

Care Quality Commission

Inspection Evidence Table

Victoria Medical Centre (1-5122852386)

Inspection date: 14 November 2019

Date of data download: 30 October 2019

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence:	
The safeguarding lead was one of the GP partners. We saw the safeguarding policies. Only the nurses or healthcare assistant acted as chaperone. The non-clinical staff had not received DBS checks,	

Safeguarding	Y/N/Partial
however there were risk assessments in place to cover this.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Explanation of any answers and additional evidence: We looked at the recruitment files of the last two members of staff who were recruited in the practice and the file of the most recent locum GP to work at the practice.	

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: June 2019	Yes
There was a record of equipment calibration. Date of last calibration: June 2019	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: 10 July 2019	Yes
There was a log of fire drills. Date of last drill: 20 September 2019	Yes
There was a record of fire alarm checks. Date of last check: 10 September 2019	Yes
There was a record of fire training for staff. Date of last training: Various dates, record held on online training software	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: July 2019	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: The COSHH policy was seen, staff carried out weekly tests of the fire alarm. The fire marshals were the practice manager and their assistant.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: August 2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: August 2019	Yes
Explanation of any answers and additional evidence: A legionella risk assessment was carried out in March 2019 and an asbestos risk assessment in 2010, there were no outstanding actions. There were numerous health and safety risk assessments for each room.	

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: October 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">• One of the GP partners was the infection control lead.• A cleanliness audit was carried out weekly by the practice manager.• The practice had bought the NHS 'Preventing Infection Workbook' for every member of staff to work through.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes

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.	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

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)	0.67	1.00	0.87	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2018 to 30/06/2019) (NHSBSA)	8.9%	7.0%	8.6%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2019 to 30/06/2019) (NHSBSA)	3.80	4.99	5.63	Significant Variation (positive)
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/01/2019 to 30/06/2019) (NHSBSA)	0.55	2.22	2.08	Significant Variation (positive)

Any additional evidence or comments

The practice was the lowest prescriber of antibacterial items in the local CCG area. Data from the CCG medicines management dashboard showed that in 2018/19 the prescribing rate was 0.75 for the practice (number of prescription items for antibacterial medication) and they had the lowest prescribing rate out of 21 practices (CCG average 1.08 and national benchmark 0.965).

The practice received a letter from the local CCG in October 2019 praising their performance in this indicator. They received a further letter after our inspection in December 2019 saying the same for the next quarter set of data which they sent to us after our inspection.

When the current partners took over the practice in 2016 the prescribing for antibiotics and opioid prescribing was high. They changed policies and audited both sets of prescribing.

- Prescribing for Antibacterial Items/STAR-PU in 2016/17 quarter 1 was 0.255 (436 items) in 2019/20 quarter 2 was 0.149 (290 items) a reduction of 33%
- Prescribing for Opioid Analgesics Items/STAR-PU in 2016/17 quarter 1 was 0.034 (770 items) in 2019/20 quarter 2 was 0.028 (668 items) a reduction of 13%

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 written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	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

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: 35	Yes
Number of events that required action: 35	Yes
Explanation of any answers and additional evidence: The process for significant events was explained to us by staff. They were discussed at staff meetings and recorded in the meeting minutes with any actions carried forward.	

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

Event	Specific action taken
Firearms license notifications to the Police.	The practice implemented a policy for patients who hold a firearms license as the result of a significant event, in case there is a change in their medical circumstances and the Police had to be informed (Part of holding a firearms license is the agreement to factual data sharing between the Police and GP practice).
Change to protocol for urgent blood test results received by the practice	The practice did not have a failsafe process in place for receiving urgent blood test results. Following a significant event a protocol was devised to ensure the GP received the result as soon as practically possible.

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: We saw examples of actions taken on recent alerts for example, regarding sodium valproate. The practice manager held a spreadsheet of all alerts and action taken.	

