

Care Quality Commission

Inspection Evidence Table

University Medical Centre (1-566589141)

Inspection date: 7 November 2019

Date of data download: 28 October 2019

Overall rating: Good

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

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.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) <small>(NHSBSA)</small>	0.50	0.79	0.75	No statistical variation

Older people	Population group rating: Good
Findings	
We did not inspect the service in relation to this population group because of the assurance received from our review of information when we carried out our Annual Regulatory Review in June 2019. The rating for this group (Good) from the last inspection will be carried forward.	

People with long-term conditions	Population group rating: Good
Findings	
<ul style="list-style-type: none"> Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. Staff who were responsible for reviews of patients with long-term conditions had received specific training. GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions. The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. 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)	81.6%	82.7%	79.3%	No statistical variation
Exception rate (number of exceptions).	22.4% (11)	13.0%	12.8%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2018 to 31/03/2019) (QOF)	85.7%	78.2%	78.1%	No statistical variation
Exception rate (number of exceptions).	28.6% (14)	13.9%	9.4%	N/A
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2018 to 31/03/2019) (QOF)	85.3%	85.1%	81.3%	No statistical variation
Exception rate (number of exceptions).	30.6% (15)	15.6%	12.7%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2018 to 31/03/2019) (QOF)	73.0%	74.8%	75.9%	No statistical variation
Exception rate (number of exceptions).	3.2% (14)	11.1%	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) (QOF)	100.0%	88.2%	89.6%	No statistical variation
Exception rate (number of exceptions).	85.7% (6)	12.8%	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) (QOF)	88.5%	82.4%	83.0%	No statistical variation
Exception rate (number of exceptions).	13.3% (8)	5.3%	4.0%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2018 to 31/03/2019) (QOF)	100.0%	94.0%	91.1%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	5.3%	5.9%	N/A

Any additional evidence or comments

We asked the provider about the data above that indicated some higher than average rates of exception reporting for patients with some long term conditions (LTCs). We reviewed exception reporting records and found all to be clinically appropriate. The provider told us that several factors affected these rates including:

- Around one third of the patient population was transitory, with around 4,000 newly registered patients out of 14,400 on the list each year. This resulted in challenges in providing continuity of care for LTCs.
- Whilst there were fewer than average numbers of patients with LTCs, many of these, especially those with diabetes, preferred to maintain management of their condition by attending the GP practice near their home outside of term time.
- A shorter period to provide and record care (for the Quality and Outcomes Framework - QOF) was available for most patients with LTCs. The majority were students and typically only on the university campus from October to March each year. However, we saw close working with the university student services and annual audit of new registrations to identify and prioritise needs.

Families, children and young people	Population group rating: Good
Findings	
<ul style="list-style-type: none"> The practice has met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for three of four childhood immunisation uptake indicators. However, there were very few children registered who were eligible for immunisation; and there were no patients under the age of 1 year registered at the time of inspection. 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 arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance. Young people could access services for sexual health and contraception. Staff had the appropriate skills and training to carry out reviews for this population group. 	

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 completed a primary immunisation for DTaP/IPV/Hib/HepB. (01/04/2018 to 31/03/2019) (NHS England)	0	0	N/A	N/A
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)	5	5	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)	5	5	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)	5	5	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
There were very few patients registered under the age of 18 years compared to local and national averages (Proportion of practice patients: 1.1% CCG: 19.2% England 20.7%)

Working age people (including those recently retired and students)	Population group rating: Good			
Findings				
<ul style="list-style-type: none">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.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)	44.9%	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)	70.6%	71.6%	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)	60.3%	60.0%	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)	33.3%	62.9%	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)	0.0%	54.0%	51.9%	Variation (negative)
Any additional evidence or comments				
<p>We asked the provider to comment on the below target rate of uptake for cervical screening. They told us that similar factors to those affecting the provision of care for long term conditions were relevant. They also told us that many patients were from cultures where it was unacceptable to be sexually active and as a result were reluctant to engage in health screening involving intimate examination.</p> <p>However, we saw that the practice was proactive in targeting eligible patients. For example, all female patients aged 24.5 years on registration were immediately invited to discuss cervical screening before their 25th birthday. All eligible patients received three invitations from the local screening office and the practice attempted three additional contacts using a variety of media (letter, email, text message or phone call) to attend for screening. A face to face discussion was held to explain the procedure and benefits before patients were recorded as declined. Further opportunities were taken to invite patients including during any consultations attended for any other reasons; and during Fresher's Week events at the university. The practice had submitted a bid to NHS England for additional funding to target improvement in uptake. The most recent data published by PHE for 2018/19 was still below target but</p>				

showed some improvement to 47.1% uptake.

