

Care Quality Commission

Inspection Evidence Table

Upton Lane Medical Centre (1-545390829)

Inspection date: 9 December 2019

Date of data download: 02 December 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: <ul style="list-style-type: none">The practice had a safeguarding lead for both adults and children.The practice's patient record system enabled staff to identify and monitor children and adults who may be at risk of harm.	

Safeguarding	Y/N/Partial
<ul style="list-style-type: none"> The practice provided examples of where children and adults had been referred to other agencies to ensure their safety. The patient record system enabled staff to share safeguarding information with other agencies when appropriate. The practice had carried out an audit to review the total number of children who did not attend appointments between April and July 2019. This included the total number of hospital appointments not attended by safeguarded children. The practice found 20% of safeguarded children had not attended appointments; all were followed up and have since been seen. The practice had systems in place to verify the identity of any children newly registered at the practice in regard to the prevention of child trafficking. All staff had completed the appropriate level of safeguarding training. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> A review of five staff recruitment files demonstrated the practice had sought the necessary information to ensure staff were appropriately safe and qualified for the roles, this included evidence of immunisation. 	

Safety systems and records	Y/N/Partial
<p>There was a record of portable appliance testing or visual inspection by a competent person.</p> <p>Date of last inspection/test: 4 April 2019.</p>	Yes
<p>There was a record of equipment calibration.</p> <p>Date of last calibration: 18 April 2019.</p>	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
<p>There was a record of fire extinguisher checks.</p> <p>Date of last check: November 2019.</p>	Yes
<p>There was a log of fire drills.</p> <p>Date of last drill: 18 November 2019.</p>	Yes
<p>There was a record of fire alarm checks.</p> <p>Date of last check: weekly checks were carried out, the last recorded check was 25 November 2019.</p>	Yes

There was a record of fire training for staff. Date of last training: All staff had completed up to date fire safety training online.	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 28 February 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"> • The fire risk assessment did not identify any actions for the practice to act upon. • The practice carried out monthly fire drills to ensure all patients and staff could be evacuated promptly. • The practice had checked the emergency lighting system in October 2019. • Fire marshals had completed specific training to enable them to carry out the role. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 4 December 2019.	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 4 December 2019.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had a Legionella policy in place and a legionella risk assessment had been carried out on 26 March 2018; we saw actions had been taken by the practice to address any risks identified. 	

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: 23 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"> • The practice nurse was the infection control lead and carried out monthly infection control checks for each room. Other staff members were responsible for weekly checks of the clinical rooms. • We saw evidence that any medical equipment used was cleaned regularly. • The infection control policy was last reviewed on 1 December 2018 and was due for review in 2020. • The practice was registered with the CQC for the regulated activity of 'surgical procedures', but only carried out steroid injections. 	

- At the time of the inspection, the practice did not have the correct waste disposal bags for clinical waste in the patient toilets. This was immediately rectified by the practice during our inspection.
- All staff had completed up to date infection control training.

Risks to patients

There were effective 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had a rota system in place to ensure that sufficient staff were available to meet patients' needs. • Following a significant event where a patient had become unwell with sepsis, the practice ensured all staff completed sepsis training and the practice was equipped to deal with medical emergencies. • All staff had completed up to date basic life support training. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> During the inspection we reviewed a sample of patients records and found that clinicians' notes were comprehensive, and records contained the required information. Following a significant event where a patient referral was delayed, the practice had introduced a new system to ensure all patients were referred promptly. We reviewed this system and found that staff followed up routine and urgent referrals to secondary care to ensure all patients were seen promptly. The healthcare assistants were responsible for summarising and coding patients' history in the patient record system. On the day of the inspection, 97% of patient records have been summarised. We reviewed the patient record system and found that patient registrations, blood tests, referrals and any tasks relating to patients were dealt with promptly. On the day of inspection, there were only 13 blood results for the practice to review and all were dated the previous day. 	