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
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
<ul style="list-style-type: none"> The practice was a research practice. Patients had an opportunity to take part in a number of research projects the practice had engaged in. The practice had recently worked with a pharmacist on a project to ensure their COPD patients were on the correct inhalers for their long-term condition 	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) (NHSBSA)	0.23	0.35	0.75	Variation (positive)

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. They ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

- The practice had two linked care homes where they provided regular visits. They worked with the care homes to help them manage self-care where possible. All of the care home patients had up to date emergency healthcare plans in place, which had been discussed and agreed with the patient's families where appropriate.
- All residents received a health check from the healthcare assistant, the assistant practice manager met regularly with the care home managers to discuss a process to help reduce the use of A&E services and hospital admissions, including unplanned GP visits and improve cost-effectiveness of medicines. The GP visited the care homes on a fortnightly basis and carried out a huddle style consultation, involving all staff involved in the patient's care in the care home.
- The improvement in care home communication has resulted in a drop of telephone queries from 60 on average per week to two to three a week. This has reduced workload for both link care homes.
- The practice provided us with data which showed they had reduced their emergency admissions to hospital for long term conditions over time, 8.29 (2016/17), 4.66 (2017/18), 6.22 (2018/19) 4.52 (November 2018/October 2019), per 100 patients on the disease register for asthma, COPD, diabetes, CHD.
- The practice offered over 75 health checks for their patients who do not have a chronic disease. The patients were recalled on an annual basis and checks were performed by the health care assistant.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice had dedicated seasonal flu clinics for the over 65s. These were organised on a Saturday morning in conjunction with a coffee, tea and cakes morning where they could play bingo.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions had a structured annual review in their birthday month 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 had received a letter from the local CCG congratulating them for their outstanding performance figures in relation to asthma (patients who have had an assessment of control) and patients with hypertension (with a blood pressure reading of lower than 150/90)
- The practice piloted a COPD service which was identified as necessary by the local CCG due to a high prevalence of COPD locally. The service provided a clinic (breathing clinic) which identified patients at risk of COPD, they firstly saw a GP and nurse who carried out tests. If appropriate they were given lifestyle advice and guidance.
- The practice provided the service for the whole of the CCG area. They provided the venue, specifically set clinics, up to four per month including on weekends. This ran from April 2018 to March 2019.
- A total of 79 patients were diagnosed with COPD and referred to make an appointment with their own practice nurse. From the clinics and 12 patients were given stop smoking support.
- The practice was part of the local 'Better U' programme set up by the local authority where patients could be referred for advice on self-care. The practice received a certificate of accreditation in 2018 from the local authority. To achieve this practice staff had be able to assist patients to develop the knowledge of self-care skills. A self-care coach had been working with the practice. They had supported 16 patients to manage their long-term conditions effectively.
- 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.

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)	79.3%	81.7%	79.3%	No statistical variation
Exception rate (number of exceptions).	9.4% (19)	17.8%	12.8%	N/A
The percentage of patients with diabetes, on	86.6%	79.8%	78.1%	No statistical

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>				variation
Exception rate (number of exceptions).	4.4% (9)	12.7%	9.4%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	92.6%	85.1%	81.3%	Variation (positive)
Exception rate (number of exceptions).	13.3% (27)	14.7%	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) <small>(QOF)</small>	82.9%	77.1%	75.9%	No statistical variation
Exception rate (number of exceptions).	1.9% (3)	7.4%	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>	95.0%	92.4%	89.6%	No statistical variation
Exception rate (number of exceptions).	7.0% (9)	11.6%	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)	88.3%	84.7%	83.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	2.0% (12)	6.2%	4.0%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2018 to 31/03/2019) (QOF)	100.0%	93.9%	91.1%	Significant Variation (positive)
Exception rate (number of exceptions).	13.1% (11)	7.2%	5.9%	N/A

Families, children and young people

Population group rating : Outstanding

This population group was rated outstanding because the practice had exceeded targets in this area and engaged with and provided services to support high quality care.

Findings

- The practice had exceeded the World Health Organisation (WHO) based national target of 95% (the recommended standard for achieving herd immunity) for all of the four childhood immunisation uptake indicators.
- Expectant mothers were seen by the community midwife at the practice. The practice had a mother and baby champion who contacted all new mothers following the birth of their baby. The practice had reviewed what information was available to new patients and they devised a leaflet along with a new baby letter giving information on registering the child with the practice and when their baby immunisations would be due.
- 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.
- Young people could access services for sexual health and contraception. The practice contacted all patients aged 14 to 16 years via a letter to their home address to make them aware of their rights to confidentiality.
- They worked together with a neighbouring practice to attend a local school to provide and raise awareness of sexual health and contraceptive advice to year 9 pupils. Feedback from this project from healthcare professionals was very positive.
- The practice had a young person's notice board in the waiting area in the practice. The practice felt this would make the information more accessible to young people who might be embarrassed to ask for it and would get messages across to them. One of the practice young administration team members maintained the board and ensured it was appropriate for young people.