We received positive feedback from the local authority (Bath and North East Somerset Council) Public Health and Preventive Services department who confirmed the practice was proactively engaged in both the strategic management and practical delivery of local health initiatives, including close working with their team, the University and Public Health England.

We noted that the apparent negative variation in data regarding cancer cases treated was not meaningful as no patients had been diagnosed with cancer. This may reflect the predominantly young adult student patient demography where cancer is likely to be less prevalent than in other age groups.

People whose circumstances make them vulnerable	Population group rating: Good
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Findings	
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- The practice worked closely with the university student services to address the potential vulnerability of some patients who were university students. For example, arrangements were in place to ensure information, advice and support was available to students who were living away from home for the first time. Many were international students who might encounter also challenges due to cultural and language differences.
- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed young patients at local residential homes.

People experiencing poor mental health (including people with dementia)	Population group rating: Good
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Findings	
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- 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 were referred to appropriate services. The practice worked closely with the university student services team to oversee the mental health of students who were patients. For example, a jointly developed mental health risk screening and management process was in use to enable timely and effective support to student patients.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	100.0%	91.1%	89.4%	Tending towards variation (positive)
Exception rate (number of exceptions).	33.3% (6)	16.3%	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)	100.0%	90.7%	90.2%	Tending towards variation (positive)
Exception rate (number of exceptions).	33.3% (6)	15.8%	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) (QOF)	100.0%	81.4%	83.6%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	9.0%	6.7%	N/A

Any additional evidence or comments

We asked the provider about the data above that indicated some better than average performance and also some higher than average rates of exception reporting for patients with some mental health conditions. They told us that several factors affected these rates including the transient patient population that made continuity of care challenging. However, we noted that only small numbers of patients were exception reported.

The practice worked closely with university student welfare service and both told us there were challenges in local access to timely and appropriate mental health support services to meet complex needs. For example, eating disorders were more common in students; thresholds (used by local mental health services in accepting referrals to crisis management services) had increased; and patients had experienced delays in commencing support. However, we saw that the university employed mental health nurses (who followed a process agreed with the practice) and would notify GPs when they assessed that student patients had reached certain thresholds requiring escalation of care. Similarly, the practice would, with consent, notify the university when patients with existing mental health conditions were registered. GPs could refer patients to social prescribing services via the university, such as exercise programmes for those with low mood.

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) (2018/19)	518.1	548.4	539.2
Overall QOF score (as a percentage of maximum)	92.7%	98.1%	96.5%
Overall QOF exception reporting (all domains)	19.4%	6.6%	5.9%

Any additional evidence or comments	
We noted that the most recent (2018/19) overall QOF scores showed an improvement in overall achievement from 85.5% in 2017/8. The practice told us that due to the low numbers of patients in some demographic groups (especially those under the age of 18 years and those over the age of 65 years) some QOF points could not be achieved.	
	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y
Quality improvement activity was targeted at the areas where there were concerns.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

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

<p>We saw three indicators for medicines optimisation showed continued improvement and better than average performance in 2018/19. These included two indicators relating to antibacterial medicines; and one for oral NSAIDs (Nonsteroidal anti-inflammatory drugs).</p> <p>We saw examples of positive feedback from the local Clinical Commissioning Group (CCG) regarding effective arrangements for medicines management including monitoring of repeat prescriptions; and suggestions for further improvement being actioned regarding monitoring of high risk medicines.</p>				
Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) (NHS Business Service Authority - NHSBSA)	0.34	0.76	0.87	Significant Variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/18 to 30/06/19) (NHSBSA)	4.5%	9.4%	8.6%	Variation (positive)
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/01/19 to 30/06/19) (NHSBSA)	0.59	1.94	2.08	Significant Variation (positive)
Any additional evidence or comments				
We saw arrangements for monitoring patients with a diagnosis of depression had been improved. Previously reviews were prompted by requests for medication to treat the condition. Monthly searches had been introduced to identify all patients with a new code recorded for the condition and all were invited for a review.				