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)	0.73	0.71	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). (01/10/2018 to 30/09/2019) (NHSBSA)	13.6%	9.6%	8.5%	Variation (negative)
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) (NHSBSA)	6.79	5.72	5.60	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic	1.48	1.47	2.08	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2019 to 30/09/2019) (NHSBSA)				

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.	Not applicable
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.	Not applicable
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
Explanation of any answers and additional evidence:	

Medicines management	Y/N/Partial
<ul style="list-style-type: none"> In response to data indicating high prescribing of co-amoxiclav, cephalosporins and quinolones for 2018 to 2019, the practice had carried out a two-cycle audit for the prescribing of co-amoxiclav and cephalexin, which demonstrated a decrease in the amount prescribed. On the day of inspection, we reviewed the records of 10 patients who were prescribed high-risk medicines and found that all had had the necessary blood tests prior to prescribing. The GPs did not prescribe repeat prescriptions for controlled drugs. The advanced nurse practitioner had a scope of practice agreement in place regarding the range of prescribing they were authorised to carry out by the practice. We were told 92% of patients used the electronic prescribing service for repeat medication requests. The practice had appropriate medicines in each room where vaccinations were administered to enable staff to respond promptly to any allergic reactions. 	

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:	9
Number of events that required action:	9
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw in meeting minutes that significant events were discussed at practice and clinical meetings. The practice submitted a record of all clinical events which demonstrated that appropriate actions were taken by staff. 	

Examples of significant events recorded and actions by the practice:

Event	Specific action taken
Patient collapsed outside the surgery.	The patient was assessed in the practice and an ambulance requested. The patient was found to have sepsis. Following this, the practice ensured all staff had completed sepsis training and were able to respond to medical emergencies.
An urgent referral for an appointment in secondary care was delayed.	The practice created a new system to ensure all patients who were referred to secondary care for a routine or urgent appointment were followed up and attended their appointment.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • We saw the practice had acted upon the recent safety alert regarding the possible effects of taking the medicine ranitidine. • Staff confirmed that safety alerts were cascaded to them by the practice manager. 	

Effective

Rating: Good

At the previous CQC inspection we rated the practice as requires improvement for providing effective services because:

The service was not achieving targets related to cervical screening and childhood immunisations.

At this inspection we rated the practice as **good** for providing effective services because:

The practice had taken action to improve both cervical screening and childhood immunisations.

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.	Not applicable
<ul style="list-style-type: none"> During the inspection we reviewed a sample of patients records and found that care and treatment was delivered in line with current legislation and evidence-based guidance. 	

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>	0.11	0.31	0.74	Significant Variation (positive)

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. The practice had 352 patients aged over 75 and had completed over 60% of patient reviews for frailty.
- 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.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The local pharmacy would arrange for the delivery of patients' medication to their homes.
- The practice offered support to patients who lived in both care and nursing homes.

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. This was demonstrated by the review of six patient records.
- The practice directly employed a diabetic consultant to review patients and improve 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.
- 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)	69.1%	72.6%	79.3%	Tending towards variation (negative)
Exception rate (number of exceptions).	1.4% (12)	7.9%	12.8%	N/A
The percentage of patients with diabetes, on	80.0%	78.5%	78.1%	No statistical variation

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>				
Exception rate (number of exceptions).	2.2% (18)	4.9%	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>	76.1%	80.2%	81.3%	No statistical variation
Exception rate (number of exceptions).	3.5% (29)	7.0%	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>	78.3%	77.9%	75.9%	No statistical variation
Exception rate (number of exceptions).	1.0% (4)	3.0%	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>	90.7%	92.1%	89.6%	No statistical variation
Exception rate (number of exceptions).	4.4% (2)	7.8%	11.2%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	81.5%	81.7%	83.0%	No statistical variation
Exception rate (number of exceptions).	1.9% (20)	3.4%	4.0%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2018 to 31/03/2019) <small>(QOF)</small>	91.3%	90.2%	91.1%	No statistical variation

Exception rate (number of exceptions).	8.0% (2)	6.0%	5.9%	N/A
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Families, children and young people

Population group rating: Good

Findings

- The practice was slightly below the 90% World Health Organisation target for three of the four childhood immunisation uptake indicators for April 2018 to March 2019. The practice was aware of the issues in meeting the target and had a recall system in place to ensure all patients were encouraged to have the vaccination. Where patients did not agree to the vaccination, this was discussed and recorded in patient notes. The practice explained that the figures were affected by children from abroad who joined the practice, as their countries of origin had different vaccination regimes.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary. The practice had carried out a clinical audit to review non-attendance of children for immunisations and hospital appointments.
- 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.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	96	103	93.2%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	94	106	88.7%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	92	106	86.8%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR)	91	106	85.8%	Below 90% minimum

