Care Quality Commission

Inspection Evidence Table

Dr Touseef Safdar (1-548913045)

Inspection date: 17 December 2019

Date of data download: 06 December 2019

Overall rating: Requires Improvement

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

Safe Rating: Requires Improvement

We rated the practice as requires improvement for providing safe services because:

- Some non clinical staff in patient facing roles had not been appropriately risk assessed or had a review of their immunisation needs against possible infections.

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.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y

Safeguarding	Y/N/Partial
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.	Y
Explanation of any answers and additional evidence:	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Partial
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Explanation of any answers and additional evidence: • On the day of inspection, the practice could evidence that all clinical staff had a record of immunity status, however there was no records of immunity status or risk assessments for staff in reception and administrative roles. Following the inspection, the practice sent evidence that they had completed an analysis and risk assessment for all non-clinical staff in line with best practice.	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 31/08/19	Y
There was a record of equipment calibration. Date of last calibration: 31/08/19	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: July 2019	Y
There was a log of fire drills. Date of last drill: 04/03/19	Y
There was a record of fire alarm checks. Date of last check: 16/12/19	Y
There was a record of fire training for staff. Date of last training: 19/10/19	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 23/05/19	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: • Actions from the fire risk assessment were identified and actioned appropriately for all staff, for example, the GP surgery was found to be wedging open fire doors on the ground floor which could prevent the spread of heat & smoke around the building, in the event of a fire.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 19/10/19	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 19/10/19	Y
Explanation of any answers and additional evidence: • The building was managed by NHS property services who carried out all out all health and safety, premise, security checks and maintenance of the building. Relevant environment risk assessments such as legionella, COSHH and health and safety assessments were carried out and all actions had been identified and completed.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 31/08/2019	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y

Explanation of any answers and additional evidence:

There was an infection control lead for the practice. We saw evidence of staff training and annual audits for infection prevention control. All areas identified were actioned appropriately.

Reception staff adopted a 'no-touch' policy with samples and only accepted those that were labelled correctly. Interviews with reception staff demonstrated they had a clear understanding of the procedure. Spill kits were available and staff were aware how to deal with a spillage.

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.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
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.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
When there were changes to services or staff the practice assessed and monitored the	Y

impact on safety.	

Explanation of any answers and additional evidence:

- All clinical staff had completed sepsis training and leaflets were visible in the patient waiting area. Reception staff had not completed specific sepsis training but were aware of how to identify and respond to deteriorating patients. During our inspection, the practice confirmed they would hold a training event on sepsis for all staff.

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.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
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.	Y
Explanation of any answers and additional evidence:	

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)	0.45	0.90	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). (01/10/2018 to 30/09/2019) (NHSBSA)	3.4%	5.3%	8.5%	Variation (positive)
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)	5.09	5.16	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)	2.00	1.80	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.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
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.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about	Y

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
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.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
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.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A
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.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
Explanation of any answers and additional evidence: The practice had signed up to the prescription ordering direct (POD) which was available to all patients registered at the practice. Patients telephoned a central number to order repeat prescriptions.	

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.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	28
Number of events that required action:	28
Explanation of any answers and additional evidence:	

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

Event	Specific action taken
The clinical system had failed for an hour and the practice did not have access to the appointment system or patient records.	The practice were notified in advance issues may arise for that day. The practice reviewed their process to avoid future disruptions to include a process to ensure they have manual access to appointment lists to avoid any delays.
The outside letterbox cover had been vandalised giving access to any prescription or samples left in the outside post box by patients for the practice.	The practice notified property service's immediately and risk assessed the rationale for continuing to use this. They agreed to have this blocked up and the post box located inside the reception area of the building due to the risk of a breach of confidentiality.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: The practice had a policy and process in place for receiving, reviewing and acting on, recording and monitoring in response to external safety alerts. The practice manager received external safety alerts electronically. Alerts were shared with the GP who reviewed, actioned where required and shared this with clinical staff. We saw evidence that the practice had taken appropriate action in relation to alerts and had contacted patients and recalled them for review where required.	