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.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2018 to 31/03/2019) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y

Helping patients to live healthier lives

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

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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	91.2%	94.0%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.2% (1)	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.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	Y

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.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: We saw evidence of leadership development underway with other local practices through the evolving Primary Care Network; and support provided by the practice to another local practice that was facing challenging circumstances.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: A comprehensive strategic business plan was regularly reviewed including analysis of strengths, weaknesses, opportunities and threats. We saw evidence that funding was adversely affected by the unusual patient demographic and action was underway to challenge this along with alternative plans.	

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.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y

When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y

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

Source	Feedback
Staff feedback	We spoke to staff at the practice who told us the practice had an open and positive culture; and senior managers were approachable and supportive.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y

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.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: We saw numerous examples of quality improvement including clinical audits. However, only one audit had a second audit cycle completed in order to assess the benefits of changes made from the first audit. The provider told us they would review audits and carry out second cycle audits where appropriate. We saw an example of improvement in care for patients through reviews of ECG results (electrocardiograms are used to check on heart rhythm and electrical activity) with a consultant cardiologist to enable clearer interpretation of results for young adults, standardise treatment and improve patient safety.	

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.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence: We saw examples of effective use of information such as annual reviews of all new patient registrations (approximately 4,000 annually) to enable risk assessment and prioritisation of needs such as mental health, medication and long term conditions.	

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Any unusual access was identified and followed up.	Y

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: We spoke to two patients who were students and received 14 CQC comment cards from patients. All patients gave positive feedback and indicated that access to appointments was easy; treatment and care received was appropriate and effective; and staff were respectful, helpful and friendly. We saw feedback from the local public health service who confirmed that effective partnership working with them, the practice and NHS England was in place. For example, this had resulted in prompt and effective identification and response to two recent local outbreaks of measles and mumps, including clear communication with all stakeholders. The practice was actively involved in a local sexual health stakeholders group that brought together a range of frontline health and social care professionals to identify and share best practice and training.	

Feedback from Patient Participation Group.

Feedback

We spoke to the university student services staff who told us there were close and effective working arrangements in place between the university and the practice to support patients who were students. For example, a student health group ensured strategic collaboration between the student service, the practice and the local public health service. This ensured a holistic approach to health and welfare including sexual health, mental health, and wellbeing, emotional support and immunisation. It also helped to address cultural differences encountered by international students that sometimes affected their access to healthcare.

Any additional evidence

We saw six indicators from the national GP patient survey from 2019 confirmed the practice achieved better than average patient satisfaction for caring and responsive services.

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)	100.0%	94.1%	88.9%	Significant Variation (positive)
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)	100.0%	98.2%	95.5%	Significant Variation (positive)
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)	100.0%	96.7%	93.4%	Significant Variation (positive)

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)	91.9%	N/A	68.3%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	88.7%	80.4%	67.4%	Variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	94.2%	84.0%	73.6%	Variation (positive)

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.	Y
Learning was shared effectively and used to make improvements.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had successfully participated in public health initiatives in the Bath and North East Somerset (BaNES) area, for example, for sexual and reproductive health. This had successfully reduced the impact of chlamydia (a sexually transmitted infection) in the locality, confirmed by feedback from the local public health department. Whilst additional external funding had ceased, the practice had continued with the initiative. They had carried out the largest number of chlamydia screening tests for 15-24 year olds across all BaNES primary care providers every year for the last six years. The most recent data for 2018/19 indicated a low detected rate of infection of 1.0%, compared with the average detected rate of 6.1% for patients screened by all other BaNES GP practices.</p>	

Examples of continuous learning and improvement

<p>The practice had introduced improved arrangements for access to and provision of a range of contraceptive services. The practice had implemented a streamlined process for repeat requests for contraceptive pills by installing self-test equipment for patients to use to measure their own blood pressure, height and weight. This information was recorded by reception staff on patients' records allowing shorter appointments with clinicians to be held with patients who had self-tested and more patients to be seen. The practice had also ensured rapid access was available for patients requiring long acting reversible contraceptives (LARCs). We saw evidence confirming that these initiatives had provided more individualised care, reduced unnecessary appointments and had reduced the likelihood of accidental and unwanted pregnancy.</p>
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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.