednesday	09.00 – 11.30	15.00 – 17.30
Thursday	09.00 – 11.30	15.00 – 17.30
Friday	09.00 – 11.30	15.00 – 17.30

Any additional evidence or comments

Appointments for the practice nurse were available on Monday, Tuesday and Thursday morning and Thursday and Friday afternoon.

Appointments with a nurse prescriber were available morning and afternoon Monday to Friday.

Improved access appointments were also available. These were run from three hubs in Rainham, Lordswood and Rochester by Medway Practices Alliance Limited. This was the federation that the practice was a member of.

Improved access appointments were available from 1pm to 8pm each day and from 9am to 4pm on Saturdays and 9am to 2pm on Sundays. Opening days and times varied depending on the hub.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4383.0	264.0	101.0	38.3%	2.30%

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)	92.5%	93.2%	94.5%	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> All patients had a named GP who supported them in whatever setting they lived. The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues. The practice provided effective care coordination to enable older patients to access appropriate services.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> Patients with multiple conditions had their needs reviewed in one appointment. The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services. The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues. Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings
<ul style="list-style-type: none"> We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. Appointments were available outside school hours so that they did not need to miss school. Telephone appointments were available. Appointments could be booked online and via an app. Sexual health advice and support was available to teenagers.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Pre-bookable appointments were available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were also available at additional locations on Saturday and Sunday.
- Appointments could be booked online and via an app with same day appointments being bookable before the surgery opened.
- Telephone consultations were available.
- Additional in-practice services were available such as phlebotomy and the practice hosted retinopathy, physiotherapy and ultrasound services.
- Telephone and face to face access to a pharmacist for medicines advice was available.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services. They shared information with other services (with appropriate consent)
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- Patients who were unable to read and write were aided by a member of staff to fill out forms.
- Patients were sent text reminders of appointments.
- The practice was flexible where possible with appointments for people with learning difficulties to try to reduce distress.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

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

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

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)	93.4%	N/A	68.3%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	85.2%	57.8%	67.4%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	69.6%	56.8%	64.7%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the	84.0%	68.1%	73.6%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)				

Source	Feedback
For example, NHS Choices	There has been one one-star review since the last inspection. The issue was personal to the reviewer and the practice replied in an appropriate and timely way.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	5
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: Of the two complaints that we looked at, one had been dealt with before the period for an acknowledgment letter to be sent out had expired. This meant that the explanatory letter was also the acknowledgement letter. In the second case the complaints log showed that the issue was satisfactorily resolved by speaking directly to the complainant. A final letter had been sent. We saw that learning had been disseminated following the complaint and that the practice's duty of candour to the patients had been observed.	

Examples of learning from complaints.

Complaint	Specific action taken
Unhappy with the attitude of the clinician.	To ensure that the patient was happy when they leave the practice. Make sure they fully understand why the diagnosis was given.
Not enough of an item prescribed.	Ensure that when prescribing medication that the full implications of the quantity issued is explained at time of prescribing.

Well-led

Rating: Good

At the previous inspection on 04 December 2019 the service was rated Requires Improvement for the Well-led domain because we found that the practice had not established effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

At this inspection we found that:

- The systems and processes that had led to the issues identified at the previous inspection under the safe and effective domains had now been improved to ensure good governance.
- Governance documents were signed and dated appropriately.

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 planning to merge with another local practice in the near future. The lead GP was due to retire, and the remaining partner would be joining the new partnership.	

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 involved many stakeholders in their decision to merge with another practice. This had involved an online and hard copy survey of patients and kept the patient participation group well informed	

about their plans. Up to date information on the merger was posted on the practice website.

Culture

The practice had a culture which drove high quality sustainable care / The practice culture did not effectively support 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.	P
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>We saw that the practice complied with their duty of candour when replying to complaints. When they were informing patients of the outcomes of significant events analyses, staff told us that patients were given a verbal explanation as part of their duty of candour to the patient, although we could not find written records of this.</p>	

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

Source	Feedback
Staff members	Staff told us that they enjoyed working at the practice. They felt well supported by the GPs and managers and able to voice their thoughts and opinions. They felt that they were listened to.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: Policies were reviewed on a regular basis and updated where necessary. Version changes were recorded, signed and dated.	

Managing risks, issues and performance

There were 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.	P
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: There were effective arrangements for identifying, managing and mitigating risks. Issues in respect to medicines management, risk assessments and security had been resolved. A Legionella risk assessment, water testing and regular water temperature checks were carried out. However, there had been a misunderstanding with respect to water temperature recording and only the temperatures of the hot water taps had been recorded and these were often below the recommended temperature. Within 24 hours of the inspection, the practice had made changes to the boiler settings and sent us evidence on a new template, of correctly recorded water temperatures from all the taps all of which were within the recommended temperature range.	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making. The practice acted on appropriate and accurate information.

	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 had recognised that the data from the Quality Outcome Framework (QOF) was below levels that would be expected. They had increased their efforts to review and assess patients with complex medical conditions and had involved their clinical pharmacist in the reviews of their patients with diabetes. The practice provided us with current (unverified) QOF data. This showed that in most cases they had reached or exceeded the outcomes achieved in the 12 months from 01 April 2018 to 31 March 2019 in the first seven months from 01 April 2019 to 31 October 2019. (Please see the data and explanations under the effective domain)	

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: The practice offered online appointment booking and online ordering of repeat prescriptions.	

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
<p>Explanation of any answers and additional evidence:</p> <p>An extensive survey had been carried out to canvas patient views on the merger with another local practice. The patient participation group (PPG) were involved in the distribution of the survey. They were also kept up to date with progress and their opinions on the merger were sought. We were told that over 400 surveys had been returned. The PPG meetings were minuted and sent to members.</p> <p>Staff were listened to and their opinions sought. They felt comfortable discussing their views at practice meetings and felt listened to by the leadership. For example, telephones used to be answered at the front reception desk. Staff asked if they could be moved to the back office, which we saw had been completed. This meant that an extra member of staff could come down to help at busy times, patient confidentiality was improved, and staff told us that the system worked noticeably better for staff and patients.</p>	

Feedback from Patient Participation Group.

Feedback
The patient participation group (PPG) was relatively new but provided very positive feedback. They felt that they had a positive relationship with the practice and felt that their comments and opinions were valued. One of the GPs attended the meetings.

Continuous improvement and innovation

There were 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

Examples of continuous learning and improvement
The practice trained FY2 doctors (doctors in their second year after qualifying). One of the partners had almost completed training to allow them to train GP registrars (Doctors training to be GPs). The practice also helped train physicians assistants.
One member of administrative staff was currently undergoing training as a health care assistant.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have “Met 90% minimum” have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.