Effective Rating: Requires Improvement

We rated the practice as requires improvement for providing effective services because:

- Measures taken to improve the practice's uptake of the national screening programme for cervical cancer to date had not been effective. As a result, the practice's rate for uptake was significantly below the national target.
- Due to the high level of exception reporting, the practice could not be assured that all patients in the population group of mental health (including dementia) were receiving care and treatment that met their needs

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
Explanation of any answers and additional evidence:	

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)	0.48	0.80	0.74	No statistical variation

Older people Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

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.
- 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.
- The practice provided hypertension clinics which was managed by a clinical pharmacist who was an independent prescriber.

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)	68.6%	77.1%	79.3%	Tending towards variation (negative)
Exception rate (number of exceptions).	11.6% (29)	8.5%	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)	80.1%	74.2%	78.1%	No statistical variation
Exception rate (number of exceptions).	13.3% (33)	8.3%	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) (QOF)	77.0%	80.8%	81.3%	No statistical variation
Exception rate (number of exceptions).	12.9% (32)	10.3%	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)	90.8%	75.2%	75.9%	Significant Variation (positive)
Exception rate (number of exceptions).	12.1% (24)	5.3%	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)	87.5%	89.4%	89.6%	No statistical variation
Exception rate (number of exceptions).	8.2% (5)	6.4%	11.2%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to 31/03/2019) (QOF)	77.5%	83.7%	83.0%	No statistical variation
Exception rate (number of exceptions).	4.0% (20)	4.0%	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)	94.7%	90.9%	91.1%	No statistical variation
Exception rate (number of exceptions).	10.9% (7)	4.2%	5.9%	N/A

Any additional evidence or comments

Some areas of high exception reporting for long terms conditions were followed up on the day of inspection. The practice told us they faced challenges with their practice population. We reviewed the performance over time which indicated that diabetic performance had seen an increase in the practice performance and patients had been exception reported appropriately.

Families, children and young people Population group rating: Good

Findings

- The practice has met the minimum 90% target for all four childhood immunisation uptake indicators. The practice contacted the parents or guardians of children due to have childhood immunisations and had systems in place to follow up children who did not attend.
- 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. The building where the practice was based also housed a sexual health service.
- 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)	62	68	91.2%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	67	71	94.4%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	67	71	94.4%	Met 90% minimum
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)	67	71	94.4%	Met 90% minimum

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

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

Findings

- The practice uptake for cervical screening was significantly below target. The practice confirmed that it was challenging getting patients to attend for screening due to their practice population. The practice told us they followed up patients requiring this screening both opportunistically and following a non-attendance at an appointment.
- The practice had systems to inform eligible patients to have appropriate vaccinations.
- 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 order repeat medication without the need to attend the surgery.
- The practice uptake for online appointments was 7% which was significantly below the CCG target of 25%.

Cancer Indicators	Practice	CCG	England	England

		average	average	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)	58.3%	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)	62.9%	70.4%	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)	43.4%	52.4%	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)	57.9%	50.3%	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)	37.5%	50.3%	51.9%	No statistical variation

Any additional evidence or comments

We discussed the low cervical screening rate of 58.3% as this was significantly below the 80% coverage target for the national screening programme. The practice told us due to their practice population this presented constant barriers for patients and continued to prove challenging. Although the practice were flexible to patients' needs and offered opportunistic screening there were no active steps taken to regularly review this in meetings or try and engage with their diverse population using a variety of methods to increase uptake. During our inspection the practice told us they would look at ways to engage with hard to reach groups of their population to increase their uptake.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- 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 younger adult patients registered who lived at a local hostel.

People experiencing poor mental health (including people with dementia)

Population group rating: Requires Improvement

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

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)	68.2%	9.3%	89.4%	Tending towards variation (negative)
Exception rate (number of exceptions).	35.3% (12)	14.4%	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)	66.7%	75.5%	90.2%	Variation (negative)
Exception rate (number of exceptions).	29.4% (10)	9.7%	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)	90.9%	39.7%	83.6%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	13.7%	6.7%	N/A

Any additional evidence or comments

Dudley CCG have their own quality outcomes for health framework (DQOFH) that the practice had opted out of. Therefore, the practice were still part of the national quality outcomes framework (QOF) and performance and comparisons to local averages were not comparable.

