

Care Quality Commission

Inspection Evidence Table

Pembridge Villas Surgery (1-537665740)

Inspection date: 14 November 2019

Date of data download: 12 November 2019

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes ¹
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence:	
1. We saw that GPs and the practice nurses were trained to safeguarding children level 3. The practice was aware of the latest Intercollegiate Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (January 2019) guidance and were reviewing the level of training for all staff in line with the guidance. For example, non-clinical staff to be trained, where appropriate, to level 2.	

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

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: December 2018	Yes
There was a record of equipment calibration. Date of last calibration: 28.08.2019	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire alarm maintenance checks. Date of last check: 20.10.2019	Yes
There was a record of fire extinguisher checks. Date of last check: 20.10.2019	Yes
There was a log of fire drills. Date of last drill: 11.10.2019	Yes
There was a record of fire alarm checks.	Yes
There was a record of fire training for staff. Date of last training: Variable on on-line training platform	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 04.03.2019	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw that the fire risk assessment had referenced paper files stored in the computer server room. At the time of the inspection the practice was reviewing alternative storage for the files. We saw evidence of a valid gas safety certificate (9 October 2019) and an electrical installation condition report (11 March 2015), which was valid for five years. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out.	Yes

Date of last assessment: 04.03.2019	
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 04.03.2019	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> We saw that a legionella risk assessment had been undertaken on 11 April 2019 and water sample testing undertaken on 24 July 2019, which was negative. We saw that hot and cold-water temperatures were checked and recorded on a monthly basis. Staff responsible for legionella management in the practice had undertaken on-line training. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: June 2019	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> We saw that staff had received annual infection prevention and control (IPC) training relevant to their role. A practice nurse had been nominated the IPC lead. At the time of our inspection the practice was arranging for the IPC lead to have additional guidance and training to support them in this role in line with the Hygiene Code which identifies specific primary care IPC responsibilities, such as how to mitigate the risk of healthcare acquired infection. On the day of our inspection we found some moderate high and low-level dust in some of the consultation rooms. Immediately after the inspection the practice sent evidence that the contract cleaners had been contacted with a view to undertaking a comprehensive clean. The practice had appropriate cleaning equipment which was colour-coded and kept in a locked storage area. However, the storage area had a dual-purpose and was regularly accessed by staff. 	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
The practice was equipped to deal with medical emergencies (including suspected sepsis)	Yes

and staff were suitably trained in emergency procedures.	
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice utilised the GP advice portal which enabled them to contact secondary care consultants by email for advice and guidance on potential referrals. This enabled better integration between primary and secondary care and ensured referrals were appropriate. 	

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) (01/10/2018 to 30/09/2019) (NHS Business Service Authority - NHSBSA)	0.55	0.49	0.87	Variation (positive)

Indicator	Practice	CCG average	England average	England comparison
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). (01/10/2018 to 30/09/2019) <small>(NHSBSA)</small>	7.1%	8.8%	8.5%	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 (01/04/2019 to 30/09/2019) <small>(NHSBSA)</small>	6.94	5.55	5.60	Tending towards variation (negative)
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2019 to 30/09/2019) <small>(NHSBSA)</small>	0.66	0.78	2.08	Significant Variation (positive)

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and	N/A

Medicines management	Y/N/Partial
written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had two pharmacists, who provided a total of six sessions per week and supported medication reviews and reconciliation, and medicine-related searches and audits. Clinical oversight and supervision were provided by the GP partners. The practice engaged with the CCG medicine optimisation team and participated in the local prescribing incentive scheme. The practice utilised prescribing optimisation software to facilitate safe and effective prescribing. The practice administered yellow fever vaccinations and we saw that appropriate registration and staff training had been undertaken with the National Travel Health Network and Centre (NaTHNaC). We saw that the practice had not taken steps to avoid the accidental interruption of the electricity supply to its medicine fridges, for example via a hard-wire fuse or by placing cautionary notice on the plug. The provider sent evidence after the inspection that notices had been placed on the plugs. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	10
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> There was a nominated lead, an incident policy and form, which was accessible to staff. Staff we spoke with told us that when things went wrong there was a culture of openness and support. We saw that significant events were a standing agenda item at practice and clinical meetings. We reviewed minutes of meetings and saw outcomes and learning points from incidents were discussed which included cancer diagnoses and patient deaths. 	

