

# Care Quality Commission

## Inspection Evidence Table

### Patience Lane Surgery (1-6648198903)

Inspection date: 15 January 2020

Date of data download: 14 January 2020

We carried out an announced comprehensive inspection at Patience Lane Surgery on 15 January 2020. Dr Gutta registered with the Care Quality Commission on 2 April 2019 to deliver and manage services to patients at Patience Lane Surgery, Patience Lane, Normanton, West Yorkshire, WF6 2JZ. Prior to this change in registration Dr Gutta was a partner at the Patience Lane location and there was continuity between the clinical and non-clinical staff.

## 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

<b>Safeguarding</b>	<b>Y/N/Partial</b>
<p>Explanation of any answers and additional evidence:</p> <p>We saw that staff training included child and adult safeguarding; and that staff were trained to the appropriate level.</p>	

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
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> <p>A new induction checklist was in place for use with new starters.</p>	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: May 2019	Yes
There was a record of equipment calibration. Date of last calibration: October 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: April 2019	Yes
There was a log of fire drills. Date of last drill: 04/06/2019	Yes
There was a record of fire alarm checks. Date of last check: completed weekly	Yes
There was a record of fire training for staff. Date of last training: ongoing. Staff training was completed annually or as necessary.	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 18/07/2019	Yes
Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>On the day of inspection we saw that a basic fire risk assessment was in place. Following our inspection</p>	

the practice forwarded to us a further detailed fire risk assessment which was undertaken after our inspection. We saw that two actions arose from the assessment which the practice were managing. The action plan forwarded to the inspection team also detailed that current procedures had been reinforced with the team.

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: March 2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: March 2019	Yes
Explanation of any answers and additional evidence: We saw that the following checks had also been undertaken; Emergency lighting checks: October 2019 Legionella assessment: October 2019. Monthly water checks were also undertaken. Gas safety certificate: March 2019 Five year electrical wiring: July 2016 (in date).	

## 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: December 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: We saw that actions were taken as a result of infection prevention audits. A monthly cleaning audit was also undertaken and room cleaning plans were in place.	

## 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
<p>Explanation of any answers and additional evidence:</p> <p>On the day of inspection we were assured by the knowledge of clinical and non-clinical staff that they knew how to identify and manage unwell patients. Following our inspection we were sent evidence that specific training had been delivered to the team regarding sepsis.</p>	

## 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> <p>On the day of inspection we were told by the team that due to staff sickness there was a delay in the summarising of new patient notes. On request, after the inspection the practice forwarded a plan to complete the summarising of the patient notes which included prioritising the notes of younger and vulnerable patients. The practice had ensured that notes which may contain safeguarding concerns were summarised on receipt.</p>	

## 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)	0.98	1.04	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)	6.3%	6.2%	8.5%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2019 to 30/09/2019) (NHSBSA)	6.55	5.80	5.60	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2019 to 30/09/2019) (NHSBSA)	1.85	2.53	2.08	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	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

Medicines management	Y/N/Partial
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.	N/A
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
<p>Explanation of any answers and additional evidence:</p> <p>Hospital discharge letters and medication changes were reviewed and actions managed by GPs at the practice.</p> <p>A process was in place to ensure that the correct information was given to patients regarding how their records would be managed when they were requesting online access.</p> <p>Regular monitoring of high risk medicines took place. Alerts were sent to the GPs for all high risk medicines prescription requests for them to monitor and review.</p>	

## 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:	Seven
Number of events that required action:	Seven

Explanation of any answers and additional evidence:

We found that communication between staff at the practice was an ongoing process. Significant events were discussed between the team as they occurred. Whilst these discussions were not documented, we saw evidence that they were also reviewed at staff meetings.