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)	40	41	97.6%	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)	20	21	95.2%	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)	20	21	95.2%	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)	20	21	95.2%	Met 95% WHO based target

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

- The practice had systems to inform eligible patients to have the meningitis vaccine.
- 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.

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)	77.1%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer	71.0%	71.5%	72.1%	N/A

in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)				
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	54.1%	56.7%	57.3%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	85.7%	79.8%	69.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	39.1%	48.4%	51.9%	No statistical variation

Any additional evidence or comments

- The practice provided us with unvalidated unpublished data for cervical screening for 2019/20 which showed they were currently at 90% for women who had been screened. The practice, following the inspection, provided us with unvalidated unpublished data to show they achieved 82% for cervical screening for 2018/19.
- The local CCG cancer nurse had provided talks in the practice to staff on how to encourage non-attendees for screening.
- The practice had presented their work on cervical screening to a local CCG training event to share good practice.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including carers. Vulnerable patients were discussed at monthly clinical meetings.
- The practice had a register of patients with a learning disability. The patients were offered an annual health check with an extended appointment time of 60 minutes per patient to allow sufficient time for the patient and the GP to put in place a health action plan that supported the individual. The practice worked with the local learning disabilities team in providing access to annual health check appointments, ensuring the patient received the best outcome from their health check. The practice used pictures to help patients with learning difficulties identify areas that they will access in the practice. They used 'learning difficulties friendly' invitation letters to help patients understand about their invitation to the surgery for their health check.
- The practice placed a clinical code on the system and elderly vulnerable patients were contacted on the morning of their appointment to remind them of their appointment and to see if they required any assistance.
- The practice had a system for vaccinating patients with an underlying medical condition according

to the recommended schedule.

- The practice had access to a social prescriber to support the homeless.
- Staff at the practice had a wealth of experience about local services and could direct them to the appropriate place.

**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.
- Patients were offered local pathways to plan their health management and self-referral for psychological therapies.
- 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.
- The practice was members of the dementia action alliance (DAA). This is a national alliance for dementia care and research organisations across England.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	100.0%	92.1%	89.4%	Variation (positive)
Exception rate (number of exceptions).	4.3% (1)	22.6%	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)	95.5%	91.7%	90.2%	No statistical variation
Exception rate (number of exceptions).	4.3% (1)	17.5%	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)	91.4%	81.7%	83.6%	No statistical variation
Exception rate (number of exceptions).	5.4% (2)	5.6%	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)	554	No Data	539.2
Overall QOF score (as a percentage of maximum)	99.1%	No Data	96.4%
Overall QOF exception reporting (all domains)	5.3%	No Data	No Data

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

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

The practice had carried out a number of clinical audits to improve patients care;

Audit of anticoagulant medication

- The aim of the audit was to establish if patients were being monitored appropriately for their renal function and being prescribed the correct dosage of medication. NICE guidance was used as reference for standards.
- The aim was to have at least 90% of patients with creatinine clearance.
- The first audit cycle of 52 patients (June 2017) showed that 84% of patients met the standard which they wanted to achieve.
- Medication dosage adjustments were made and patients informed of the change and there was further awareness for carrying out medication reviews.
- The second audit cycle (January 2019) of 52 patients showed that 96% of patients were receiving the correct dosage of medication.

Audit of medication used to monitor weight in obese patients

- The aim of the audit was to ensure all patients who had commenced the medication had been weighed every month for the first four months of taking the medication. The practice wanted to ensure 90% of patients met this aim.
- The first audit (October 2018) identified 22 patients of which 11 were weighed before taking the medication and six were not weighed at all. One patient discontinued the medication. Of the 21 receiving the medication only one patient was correctly monitored with monthly weight measurements.
- The second audit (November 2019) of 19 patients showed that all 19 were weighed before commencing the medication and were weighed regularly before the medication was re-issued.