(01/04/2018 to 31/03/2019) (NHS England)				
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Any additional evidence or comments

- The practice was slightly below the 90% World Health Organisation target for three of the four childhood immunisation uptake indicators for April 2018 to March 2019. The practice provided us with data (not verified by the CQC) which demonstrated that, from April 2019 to December 2019, they had achieved 95% for under two-year olds and 93% for over two-year olds. The practice told us they had achieved this by increasing the practice nursing hours.

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- The practice informed eligible patients to have 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.

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)	64.4%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	64.0%	55.0%	72.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	46.2%	45.1%	57.3%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	72.7%	80.4%	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)	14.3%	44.3%	51.9%	No statistical variation

Any additional evidence or comments

- The practice nurse was responsible for following up any patients who did not attend cervical

cancer screening. The practice nurse reviewed the results weekly and followed up any inadequate or abnormal smears. The practice nurse explained that they had commenced Saturday morning appointments in response to the low cervical screening uptake rate.

- The practice had organised a cervical screening week in June 2019, working in collaboration with Jo's Cervical Cancer Trust, to increase awareness of the importance of screening.
- The practice was below the 80% Public Health England target at 64% for cervical screening from April 2017 to March 2018. The practice provided us with data (not verified by the CQC) which demonstrated that, for the period April 2019 to March 2020, they had completed 69% of cervical screening for patients aged 25 to 49, and 89% for patients aged 50 to 64. The practice showed us their QOF data for 2018 to 2019 which showed the practice had achieved 67.9% for cervical screening for all age groups.
- In response to lower results for cervical screening, the practice had monitored their uptake rate as compared to other practices in the area. In April 2019 the practice ranked 11 out of 50 practices in the local CCG for uptake rate of cervical screening.
- In relation to the number of new cancer cases which resulted from a two week wait, the practice provided us with data (not verified by the CQC) which demonstrated that, for the period 1 September 2017 to 31 August 2018, they had an average cancer detection rate of 50%, which was higher than the CCG average of 43%.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check. At the time of the inspection 24 out of 31 patients with a learning disability had received their annual health check. We reviewed two patient records and found appropriate care plans in place.
- The practice had carried out an audit of patients with a learning disability who had not attended appointments from April to July 2019. The practice found that, out of 24 appointments, patients had not attended seven appointments; the practice followed up with these patients and was able to establish why the appointments had not been attended and ensure further attendance.
- 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 60 patients on their palliative care list and had carried out annual reviews of 36 patients.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- 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.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.
- The practice had identified 30 patients with dementia; we reviewed the records of three patients and found all had appropriate care plans in place.

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)	90.6%	90.4%	89.4%	No statistical variation
Exception rate (number of exceptions).	1.2% (1)	9.0%	12.3%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2018 to 31/03/2019) ^(QOF)	91.9%	91.9%	90.2%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	6.2%	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)	96.4%	81.7%	83.6%	Tending towards variation (positive)
Exception rate (number of exceptions).	3.4% (1)	7.2%	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)	541.1	No Data	539.2
Overall QOF score (as a percentage of maximum)	96.8%	No Data	96.4%
Overall QOF exception reporting (all domains)	3.6%	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	Yes

appropriate action.	
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Examples of improvements demonstrated because of clinical audits or other improvement activity in the past two years:

<p>The practice had carried out the following audits between 2017 and 2019:</p> <ul style="list-style-type: none"> • Antibiotic prescribing. • Aspirin use without a proton pump inhibitor (PPI). This reviewed all patients over the age of 75 years on aspirin therapy to see if they had gastric protection prescribed. The audit identified that 100% of patients were prescribed gastric protection. • Safeguarding children. This reviewed the total number of children who had failed to attend appointments in primary and secondary care. • Non-attendance of patients with a learning disability for appointments from April to July 2019. This enabled the practice to review the reasons for non-attendance and to evaluate any risks. • The use of sodium valproate medicine in women of childbearing bearing age. • Review of admissions to the Accident and Emergency Department. • Audit of high dose opioid prescribing carried out in July 2019. Recommendations from this audit included: further education regarding pain management; ensuring guidance was available to all clinicians on the shared drive; all patients on high-dose opioid medicines to be contacted for a face-to-face review with the GP; and ensuring patients are reviewed every three months.
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Effective staffing

The practice was able to demonstrate 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"> • All staff have received an annual appraisal, which included input and involvement from clinicians 	

where appropriate.