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

Event	Specific action taken
A completed referral for a patient was rejected. This was not picked up as the staff member was then on leave.	Additional safeguards put in place to prevent this happening again. Review date was set for June 2020.
A delay in a patient receiving test results meant they received an appointment for further investigations before they knew they were necessary, which caused distress.	Action identified for the surgery to use leaflets to support clinicians explanations for all patients attending for this screening and to ensure that patients were made aware of the possible outcomes and what any abnormal results might mean.

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> <p>We saw examples of actions taken on recent alerts for example, an audit had been undertaken to review those patients who were prescribed sodium valproate.</p>	



## 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
Explanation of any answers and additional evidence: Staff told us that for patients who presented with symptoms which may indicate serious illness, their concerns were immediately tasked through to the GPs who would see the patient without delay.	

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) (NHSBSA)	0.21	0.85	0.74	Significant Variation (positive)

## Older people

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>The practice had identified a frailty champion and used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received an annual assessment of their physical, mental and social needs.</li> <li>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.</li> <li>The practice carried out structured annual medication reviews for older patients. Reviews and appointments with clinicians were coordinated to avoid unnecessary journeys. Clinicians also used</li> </ul>



e-consultations to liaise with secondary care colleagues and specialists to prevent unnecessary attendances at the hospital.

- Staff had the 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. Older patients could also benefit from the 'Single visit service' which was a drive by the practice to ensure that all necessary tests, investigations and treatment were completed for older patients before they left the surgery. If necessary a telephone appointment could be made to discuss any test results.
- Flu, shingles and pneumonia vaccinations were proactively offered to relevant patients in this age group. The practice reported that 100% of their housebound patients accepted a flu vaccine in 2019/20.

## 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. Patients could access a physiotherapist at the practice on a Monday morning.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Advanced diabetic management was offered at the practice. For example; insulin initiation could be undertaken at the surgery which reduced the need for patients to travel to the local hospital. The lead GP had completed additional qualifications in the management of diabetes, and also provided care to complex diabetic patients at the local hospital. We were told that individual, realistic targets were set with patients to enable them to improve their quality of life.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. They were working alongside other practices in the Primary Care Network to prioritise care in diabetes, COPD and mental health. Unverified data showed that the practice ranked highest in the clinical commissioning group (CCG) for vaccinating 'at risk' groups against flu, between 16 and 65 years of age.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. The practice had used data to review patients with long term conditions and increase the prevalence of these. For example a further 11 people were diagnosed with diabetes during 2018/2019 with much improved outcomes.
- Data showed that the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less in 2018/2019 was 82% this compared favourably to CCG and national averages and had increased by 23% from the previous year.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs and 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) <small>(QOF)</small>	87.3%	79.6%	79.3%	No statistical variation
Exception rate (number of exceptions).	11.9% (17)	11.9%	12.8%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	81.5%	79.7%	78.1%	No statistical variation
Exception rate (number of exceptions).	5.6% (8)	7.8%	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>	86.5%	85.2%	81.3%	No statistical variation
Exception rate (number of exceptions).	7.0% (10)	12.2%	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>	77.7%	80.4%	75.9%	No statistical variation
Exception rate (number of exceptions).	1.5% (3)	9.1%	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>	97.7%	91.7%	89.6%	Tending towards variation (positive)
Exception rate (number of exceptions).	2.2% (1)	11.2%	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	86.1%	83.6%	83.0%	No statistical variation

measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>				
Exception rate (number of exceptions).	2.1% (11)	3.5%	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>	83.9%	93.4%	91.1%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	5.7%	5.9%	N/A

#### Any additional evidence or comments

The provider worked closely with the local CCG to ensure cost effective prescribing. They were able to evidence a reduction in Opioid prescribing, which at the time of our inspection, was below the CCG and national average.

Overall; lower than average prescribing costs were evidenced to the inspection team.