Other audits carried out included,

- An audit of appropriate prescribing of vitamin B12.
- An audit of medication which is used to treat type two diabetes.
- An audit of patients prescribed nonsteroidal anti-inflammatory drugs (NSAIDs) (medication which reduces pain, decreases fever, prevent blood clots and, in higher doses, decrease inflammation).
- An audit of e-consultations, the initial audit on this showed that 53 appointments were carried out in the previous three months.

Any additional evidence or comments

The practice received a letter from the local CCG in October 2019 regarding their performance in four quality indicators which they used to identify practices who were performing better than most.

The indicators were;

- The percentage of patients with asthma who have had an assessment of control
- The percentage of patients with hypertension with a blood pressure reading of lower than 150/90
- Antibiotic prescribing (the lower the better)
- The percentage of patients less than 65 years of age at risk who have had their flu vaccine.

The CCG congratulated the practice as the data for the four indicators which were significantly above average for the CCG area (benchmark being one standard deviation from the mean).

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.	N/A
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: The practice had an online software application which provided training for GP practices which staff had used to carry out mandatory training. Additional training, they received included, dementia friends, health navigation, learning disability awareness. Staff were encouraged to study further and had taken National Vocational Qualifications (NVQ) in business administration, customer service and leadership and management. The practice manager had begun a course in human resources with the Chartered Institute of Personnel and Development (CIPD). We saw examples of staff appraisals. Staff received regular one to one interviews with their line manager.	

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)	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
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
Explanation of any answers and additional evidence: The practice held monthly MDT meetings and quarterly palliative care meetings.	

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 received a certificate in November 2019 from the Royal College of General Practitioners awarding them Armed Forces Veteran friendly accredited status. The practice hosted a Veteran's Day event in May 2019 to give patients of all ages a chance to socialise in their community. They played bingo and the practice provided refreshments. Veterans were able to share stories and memorabilia with each other. The practice had access to a programme ran by the local authority where patients could access a social prescriber who could give information, advice, advocacy, education and learning, exercise, health and social care, health promotion and relaxation. There were self-help training opportunities and volunteering opportunities for patients. The social prescriber had attended the practice clinical meeting to advise staff which services were available. The practice identified a champion to work with the social prescribing service. A consulting room in the practice was made available for the for the social prescriber to work from. 43 patients from the practice was referred to this service. There were various boards in reception with health promotion information. There was a young person's health promotion board which contained information about contraception and sexual health. This was maintained by one of the receptionists who was a young person themselves. 	

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>	99.3%	95.8%	95.0%	Significant Variation (positive)
Exception rate (number of exceptions).	0.3% (3)	1.3%	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.	Yes

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.	18
Number of CQC comments received which were positive about the service.	15
Number of comments cards received which were mixed about the service.	2
Number of CQC comments received which were negative about the service.	1

Source	Feedback
CQC comment cards	The feedback received on the CQC comment cards included phrases such as, excellent service, fabulous, caring and helpful staff and the doctors put you at ease, can get an appointment. There were two patients who said it was difficult to obtain an appointment.
Patient participation group (PPG)	We spoke with two members of the practice PPG, they told us the practice had changed for the better since the new provider had taken over. The access to appointments had improved, they could obtain appointments quickly and there was more open access to appointment times. They thought that systems were now more 'joined up'. They were now able to have telephone consultations and the patients really liked the phlebotomy service. The flu vaccine service was very easy to access.
Comment tree	The practice had a comment tree in reception where patients were encouraged to write comments on cards which could be hung on the tree. Phrases on the cards included, brilliant, thank you for the help, very pleasant and very good doctors.
Patient interviews	The practice showed us video clips where they had captured views from patients in the waiting area. The patients said that the staff were friendly, there was nothing they would improve about the practice as they were satisfied. They were complimentary of the extended access arrangements which the practice had and could obtain an appointment.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3476.0	325.0	111.0	34.2%	3.19%

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)	77.8%	90.5%	88.9%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	78.4%	90.0%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	93.7%	95.8%	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)	76.8%	86.2%	82.9%	No statistical variation