Example of significant events recorded and actions by the practice.

Event	Specific action taken
Incorrect patient booked an appointment with similar name.	We saw evidence that it had been discussed in a practice meeting to reiterate the process to check appropriate patient identifiers such as name, date of birth, address, telephone number.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> We reviewed some recent alerts and saw that they had been acted upon and patient searches and follow-up undertaken. We saw that alerts were discussed at practice meetings. 	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

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

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) (01/10/2018 to 30/09/2019) <small>(NHSBSA)</small>	0.98	0.79	0.74	No statistical variation

Older people

Population group rating: Good

Findings

- The practice participated in the My Care, My Way (MCMW) initiative (an integrated care service for patients aged 65 and over to assess health and social care needs and care planning). The practice had a case manager and health and social care assistant allocated to the practice. Patients were assessed using the Frailty Index, a method to identify and predict adverse outcomes for older patients in primary care, for example unplanned hospital admissions. Patient outcomes were shared with the practice GPs through multi-disciplinary team meetings.
- The practice participated in the Whole Systems Integrated Care (WSIC) initiative which enabled more effective management of patients through a linked integrated summary of patient's health and social care which could be used to case manage patients who require more targeted and proactive care. The practice used this data to manage patients, specifically those who were at high risk of admission.
- 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

- 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.
- The practice participated in the local Clinical Commissioning Group's (CCG) transforming diabetes care reporting dashboard which monitored nine key care processes to monitor and improve the care for patients with diabetes. The practice had been recognised by the CCG in March 2019 for outstanding overall performance for level one diabetes 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. The practice participated in a pilot atrial fibrillation scheme which utilised a handheld electrocardiogram (ECG) device to identify new atrial fibrillation patients.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

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) (QOF)	85.0%	76.9%	79.3%	No statistical variation
Exception rate (number of exceptions).	14.4% (27)	9.4%	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) (QOF)	85.9%	77.0%	78.1%	No statistical variation
Exception rate (number of exceptions).	5.3% (10)	8.4%	9.4%	N/A
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) (QOF)	81.2%	79.0%	81.3%	No statistical variation
Exception rate (number of exceptions).	11.8% (22)	9.7%	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) (QOF)	71.9%	78.3%	75.9%	No statistical variation
Exception rate (number of exceptions).	11.4% (31)	3.6%	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) (QOF)	92.3%	90.7%	89.6%	No statistical variation
Exception rate (number of exceptions).	23.5% (16)	9.4%	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) (QOF)	82.8%	80.1%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.6% (24)	5.2%	4.0%	N/A
In those patients with atrial fibrillation with a	94.2%	88.7%	91.1%	No statistical variation

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>				
Exception rate (number of exceptions).	9.2% (7)	5.1%	5.9%	N/A

Families, children and young people

Population group rating: Good

Findings

- The practice had not met the minimum 90% target for four of four childhood immunisation uptake indicators. The practice was aware of and monitored their achievement and contacted the parents or guardians of children due to have childhood immunisations and those who failed to attend.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

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) <small>(NHS England)</small>	121	149	81.2%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) <small>(NHS England)</small>	133	167	79.6%	Below 80% uptake
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) <small>(NHS England)</small>	127	167	76.0%	Below 80% uptake
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) <small>(NHS England)</small>	136	167	81.4%	Below 90% minimum

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

Any additional evidence or comments

The practice was aware that childhood immunisation uptake rates were below with the World Health Organisation (WHO) target of 90% for one and two-year-olds. We saw that the practice monitored their uptake and demonstrated a recall and reminder system. Following the recent measles outbreak the practice had contacted all parents of children who had no record of completion of two doses of measles, mumps and rubella (MMR) and facilitated appointments.