## Families, children and young people

## Population group rating: Good

### Findings

- The practice had exceeded the WHO based national target of 95% (the recommended standard for achieving herd immunity) and had achieved 100% uptake in all four childhood immunisation uptake indicators.
- Young children were prioritised for appointments and all children under five were seen on the same day. Unverified data showed that the practice was one of the highest achievers for childhood flu vaccinations in the CCG.
- 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. A robust procedure was in place for immunisation recalls.
- 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.
- The practice was an accredited 'Young Person's friendly practice' and young people could access services for sexual health and contraception. Advice on the practice website directed young people as to how they could confidentially obtain free contraception from the practice.
- 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)	15	15	100.0%	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)	27	27	100.0%	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)	27	27	100.0%	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)	27	27	100.0%	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>

### Any additional evidence or comments

The practice reported an engaging population who presented their children for immunisation as requested. For those who did not respond to initial invitations, the practice would ring them and further invite parents to bring their children to be vaccinated.

### 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, 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. The practice had increased their uptake of health assessments and were actively promoting self-care to their patient group.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery. Patients could also text the surgery to cancel appointments.
- The practice offered appointments until 7.15pm on a Wednesday evening and 7pm on a Thursday.

Telephone consultations were available for those who were unable to attend the surgery.

- Evening appointments were available on a Thursday for those requiring a cervical smear outside of normal working hours. Uptake at the practice was 80.9% which met the national target.
- Patients could also utilise additional appointments provided by GP Care Wakefield seven days per week. GP and Advanced Nurse Practitioner appointments were available from 6pm to 10pm Monday to Friday (a percentage of these were bookable by practices from 4pm), and from 9am to 3pm on Saturday and Sunday.
- Patients could also access routine care appointments, blood tests and long-term condition support delivered by nurses and health care assistants. This service operated from 6pm to 8pm Monday to Friday (bookable 28 days in advance) and from 9am to 1pm on Saturdays.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (31/03/2019 to 30/06/2019) (Public Health England)	80.9%	N/A	80% Target	Met 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	64.5%	69.7%	71.6%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2018 to 31/03/2019) (PHE)	65.9%	59.6%	58.0%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2018 to 31/03/2019) (PHE)	66.7%	69.9%	68.1%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) (PHE)	70.6%	49.7%	53.8%	No statistical variation

#### Any additional evidence or comments

The practice contacted patients who did not respond to invitations inviting them to participate in bowel screening.

## People whose circumstances make them vulnerable

Population group rating: Good

### Findings

- Same day appointments and longer appointments were offered when required. A telephone triage service was also available each day providing a call back for patients requiring an appointment when none are available.
- All patients with a learning disability were offered an annual health check with the practice nurse.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Regular meetings were held between clinicians to review and plan care for this patient group.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule. Unverified data presented by the practice, showed that uptake of the flu vaccine for vulnerable groups was amongst the highest in the CCG.
- The practice demonstrated that they had a system to identify people who misused substances.

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

Population group rating: Good

### Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. In 2018/2019 100% of patients with a mental health issue had a care plan in place and their alcohol intake and their BP recorded.
- 100% of eligible female patients on the mental health register had attended for cervical screening.
- 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 and offered a safe space if required.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis. We saw evidence that carers were included in these assessments and discussions where appropriate.
- The practice also undertook opportunistic dementia screening of at risk groups, if dementia was diagnosed an annual review was offered.
- A dementia champion had been identified and dementia friendly signage was used throughout the surgery.



Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	100.0%	94.5%	89.4%	Tending towards variation (positive)
Exception rate (number of exceptions).	11.1% (1)	11.6%	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) <small>(QOF)</small>	100.0%	94.2%	90.2%	Tending towards variation (positive)
Exception rate (number of exceptions).	11.1% (1)	10.8%	10.1%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	84.2%	82.0%	83.6%	No statistical variation
Exception rate (number of exceptions).	13.6% (3)	6.0%	6.7%	N/A

#### Any additional evidence or comments

Outcomes for patients with mental health issues had significantly improved from the previous year, when a negative trend in performance had been identified. Figures for 2018/2019 showed that outcomes for patients with mental health issues were comparable to, or better than, CCG and national averages. The exception reporting for patients with dementia was twice the national average, this equated to three patients. The practice told us that some patients were excepted as they were nearing end of life.