- We saw evidence the practice had responded to poor performance by staff members.
- A review of seven staff files demonstrated staff had completed appropriate training for their role.
- All staff had completed equality and diversity training and training regarding the duty of candour.
- All staff had completed deaf awareness training on 25 June 2019.
- The healthcare assistant had achieved their accreditation in August 2019.
- The practice had a system in place to ensure the clinical competency of clinicians, including the advanced nurse practitioners.

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.	Not applicable
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice staff attended regular multidisciplinary 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:

- The practice organised annual awareness days, supported by a health and social councillor, to raise awareness of diabetes, cancer, stroke and healthy eating.
- The practice had invited a prostate cancer organisation to the practice to deliver a session to raise awareness of prostate cancer.
- A disability employment advisor held sessions at the practice to help patients to return to work. The practice told us they had referred 16 patients to the service.

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>	97.2%	96.2%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.5% (9)	0.9%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Clinical staff had completed Mental Capacity Act and consent training. • We reviewed a sample of records of appointments for immunisation and cervical screening and found that staff had sought and recorded consent appropriately. 	

Caring

Rating: Good

At the previous CQC inspection we rated the practice as requires improvement for providing caring services because:

- The practice had not responded to the results of the GP survey.

At this inspection we rated the practice as good for providing caring services because:

- The practice had responded to the results of the GP survey.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• We observed staff in reception treating people with kindness, respect and compassion.	

CQC comments cards	
Total comments cards received.	35
Number of CQC comments received which were positive about the service.	31
Number of comments cards received which were mixed about the service.	4
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC comments cards	Patients described staff as friendly and helpful. Comments were very positive about the care and clinical treatment received. Patients stated they felt listened to. However, four patients said that further improvements could be made regarding appointments.

National GP Survey results

Practice	Surveys sent out	Surveys returned	Survey Response	% of practice
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population size			rate%	population
7865.0	469.0	91.0	19.4%	1.16%

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)	71.8%	83.7%	88.9%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	76.0%	81.0%	87.4%	Tending towards variation (negative)
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)	93.2%	91.3%	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)	69.6%	75.6%	82.9%	No statistical variation

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

Any additional evidence
<ul style="list-style-type: none"> The practice had carried out a patient survey every three months. The results for April and September 2019. In April, 57 patients and in September 100 patients completed the survey. When asked did the doctor listen to their needs in September survey 65% stated it was good and 29% stated they were satisfied, only six percent stated it was poor. When asked did the healthcare professional treat them with care and concern in the September 2019 patients stated 72% found it good and 20% found it satisfactory. The practice had discussed the finding of the surveys and put into place action plans for April and September in response to the findings and planned to continue to carry out a six-month survey.

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,	Yes

treatment and condition, and any advice given.	
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Easy read and pictorial materials were available. 	

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)	85.0%	87.9%	93.4%	Tending towards variation (negative)

Any additional evidence or comments
<ul style="list-style-type: none"> The practice had carried out a patient survey every three months. The results for April and September 2019. In April, 57 patients and in September 100 patients completed the survey. When asked if they were involved as much as they wanted to be in decisions about their care in April, and September 2019. In the September survey 75% of patients said they were definitely involved in decisions of their care and 22% said they were to some extent. The practice had discussed the finding of the surveys and put into place action plans for April and September in response to the findings. The practice results for the friends and family survey from September to November was 70% of patients would recommend the practice.