Working age people (including those recently retired and students)

Population group rating: Requires improvement

Findings

- The practice achievement for cervical screening was 54.9% and below the England average of 70% and the national target of 80%.
- The practice offered eligible patients the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery. The surgery actively promoted the use on on-line facilities and approximately 47% of patients had an active on-line account.
- One of the GPs was undertaking an advanced menopause certificate and training with a consultant gynaecologist at King's College Hospital. The practice had commenced menopause specialist care and told us this had reduced some referrals to secondary care.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (31/03/2019 to 30/06/2019) (Public Health England)	54.9%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	50.0%	54.8%	71.6%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	48.6%	38.5%	58.0%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2018 to 31/03/2019) (PHE)	77.8%	62.1%	68.1%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) (PHE)	47.4%	52.1%	53.8%	No statistical variation

Any additional evidence or comments

- The practice was aware that the achievement for cervical screening was below the England average and national target. We saw that the practice monitored their uptake and demonstrated a recall and reminder system. We saw that the practice had promoted cervical screening awareness week and had held an awareness day in September. The practice had engaged in a Primary Care Network (PCN) cervical screening improvement initiative. Patients could access cervical screening appointments at a local GP hub practice in the evenings and at weekends.
- The practice actively followed-up on patients who did not engage with national screening programmes. For example, the practice had contacted all patients who had not returned their bowel cancer screening kit between the period 1 April 2018 to 1 December 2019. The initiative engaged 48 patients who wished to participate in the screening and replacement kits were sent out.

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings

- There was a learning disability GP lead. All patients with a learning disability were offered an annual health check. We saw the GP lead had been recognised by a local housing facility which supported people with learning disabilities by way of an award for providing excellent health care services to people with learning disabilities.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

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.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- 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.
- 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	91.0%	91.2%	89.4%	No statistical variation

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)				
Exception rate (number of exceptions).	9.2% (9)	6.1%	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)	93.5%	93.6%	90.2%	No statistical variation
Exception rate (number of exceptions).	6.1% (6)	4.5%	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) (QOF)	100.0%	87.4%	83.6%	Significant Variation (positive)
Exception rate (number of exceptions).	5.3% (2)	5.7%	6.7%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	539.4	533.2	539.2
Overall QOF score (as a percentage of maximum)	96.5%	95.4%	96.7%
Overall QOF exception reporting (all domains)	6.0%	6.4%	5.9%

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

Any additional evidence or comments

- The practice demonstrated a programme of audits and searches, both clinical and non-clinical, and had undertaken 10 audits in the past year which was a combination of medicines-related audits initiated by the medicine management team and practice-initiated audits, for example in relation to the National Institute for Health and Care Excellence (NICE) guidance.
- Both clinical and non-clinical staff participated in the quality improvement and audit process. For example, the practice had participated in the Productive General Practice (PGP) Quick Start initiative and had undertaken audits in relation to document management to improve efficiency.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice developed their staff through learning and development. For example, they had supported a receptionist to train as a healthcare assistant and a practice nurse to complete their advanced practice nursing masters. We saw that the staff induction programme was structured and included an introduction to staff, premises, health & safety, review of policies and procedures, completion of mandatory training, role-specific training and an observational and shadowing timetable with an assigned buddy. 	

Coordinating care and treatment

Staff worked 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)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice hosted a weekly smoking cessation clinic and had held a health promotion morning for Stoptober in October 2019. The practice actively followed-up on patients who did not engage with national screening programmes. 	

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>	96.1%	94.9%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.6% (7)	1.1%	0.8%	N/A

Consent to care and treatment

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

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

Policies for any online services offered were in line with national guidance.	
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Clinicians we spoke with understood the requirements of legislation and guidance when considering consent and decision making. Clinicians had a good understanding of the Mental Capacity Act (MCA) and had received training. Staff were aware of the need to request consent to share records with referrals in line with General Data Protection Regulation (GDPR) principles and had undertaken training. 	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

CQC comments cards

Total comments cards received.	13
Number of CQC comments received which were positive about the service.	13
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC Comment Cards	We found that all 13 comment cards received contained positive feedback and indicated that the practice was excellent, and staff were thoughtful, efficient and friendly. Patients said they were treated with dignity and respect and they felt involved in their care and treatment.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10610	469	91	19.4%	0.86%

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)	95.0%	88.3%	88.9%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time	91.8%	86.3%	87.4%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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)				
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)	97.8%	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)	98.2%	84.7%	82.9%	Variation (positive)

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

Any additional evidence
The practice sought patient feedback through the NHS Friends and Family Test (FFT). Results for the period January to September 2019, based on 122 responses, showed that 96% of patients would be extremely likely or likely to recommend 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.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2019 to 31/03/2019)	94.6%	91.6%	93.4%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes

Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> British Sign Language (BSL) interpreters were available and the practice had a hearing loop. The practice had updated the patient registration form to capture patients' special needs, for example language and mobility. 	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 140 carers, which was 1.3% of the practice population.
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> The practice identified carers at the point of registration and on an on-going basis through clinical consultations and the My Care My Way team. The practice offered extended appointments, influenza vaccination and health checks for carers. There was a carers noticeboard in the waiting room. The practice had hosted a carers event during carers week in June 2019 to promote and signpost patients.
How the practice supported recently bereaved patients.	The practice told us that if a family had suffered a bereavement their usual GP would contact them. This would be followed-up with a patient consultation at a flexible time and location to meet the family's needs. The practice told us they would signpost patients to the appropriate support services.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The computers on the reception desk were positioned so patients could not view the screens. Staff we spoke with told us they followed the practice's confidentiality policy when discussing patients' treatments. This was to ensure that confidential information was kept private, for example, patient information was never on view. We saw that all staff had undertaken information governance and General Data Protection Regulation (GDPR) training as part of the mandatory training schedule. 	

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes

Practice Opening Times

Day	Time
Core Opening Times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Extended Hours:	
Monday	7am to 8am (Doctor-Led) 6.30pm to 8pm (Doctor and Nurse-led)
Tuesday	7am to 8am (Doctor-Led) 6.30pm to 8pm (Doctor and Nurse-led)
Wednesday	7am to 8am (Doctor-Led) 6.30pm to 8pm (Doctor and Nurse-led)
Thursday	7am to 8am (Doctor-Led) 6.30pm to 8pm (Doctor and Nurse-led)
Saturday	Doctor-led 4.5-hour pre-bookable appointment session
Appointments Available – Walk-in (no appointment necessary)	
Monday	8.45am to 10am and 4pm to 6.30pm
Tuesday	8.45am to 10am and 4pm to 6.30pm
Wednesday	8.45am to 10am
Thursday	8.45am to 10am and 4pm to 6.30pm
Friday	8.45am to 10am and 4pm to 6.30pm
Appointments Available – Pre-bookable	
Monday	10.30am to 12pm and 1.30pm to 4pm
Tuesday	10.30am to 12pm and 1.30pm to 4pm
Wednesday	8am to 8.30am, 10.30am to 12pm and 5.30pm to 6.30pm
Thursday	10.30am to 12pm and 1.30pm to 4pm
Friday	10.30am to 12pm and 1.30pm to 4pm

- Out of surgery hours patients were directed to call NHS 111.

- Patients could also access GP and practice nurse appointments from 6.30pm-8pm on Monday to Friday and from 8am–8pm on Saturdays and Sundays at GP hub in the area. Patients could book appointments via the practice team when the surgery was open.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10610	469	91	19.4%	0.86%

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)	98.9%	93.7%	94.5%	Tending towards variation (positive)

Older people

Population group rating: **Good**

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services. The practice signposted patients, where appropriate, to voluntary sector organisations, for example, Age UK.

People with long-term conditions

Population group rating: **Good**

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the MCMW team and 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. The practice utilised Coordinate My Care (CMC), a personalised urgent care plan developed to give people an opportunity to express their wishes and preferences on how and where they are treated and cared for.

Families, children and young people

Population group rating: **Good**

Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- Parents or guardians with concerns about a child had access to same day appointments.

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. In particular the practice offered daily morning and afternoon walk-in clinics. In addition, the practice was open from 7am to 8am for doctor-led pre-bookable appointments, from 6.30pm to 8pm for pre-bookable doctor and nurse appointments and on Saturday for pre-bookable doctor-led appointments. Patients could also access a GP hub within the area in the evenings and at weekends.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice had previously run a separate GP practice for homeless patients. One of the GP partners had been recognised in March 2019 by the Faculty for Homeless and Inclusion Health for their service to homeless patients and had received an honorary fellowship in recognition of their achievements in the service of homeless patients.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- Homeless patients could register at the practice or were signposted to appropriate services. All reception staff had undertaken homelessness training appropriately and effectively signpost patients to relevant services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. The learning disability GP lead would review patients in their home-setting when required.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice facilitated extended GP and nurse health checks and reviews as part of the mental health out of hospital services (OOHS) initiative for patients with serious mental health (SMI) and complex common mental illness (CCMI)
- 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 practice had engaged with the Alzheimer's Society and undertaken a dementia awareness audit to make the practice premises more dementia-friendly.