#### 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)	559.0	549.3	539.2
Overall QOF score (as a percentage of maximum)	100.0%	98.3%	96.7%
Overall QOF exception reporting (all domains)	3.2%	5.6%	5.9%

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



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

The practice had reviewed all quality outcomes framework indicators for 2017/ 2018 and had proactively implemented measures to improve performance in 2018/2019. This included improvements in care for patients diagnosed with hypertension, diabetes, mental health, respiratory issues including COPD and cervical screening.

#### Any additional evidence or comments

The practice had noted that patients were waiting at the reception desk to order or hand in prescription requests. This was noted to cause unnecessary delays to patients and increase pressure on staff at busy periods. Patients were made aware of a prescription request box and signposted to the same. Re-audit took place and included a review of why patients did not use the box, measures were put in place. A third audit showed a 66% decrease in the number of patients handing in their prescription requests at the desk.

### Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes

## 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

## 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: A wide range of self-help and self-referral literature was available in the reception area. The practice actively promoted self-care where possible and unverified data showed that the practice was lowest prescriber of over-the-counter medicines within the CCG.	

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) (QOF)	98.3%	95.7%	95.0%	Variation (positive)
Exception rate (number of exceptions).	0.1% (1)	0.8%	0.8%	N/A

#### Any additional evidence or comments

In 2017/2018 the practice was below CCG and national averages for recording smoking status in the above patients. Following a targeted review, in 2018/2019 outcomes exceeded CCG and national averages.

#### Consent to care and treatment

**The practice was able to demonstrate that it 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: We saw that when paper consent forms were completed these were scanned into the patient notes, for example, minor surgery.	

## 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
Explanation of any answers and additional evidence: One patient comment card detailed how a patient had attended the surgery without an appointment as they were concerned about their loved one. The card detailed that the reception team acted on their concerns, the patient was seen by a doctor within 10 minutes and treatment commenced.	

CQC comments cards	
Total comments cards received.	27
Number of CQC comments received which were positive about the service.	25
Number of comments cards received which were mixed about the service.	2
Number of CQC comments received which were negative about the service.	none

Source	Feedback
Friends and Family Test 2019	90% of patients said they would be extremely likely to recommend the service to their family and friends, a further 4.6% said they would be likely to recommend the service.
Patient comment cards.	Patient comment cards were very complimentary about the care and support offered by the practice. Staff were described as thoughtful and caring. Numerous patients noted the service was excellent and all staff at the practice were mentioned as providing good care and support. Two cards which contained mixed comments noted it was sometimes hard to get an appointment.
NHS Choices	The provider scored five stars for patient care on the NHS choices website. Patients were highly complementary about the staff and the services offered. Three reviews were noted, of which two were within the last three months. The practice manager responded to each comment.

## National GP Survey result

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2485.0	306.0	114.0	37.3%	4.59%

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)	93.1%	87.6%	88.9%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	93.1%	86.5%	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)	99.4%	96.1%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	92.9%	82.7%	82.9%	No statistical variation

### Any additional evidence or comments

Patients told us they could access care and treatment in a timely way. The practice scored higher than the CCG average in every question of the 2019, GP Patient Survey.

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

### Any additional evidence

The practice provided a box for patients to make suggestions for changes to the practice. They also used the feedback from patients via the Friends and Family Test to review care and make changes if necessary. We saw that an action plan had been developed to respond to comments made by patients. Work was undertaken in response to patient feedback who said the areas outside the practice were slippery.

## 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
Explanation of any answers and additional evidence: Easy read and pictorial materials were available. Leaflets could be printed in different languages if these were required.	

Source	Feedback
Interviews with patients.	We did not speak directly to patients during this inspection.