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

Any additional evidence
<p>The practice carried out a patient satisfaction survey in September 2018 issuing 50 questionnaires. Questions included, asking if patients were satisfied that their needs and expectations were met, if the GP listened to their concerns, would they recommend the practice and were they aware of the practice patient participation group (PPG).</p> <p>Answers to the questions were very positive, the one which had a low score was how many patients knew about the PPG. This was published on the practice website and shared with the PPG for suggestions.</p>

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
<p>Explanation of any answers and additional evidence:</p> <p>Easy read and pictorial materials were available.</p>	

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2019 to 31/03/2019)	89.3%	94.1%	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
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Carers	Narrative
Percentage and number of carers identified.	200 patients were registered with the practice as carers. This was approximately 5% of the patient population.
How the practice supported carers (including young carers).	The practice had carers boards in the reception area and patients had access to a social prescriber who could sign post them to organisations.
How the practice supported recently bereaved patients.	One of the reception staff took the lead for bereavements and ensured that a letter giving signposting to help and advice and a sympathy card were sent to the family.

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

If the practice offered online services:

	Y/N/Partial
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
Explanation of any answers and additional evidence: The practice was part of a pilot for e-consultations and video consultations.	

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
Opening times:	
Monday	8am – 6pm
Tuesday	8am – 6pm
Wednesday	7am to 6pm
Thursday	7am to 6pm
Friday	8am – 6pm
Appointments available:	
<ul style="list-style-type: none"> The nurse and health care assistant offered appointments from 7am on Wednesday and Thursday. GP appointments were available in morning surgery 9am – 11.40am. Afternoon 2.30pm - 5pm There was a telephone triage service and telephone appointments available. On the afternoon of our inspection the next available routine appointment was 11:50am the next day. The practice provided late evening, weekend and bank holiday appointments. They were part of the local GP federation of GP practices who worked together to provide appointments with GPs, nurses or health care assistants outside of their normal working hours. Patients could contact the practice reception team to arrange appointments. When this service was not provided patients requiring urgent medical care could contact the out of hours service provided by the NHS 111 service. 	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3476	325	111	34.2%	3.19%

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)	93.4%	94.7%	94.5%	No statistical variation

Any additional evidence or comments

The practice carried out an appointment audit in July and August 2019 to ensure the system was being correctly utilised and that they were maximising appointment availability. From this they found that 88.5% of patients were given an appropriate appointment. There were still some improvements to be made to accommodate patients effectively and efficiently. A review of the appointment system was to be discussed with the GP partners and the team and additional sign posting training would be arranged for the reception staff and a further audit is to be carried out in January and February 2020.

Older people

Population group rating: Good

Findings

- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- The practice carried out a search of elderly patients who had not accessed any kind of health care for the last 12 months. They were contacted and invited to the practice for a coffee morning and a bus was hired from age concern to ensure they could get to the practice. A GP, practice nurse and healthcare assistant were available to discuss any healthcare concerns.
- Although the practice promoted online access they recognised that the elderly still required a prescription phone line and this was available.

People with long-term conditions

Population group rating: Good

Findings

- 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.
- The practice had recently introduced self-care coaching into the practice. Self-Care coaching aimed to improve patient's confidence, knowledge and motivation to enable them to better

manage their long-term condition. It focused on the non-medical aspects of health and wellbeing, the self-care coach worked with the patient to address any social factors in their life which may be having an impact on how well they manage their long-term condition. The self-care coach was currently working with patients diagnosed with COPD and / or diabetes.

Families, children and young people

Population group rating: Good

Findings

- The practice had a policy to telephone triage all children under two on the same day who required an appointment.
- 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.
- The practice provided weekly baby clinics.

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.
- The practice had a variety of access arrangements. Patients could book appointments early morning with the nurse and due to extended access arrangements, there were appointments available on an evening and weekends. There was an option for patients of a telephone consultation.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- The practice provided a walk-in phlebotomy service on site.
- The practice was part of a pilot project for e-consultation and video consultation.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

**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.

Timely access to the service

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

National GP Survey results

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

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)	84.7%	N/A	68.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	68.5%	71.7%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	62.0%	71.6%	64.7%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	69.6%	76.8%	73.6%	No statistical variation

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.	13
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.	None

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes

Example(s) of learning from complaints.