We noted that the practice's QOF achievement for mental health indictors were significantly lower than national averages and the exception reporting rate was significantly higher than national averages. The practice told us that it was a challenging population with the highest levels of deprivation and they had difficulties engaging some patients to attend for reviews. Exception reporting is the removal of patients from QOF calculations where, for example, when patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

We reviewed the QOF data and exception reporting for a small number of patients and found that they had been exception reported appropriately. There was evidence to demonstrate that the practice had made some improvements, for example:

- 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 (exception rate for 2017 to 2018 = 73.5%) and (exception rate for 2018 to 2019 = 35.3%).

- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (exception rate for 2017 to 2018 = 33.3%) and (exception rate for 2018 to 2019 = 0%).

Although there had seen some improvements for mental health indicators, due to the high numbers of exclusions, the practice could not be assured that all patients in this population group were receiving care and treatment that met their needs.

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)	504.6	429.9	539.2
Overall QOF score (as a percentage of maximum)	90.3%	77.0%	96.4%
Overall QOF exception reporting (all domains)	7.5%	4.9%	5.9%

	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

An audit was carried out on the number of patients who had completed an annual thyroid function test monitoring. The audit found that 25% of patients had not had this completed for over 12 months. An action plan was completed by the practice and patients were contacted. A second cycle audit was carried out which found that this had reduced from 25% to 5%.

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.	N/A
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	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
Explanation of any answers and additional evidence: There were no health care assistants employed at the practice at the time of our inspection.	

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	N/A

processes to make referrals to other services.	
Explanation of any answers and additional evidence:	

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
Explanation of any answers and additional evidence:	

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)	94.2%	92.9%	95.0%	No statistical variation
Exception rate (number of exceptions).	1.3% (11)	0.5%	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
Explanation of any answers and additional evidence: The practice obtained consent to care and treatment in line with legislation and guidance. Clinicians understood the requirements of legislation and guidance when considering consent and decision making. Clinicians had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. The practice was aware of and complied with the new General Data Protection Regulation (GDPR). The practice maintained data safely in accordance with data protection legislation.	

Caring Rating: Requires Improvement

We rated the practice as requires improvement for providing caring services because:

Patient satisfaction rates were significantly lower than local and national averages for data indicators relating to the caring key question. Actions taken in response to this by the practice had not had an impact on levels of patient satisfaction in these areas.

Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	20
Number of CQC comments received which were positive about the service.	19
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	19 out of 20 comment cards were positive about the service. Feedback included that staff were well organised pleasant, friendly, caring, helpful and they were treated with respect. One mixed feedback said it was sometimes difficult to get an appointment.
Patient interviews	All five of the patients we spoke to on the day of inspection told us that staff were friendly, polite, treated them with care and concern and showed dignity and privacy.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3996.0	410.0	98.0	23.9%	2.45%

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)	73.5%	89.0%	88.9%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	59.3%	87.5%	87.4%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	80.3%	96.4%	95.5%	Variation (negative)
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)	58.3%	83.9%	82.9%	Variation (negative)

Any additional evidence or comments
We reviewed the national patient survey results as this was lower than local and national averages. The practice had met with all staff to review these results and had developed an action plan in November 2019 which included implementing their own in-house survey to focus on areas of low performance. However due to this recently being implemented it was too early to evidence any impact this had on patient outcomes.

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

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.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence:	

Source	Feedback
Interviews with patients.	All of the five patients we spoke with told us that they felt involved in the care and treatment they received and GPs communicated well during consultations.

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)	77.6%	94.6%	93.4%	Variation (negative)

Any additional evidence or comments
An action plan had been implemented in relation to the lower results for the national patient survey results to look at areas to address the overall experience for patients when contacting and attending the practice, however due to this recently being implemented there was no evidence on the impact this had.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence:	

Carers	Narrative
Percentage and number of carers identified.	The practice identified 36 carers which represented just under 1% of the practice list size.
How the practice supported carers (including young carers).	All carers were offered a flu vaccination and could be referred to local services to support their needs. Patients and carers had access to literature in the practice.
How the practice supported recently bereaved patients.	Leaflets about bereavement and support groups offering guidance and advice were available in the practice. The practice contacted patients and offered an appointment if needed or directed them to support groups. The practice told us that they often attended funerals for patients who had passed away and been registered at the practice.

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.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence:	

If the practice offered online services:

	Y/N/Partial
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y
Explanation of any answers and additional evidence: Although the practice were GDPR compliant to data protection and had undertaken a pilot for electronic prescribing services (EPS), there was limited evidence that the practice promoted online services and only 7% of the practice population had access to this which was significantly below the CCG average of 25%.	