## 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)	99.3%	94.4%	93.4%	Tending towards variation (positive)

### Any additional evidence or comments

CQC comment cards collected on the day of inspection also reflected that patients were involved in decisions regarding their care and treatment.

	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: The practice actively encouraged self-care and patients to have an understanding of their own health. Links on the practice website directed patients to information and support groups.	

Carers	Narrative
Percentage and number of carers identified.	56 patients were noted to be carers, this was 2.2% of the practice population.
How the practice supported carers (including young carers).	Information was available to carers and this included local support groups. Longer appointments were offered to those for whom it was clinically necessary and flu vaccinations were offered to those patients who were eligible.
How the practice supported recently bereaved patients.	The service offered bereavement counselling, leaflets and information regarding support groups. A condolence card was sent to every family who had lost a loved one.

## Privacy and dignity

### The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence: Music was played within the reception area to reduce the risk of private conversations being overheard.	

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



## 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
Explanation of any answers and additional evidence: The practice website could be translated into numerous languages and a telephone translation service was available alongside a longer appointment if necessary.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am-6.30pm
Tuesday	8am-6.30pm
Wednesday	8am-7.15pm
Thursday	8am-7pm
Friday	8am-6.30pm
Appointments available between:	
Monday	8am-6.30pm
Tuesday	8am-6.30pm
Wednesday	8am-7.15pm
Thursday	8am-7pm
Friday	8am-6.30pm

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2485.0	306.0	114.0	37.3%	4.59%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2019 to 31/03/2019)	98.9%	94.0%	94.5%	No statistical variation

### Any additional evidence or comments

As part of a confederation of practices working together, access to same day GP and Advanced Nurse Practitioner appointments were available out of hours. This service operated from 6pm to 10pm Monday to Friday (a percentage of these are bookable by practices from 4pm), and from 9am to 3pm on Saturday and Sunday. Patients accessed the service by calling the practice number and this was forwarded to the extended hours provider automatically which gave a seamless transfer.

Access to routine care appointments, blood tests and long-term condition support delivered by nurses and health care assistants was also available. This service operated from 6pm to 8pm Monday to Friday (bookable up to 28 days in advance), and from 9am to 1pm on Saturdays.

## 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. Older patients could access an area on the practice website to obtain specific advice relevant to their age.
- There was a medicines delivery service for housebound patients.
- Regular meetings were held with the palliative care team and community nursing team.
- A single visit service had been introduced for elderly patients to ensure that all their healthcare needs were met in one appointment.
- Home visits would also be conducted for housebound patients.

## People with long-term conditions

## Population group rating: Good

### Findings

- Patients with multiple conditions had their needs reviewed in one appointment. Unverified data from the practice showed that 83% of patients were referred to a diabetes prevention programme.
- Additional diabetic services were offered to patients which reduced the need for patients to attend the hospital. The practice also told us that the number of patients who did not attend for appointments was reduced as patients could be offered expert care at the surgery.
- 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. Regular meetings and reviews were in place.
- Patients could access physiotherapy sessions at the practice on a Monday.

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

**Population group rating: Good**

### **Findings**

- Additional nurse appointments were available until 5pm on a Monday for school age children so that they did not need to miss school. Vaccinations and appointments for children were offered at a time to suit the family.
- 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.
- Clinics with a midwife were held on alternate Thursdays.

## **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 later two evenings per week. Working people could also access pre-bookable appointments at additional locations within the area, as the practice was a member of a GP confederation. Appointments were available Monday to Friday between 6pm and 9pm and Saturday and Sunday 9am until 3pm.
- Patients could book and cancel appointments online and leave prescription requests. Telephone appointments were also available.

**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. These patients were easily identifiable on the patient record.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services. Information was available for patients regarding support groups and services in reception or via the practice website.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. Annual reviews and flexible appointment times were offered.

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

**Population group rating: Good**

**Findings**

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly. The practice had recently started to offer counselling and cognitive behavioural therapy (CBT) sessions in house.
- Patients who may be distressed or required additional support could use a private room to wait for their appointment.
- Same day and longer appointments were offered when required.