	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"> The practice had easy read information available for patients with learning disabilities or other communication needs. 	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 368 carers (4.6% of the practice population).
How the practice supported carers	The practice held an annual event for carers attended by the local carers network. At the event, information was available to carers about other

(including young carers)	<p>support groups, palliative care support groups, welfare benefits and the availability of practical support within the community such as respite care.</p> <p>The practice offered flu injections, same day appointments, and support for parking permits for carers.</p> <p>The practice had a leaflet that contained information for carers.</p>
How the practice supported recently bereaved patients	The practice made contact with the relatives of recently bereaved patients, offering condolences and providing information about treatment services and talking therapies.

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

Responsive

Rating: Good

At the previous CQC inspection we rated the practice as requires improvement for providing responsive services because:

The practice had not responded to results of the GP survey.

At this inspection we rated the practice as **good** for providing responsive services because:

The practice had responded and continued to review to the findings of the GP survey.

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.	Partial
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice had taken action to respond to patient feedback and issues around telephone access.In response to the higher level of diabetes in the local population, the practice had employed a diabetes consultant to attend the practice one day per week to review diabetes patients.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8 am to 6:30 pm.
Tuesday	8 am to 6:30 pm.
Wednesday	8 am to 6:30 pm.
Thursday	8 am to 6:30 pm.
Friday	8 am to 6:30 pm.
Saturday	9am to 12 pm.
Appointments available: One or two GPs provided appointments as below.	
Monday	8.30am to 6.30pm
Tuesday	8.30am to 6.30pm

Wednesday	8.30am to 6.30pm
Thursday	8.30am to 6.30pm
Friday	8.30am to 6.30pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7865.0	469.0	91.0	19.4%	1.16%

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)	87.9%	90.6%	94.5%	Tending towards variation (negative)

Any additional evidence or comments

- Patients had access to out of hours appointments provided by the local primary care network on Wednesday from 6:30 pm to 9:30 pm.

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.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- There was a medicines delivery service for housebound patients by the local pharmacy.

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 local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- The practice had out of hours nurse appointments available on a Saturday morning to enable children to attend the practice without missing school.
- 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.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- There was a child health clinic for eight-week checks every Wednesday.

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 was open from 8am Monday to Friday, and from 9am to 12pm on Saturday mornings.
- When the practice was closed patients had access to appointments at Newham seven-day primary access hub, open weekday evenings between 6.30pm and 10pm, and between 8am and 8pm on Saturdays, Sundays and bank holidays.
- Patients also had access to an online consultation service, where they could contact the practice online via an application form about any minor health issue.

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, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travellers.
- The practice had held an event for homeless people in December 2018, where they asked patients and local shops to contribute food and clothing, and staff purchased blankets and hot water bottles, which they then distributed from the practice. Any donations that were not used, staff took to the local homeless tented area. The practice stated that approximately 20 to 30 homeless people attended the event. The practice was planning to repeat this event in 2019 with other local practices, as they had shared learning from this even with their primary care network.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. The practice staff had pictorial book to assist patients to understand procedures. In addition, the practice had a separate waiting area for patients if they became distressed.
- The practice carried out a monthly review of any patients that may be at risk of domestic abuse.

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 mostly 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

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)	38.6%	N/A	68.3%	Significant Variation (negative)
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)	55.7%	62.3%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	56.0%	63.0%	64.7%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	47.0%	66.9%	73.6%	Variation (negative)

Any additional evidence or comments

The practice was aware of and had taken action in response to the national GP Patient Survey results:

- The practice had installed an electronic board in the reception area that enabled staff to monitor the number of calls waiting and how quickly calls were being answered, so they could allocate extra staff to answer calls when necessary.

- The practice had increased the number of telephone lines from four to six in August 2019. Four of the lines offered an automatic service which patients could use to book an appointment, and another line was dedicated to staff calling out of the practice.
- When we checked the electronic board on the day of inspection, we saw that 92% of calls to the practice that day had been answered in less than one minute (136 calls out of a total of 148); the remaining 8% of calls had been answered in one to five minutes.
- We checked appointments on the clinical system and saw the next routine appointment was for the following Monday (16 December 2019).
- The practice told us they were continuing to monitor issues around access and were carrying out patient surveys every three months. We saw survey results from the April 2019 and September 2019 surveys, which demonstrated an improvement from the GP survey taken in January 2019 where only 36% stated it was easy to access the service compared to the September results of 66% who stated they were happy or found it fairly easy to access the service by telephone.