Complaint	Specific action taken
Surgery external doors	A patient made a complaint to the surgery regarding the entrance doors which opened outward. They felt the doors posed a risk to children as they could potentially run out of the surgery directly onto the road. The other set of internal doors were now always closed in the surgery and signs were put up to highlight the risks to parents.
Phlebotomy clinics	Phlebotomy clinics were 8.30 to 10.30am, they were changed to 8.30 to 9.30pm. This resulted in a complaint from a patient who said they could not use their pensioners bus pass to get to the surgery in time for the clinics. As a result of this complaint extra clinics were added from 1 to 2pm.

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: Since the new GP partners took over the practice in 2016 there had been many positive changes at the practice. The leadership had guided the practice to improve the delivery of high-quality person-centred care. This included becoming a teaching practice, being a research practice, introducing a patient participation group and making improvements to patient care.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	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 mission statement was to improve the health, wellbeing and lives of those they cared for. Their vision was to work in partnership with their patients and staff to provide the best primary care service possible, working to local and national governance guidance and regulations.The practice had a business plan of goals and objectives going forward to 2020. This included areas of work such as recruitment of an additional GP, to achieve maximum Quality and Outcomes Framework (QOF) points and to become a teaching and training practice. The plan had measures in place and projected completion dates.The new set of GP partners at the practice had worked hard to develop the practice. They had improved the anti-biotic and opioid prescribing. They had improved the quality outcome framework (QOF) performance and had improved the access to appointments.	

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

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

Source	Feedback
Staff	<p>Staff told us that they felt support by the management team at the practice. They said they were very family orientated. Staff received an extra days holiday if they had not been sick the previous year.</p> <p>They said the practice was trying hard to sign post patients to the various places they could go to for health care such as the pharmacy. They said the practice was very organised and they enjoyed their work there.</p>

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> There was a lead clinician at the practice responsible for business, administration, infection control and safeguarding. The practice held partners meetings and had a practice what's app group so that staff could keep 	

in touch.

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
Explanation of any answers and additional evidence: The practice performance in terms of data was good. They had received praise from the local CCG for their performance indicators.	

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Any unusual access was identified and followed up.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice offered staff incentives to encourage patients to sign up for on-line access.	

- The practice had a target to ensure that at least 25 per cent of appointments were available for online booking by July 2019, they were currently at 52.5% of this target.

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 (PPG).	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: <ul style="list-style-type: none">• New partners took over the practice in 2016. In 2017 they held an open evening to enable them to listen and understand what the patients would like from the surgery and how this could be achieved together to meet their health needs. The practice PPG had been set up since 2018.• They had helped a neighbouring practice to set up their own PPG.• The practice had plans to carry out another survey with the help of the PPG members.• Patients had given feedback that a water dispenser in the waiting area would be useful. The practice acted upon this suggestion and installed one.• The practice produced a quarterly newsletter for patients, the most recent newsletter contained, for example information on flu season, patient online access and the PPG.• There was a staff suggestion board in the reception office. This encouraged staff to contribute constructive ideas for improving the practice in which they work.• The practice received a thank you letter from the local food bank in recognition of donations they had made to them.	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none">• We spoke with two members of the group and they told us the meetings were held every three months, one of the members of the group was the chair.• They had guest speakers which included Healthwatch, age concern and a cancer charity.• They said that feedback was always taken on board by the practice.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: Since the new provider took over the practice in 2016, there was continuous improvement and a proactive approach to seeking out and embedding new ways of providing care and treatment;	

- The list size has grown by 600 patients from 2900 to 3500.
- They became a research practice.
- They became a teaching practice with medical students from first, third and fifth year.
- They hosted Foundation Year 2 trainee doctors.
- The practice had two apprentices on placement since 2016, they were subsequently employed by the practice.
- Access to appointments had improved.
- There had been a positive improvement in the practice performance data over time.
- There had been IT changes including electronic prescribing and e-Consult which is an online triage and consultation tool.
- The practice was part of a local CCG pharmacy project where patients could be referred to a pharmacy to see if their medical needs could be met by the pharmacy rather than an appointment with the practice.
- The practice was 'paper light' and used email for communicating with external agencies, internal mail and tasks for within their organisation.
- The practice was the only practice in the Clinical Commissioning Group (CCG) area to provide a phlebotomy service for their patients.
- They were looking to provide this service to the primary care network group of practices in the area.

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.