**Timely access to the service**

**People 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
Explanation of any answers and additional evidence:	

Patient satisfaction with their ability to access timely care and treatment was very high.

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)	91.7%	N/A	68.3%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	86.7%	67.3%	67.4%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	78.9%	63.7%	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)	85.4%	73.4%	73.6%	No statistical variation

#### Any additional evidence or comments

The practice scored higher than the CCG and national averages in every question of the 2019, GP Patient Survey relating to access.

### 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.	4
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: The practice told us they would regularly seek help from other official bodies, such as the British Medical	

Association, to ensure that they dealt with complaints effectively and gave patients the right information. We saw that complaints were dealt with sensitively and in a timely manner.

Example(s) of learning from complaints.

Complaint	Specific action taken
Complaint regarding notes on a prescription.	The practice reviewed their process for highlighting concerns on prescriptions and apologised to the patient. Further contact from the patient was also taken on board and an apology given.

## 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: On the day of inspection we found that leaders were keen to develop staff and enhance their roles. We also noted that the provider was keen to provide stability to the team following the partnership changes that had occurred and was prioritising this through a period of consolidation. All staff reported that leaders and other team members were approachable and visible. Several staff commented on a positive team atmosphere that encouraged honest and open discussion.	

### 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: On the day of inspection the team demonstrated that they were aware of the ethos of the practice. Staff were aware of their own individual roles and responsibilities and were committed to meeting patient needs.	



## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: On the day of inspection staff told us of an open and honest culture, when mistakes were made, a no-blame culture was in place and information was used to make improvements.	

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

Source	Feedback
Staff feedback	Staff feedback regarding the practice, systems and processes, patient support and the management team was very positive.

## 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

## 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
Explanation of any answers and additional evidence: The provider ran updates and performance monitoring reports weekly. We saw evidence that these were used to improve care, recall patients and generally improve outcomes.	

## 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 consistently used performance data to monitor performance. This data was reviewed closely and in areas where outcomes for patients were lower than expected the practice had actively targeted these patients to improve their care. The practice had used performance information to increase prevalence of a number of conditions which ensured that patient needs were met through timely reviews and intervention. For example, when information in 2017/2018 showed that only 38% of patients with a mental health issue had a care plan in place, the practice reviewed this patient group and data showed that in 2018/2019, 100% of patients had a plan in place. In addition 100% of these patients also had a record of their alcohol intake and their blood pressure.	

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: The practice manager had the ability to monitor and review patient records if any concerns were raised.	

## 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: Clinical meetings at the practice were held monthly and these were attended by the practice manager. Full team meetings were less frequent and documented meetings were held six monthly. Following our inspection the practice told us they would review the frequency of these meetings to ensure that any issues were discussed and documented in a timely manner. Staff told us they felt involved in the running of the practice and communication was good. Following feedback from staff, the practice introduced a second clinical sample drop box. This meant when patients were passing clinical samples to the staff team they were dropped into an empty box. The staff had suggested this change as they felt being asked to leave a sample in a box full of other samples was unpleasant for the patient.	

Feedback from Patient Participation Group.

Feedback
Following the inspection we spoke with a member of the patient participation group. The representative told us they attended regular meetings at the practice. Members were updated on changes to the practice, new staff and practice spending. We were also told that talks were held regarding health related subjects, community services and what help was available.

Any additional evidence
Patients at the practice suggested that the muster point for use in the event of a fire evacuation should be signposted. The practice ensured this was put in place.

## 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

### Examples of continuous learning and improvement

The practice was engaging with the CCG and local primary care network to develop local services for patients and were using their expert knowledge in areas such as diabetes to assist with projects. The practice was looking to offer a weekly access clinic for patients to reduce pressure on appointments.

#### Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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

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

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

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

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted

that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

**Glossary of terms used in the data.**

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