Source	Feedback
NHS Choices website	The practice had two reviews in 2019, both were positive and described helpful doctors and receptionists.

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.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	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"> • We reviewed four complaints and found they were handled appropriately. However, in complaints outcome correspondence the practice did not include any contact details for the Parliamentary Health Services Ombudsman (PHSO) who patients could contact should they be unhappy with the practice's response. The practice manager said they would address this immediately and add this information to complaints outcome correspondence. • The complaints we reviewed demonstrated compliance with the duty of candour. 	

Examples of learning from complaints:

Complaint	Specific action taken
The practice received a request for a medical report form from a patient's employer, and the report was sent to	An apology was given to the patient. A meeting was held to discuss the procedure and in response the practice decided that all patients will be contacted to ensure they have

the employer prior to the patient's consent being obtained.	authorised and agreed the report prior to sending it to the employer. In addition, all report requests were to be signed off by the clinician.
Patient complaint about the information provided about online services by a locum GP.	The practice reviewed the online access for the patient and found no issues. The practice supported and trained the locum GP in the use of online services.

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 practice had considered succession planning and were planning for new partners.The practice provided GP training which they hoped would contribute the recruitment and retention of new doctors.	

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">Staff were able to discuss the aims and objectives of the practice.	

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	Yes

informed of any resulting action.	
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 challenged both staff and patients' unacceptable behaviour in the practice. • The practice had identified an independent Freedom to Speak Up Guardian (who was a GP in a neighbouring practice) which staff could access should they wish to raise any issues about the practice. • The practice had a whistleblowing policy in place which had been most recently reviewed in May 2019. • Staff had completed duty of candour and equality and diversity training. • The practice had arranged meditation session for staff to support their health and wellbeing. 	

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

Source	Feedback
Staff interviews	Staff were positive about working at the practice. Staff told us managers had an open-door policy and they felt comfortable raising any issues. Staff commented upon management's flexible approach to any staff childcare issues.

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"> • The practice had a business continuity plan in place which was last reviewed in September 2019. • There were clear roles and responsibilities for staff. • Clinical meetings and staff meetings were held monthly. • Educational speaker meetings were held monthly. 	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had a performance board which was visible to all staff and included up to date monitoring of the practice's QOF achievements. 	

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

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.	Not applicable
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice offered online services whereby patients could request prescriptions and book appointments online. 	

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: <ul style="list-style-type: none"> We reviewed clinical meeting minutes from 16 October 2019, which demonstrated that staff had reviewed patient survey data and friends and family survey results. The practice held practice meetings every two weeks. A review of the meeting minutes held in November showed staff discussed future plans, changes to policies and procedures and significant events. 	

Feedback from Patient Participation Group:

Feedback
<ul style="list-style-type: none"> Members of the PPG confirmed they attended meetings at the practice every three months. At the meeting, practice issues were discussed, as were the results of both independent and national surveys. PPG members felt the practice was open and honest, any errors or issues were discussed with the staff and action taken. They stated that patients were aware of how to make a complaint and information was available in the practice. PPG members stated staff had discussed the appointment system and the actions they had taken with the PPG. We reviewed minutes of a PPG meeting on 2 September 2019 and found the practice had discussed the issues with telephone access and the responses they had made, as well as emergency appointments and extended hours.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	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 had carried out a patient survey every three months. The practice worked with the local stroke association to education patients about the signs and symptoms of a stroke, how to prevent strokes and how to control their blood pressure. The stroke association visited the practice every two weeks to meet patients and have a group discussion. The clinicians and the managers attended primary care network meetings where the practice was working with other local practices to make further improvements to services. The practice was a training practice had trained 27 trainee GPs. The practice had plans to support elderly people through supporting them with digital skills, providing coffee morning for people living on their own, social prescribing and in-house care based exercise sessions. 	

- The practice was aware of challenges, for example meeting patient demand and expectations, funding staff retention and recruiting permanent GPs.
- The practice directly employed a diabetic consultant to review patients and improve diabetes care.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -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.