Timely access to the service

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

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice offered an array of appointments which included daily walk-in clinics, pre-bookable and extended hours in the morning which were doctor-led and evening which were doctor and nurse-led. Patient feedback through the NHS Friends and Family Test (FFT) and the national GP patient survey for access to appointments was higher than local and national averages. When a request for a home visit was received, reception staff took details of the request and added it to the triage list. The duty doctor would determine whether a visit was necessary. If an urgent request was received the duty doctor was advised straight away of the request. 	

National GP Survey results

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)	90.9%	N/A	68.3%	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)	85.8%	73.5%	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)	80.8%	71.2%	64.7%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	93.8%	72.2%	73.6%	Variation (positive)

Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	9
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.	1

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • There was a complaint policy, which was accessible to staff, written in line with recognised guidance. • Information about how to complain was available for patients, for example, a complaint leaflet and on the practice website. • There was a system in place to record verbal complaints to ensure all opportunities to learn from feedback was captured. • Complaints were discussed in clinical and practice meetings as a standing agenda item and we saw evidence of minutes of meetings. 	

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The leaders demonstrated a clear commitment, capacity and capability to provide a good quality service and told us there was a drive to continuously improve outcomes for patients. 	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice told us that their ethos was to constantly adapt and have a systematic approach to high-quality, personal care. They prided themselves on their flexible and responsive approach to patient access and ran a daily walk-in clinic alongside a pre-bookable appointment system. Patient satisfaction with access reflected in patient surveys was high. 	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had duty of candour and whistleblowing policies in place, which were accessible to staff. We saw that staff had undertaken being open and whistleblowing training as part of the practice's core training schedule. The practice included health and safety, manual handling, bullying and harassment and conflict resolution training at part of the core training schedule to support staff safety and well-being. 	

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

Source	Feedback
Staff interviews	Staff we spoke with told us the GPs and management were very approachable and the practice worked as a team. Staff were proud and happy to work at the practice.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had a meeting structure which included monthly practice, clinical and multidisciplinary meetings, where safeguarding and palliative care patients were discussed. The practice nurses and reception team held quarterly meetings. We saw that all meetings were minuted and minutes were available for staff. The practice also engaged with practices in its locality as part of local initiatives, for example the Primary Care Network (PCN). The practice had nominated staff into designated lead roles, for example safeguarding, infection prevention and control and complaints. There were practice-specific policies including, child and adult safeguarding, infection and prevention control and significant events. There was a system for these to be regularly reviewed. All staff we spoke with knew how to access the policies. The practice had engaged with the CCG-funded Productive General Practice (PGP) Quick Start initiative (a hands-on improvement programme which provides practical involvement and support to help reduce pressures and release efficiencies within the practice). The practice chose to focus on document processing and test results. 	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes

Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes

Appropriate and accurate information

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

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

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes

Explanation of any answers and additional evidence:

- The practice had an active Patient Participation Group (PPG) who met quarterly. The practice acted upon feedback from the PPG which included creating a photograph board of all staff.
 - The practice facilitated out of hospital services (OOHS) for other practices within the federation which included the provision of phlebotomy and electrocardiograms (ECGs).
 - The practice was actively engaged with local practices and one of the GP partners was the joint Clinical Director of the Primary Care Network (PCN) and was Chair of the Federation.
 - The practice participated in Commissioning Learning Set (CLS) meetings which involved local practices for the purposes of fostering collaboration and learning amongst members, sharing and benchmarking data, improving performance, spreading good practice and generating ideas for new services or improvements to existing ones.
 - The practice had an employee of the month award which was voted for by employees and enabled staff to recognise their colleagues.

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.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice engaged with the CCG and neighbouring practices in local current and future initiatives which included the Primary Care Network (an approach to strengthening and redesigning primary care to focus on local population needs and provide care closer to patients' homes), the My Care, My Way integrated care service for patients aged 65 and over, the Whole Systems Integrated Care (WSIC) programme to improve patient outcomes and the out of hospital services initiative designed to bring services closer to the patient in the primary care setting. The practice had participated in the Productive General Practice quality improvement programme to review processes and systems and develop internal efficiencies. The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. 	

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.