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.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence: The practice had signed up to a local initiative for the prescription ordering direct (POD) for all patients registered at the practice. This information was available in the practice and on their website.	

Practice Opening Times	
Day	**Time**
Opening times:	
Monday	8am until 6.30pm
Tuesday	8am until 6.30pm
Wednesday	8am until 6.30pm
Thursday	8am until 6.30pm
Friday	8am until 6.30pm
Appointments available:	
Monday	8am until 12pm and 3pm until 6pm
Tuesday	8am until 12pm and 3pm until 6pm
Wednesday	8am until 12pm and 3pm until 6pm
Thursday	8am until 12pm and 3pm until 6pm
Friday	8am until 12pm and 3pm until 6pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3996.0	410.0	98.0	23.9%	2.45%

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)	83.7%	95.4%	94.5%	Tending towards variation (negative)

Any additional evidence or comments
The practice had recently implemented an action plan which included their own patient survey to focus on results which were lower than local and national averages in relation to patients' needs being met.

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.

People with long-term conditions — Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- They practice provided hypertension clinics which was managed by a clinical pharmacist who is an independent prescriber.

Families, children and young people — Population group rating: Good

Findings

- GP and nurse appointments were available until 6pm for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Appointments were available outside of school hours.
- Parents with concerns regarding children were prioritised same day appointments.

Working age people (including those recently retired and students) — Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible and offered continuity of care.
- The practice had access to a family planning and sexual health service in the same building for advice and referrals.
- The practice was open 8am until 6.30pm Monday to Friday. Appointments were also available to all patients at additional locations across the locality during weekends.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice offered an on-site Citizens Advice Bureau clinic for their patients.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- The practice held weekly clinics a with a mental Health Worker.
- The practice held weekly family therapy clinics with a specialist family therapist.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence: Requests for home visits were recorded on the online system and triaged by the GPs. If a visit was deemed appropriate then a home visit was completed.	

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)	78.1%	N/A	68.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	48.9%	64.7%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	55.5%	64.7%	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)	57.8%	71.4%	73.6%	No statistical variation

Any additional evidence or comments
We saw evidence that the practice carried out regular capacity and demand audits to ensure that patients could regularly access the service.

Source	Feedback

NHS Choices	There are mixed feedback on NHS choices around appointment availability with some patients reporting difficulties getting an appointment, whilst others reporting appointments are easy to obtain and with some given a next day appointment.
Discussions with patients	Patients we spoke with on the day of inspection told us that they were able to get an appointment when they needed.

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.	5
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: The practice had a complaints policy in place. Information regarding how to make a complaint was available in the practice and on their website. The practice tried to respond to any complaints immediately to reduce the number of written complaints received. Copies of complaints were kept on file outlining what had been done in response to the complaint. We found that complaints had been dealt with in a timely manner.	

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient complained about the excessive waiting time of their appointment.	The practice offered an apology and reviewed the reception protocols for advising patients who arrive late for their appointments. They also added a notice in the reception area to support this.
A patient complained about repeat subject access request for medical records.	The practice investigated this further and took advice from their data protection officer. They reviewed their GDPR subject access results with the patients and reviewed this on their website.
Patient complained that a potential allergy problem had not been managed well.	The practice investigated this further and responded appropriately to the patient. The GP reviewed the allergy guidelines to improve their knowledge of medicine allergies.

Well-led Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels. Leaders could demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	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.	Partial

Explanation of any answers and additional evidence:

- Staff that we spoke with understood their roles and those of others. Leaders had oversight of all clinical and non-clinical areas and could highlight the challenges they faced as well as their achievements. The partners and managers were visible throughout the practice and staff told us that they were approachable and available.

- The provider and management team demonstrated awareness of the challenges within the local area such as the impact of deprivation, culture and health inequalities. However, despite lack of involvement in some local initiatives they understood the challenges their practice population faced and were knowledgeable about issues and priorities relating to the quality and future of services.

- Although there was no written evidence of succession planning, the practice told us that this was reviewed and addressed and they would take action to have this documented and embedded.

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: The practice aimed to provide a traditional family general practice which focused on personalised continuous care and had an emphasis on building relationships with the patient.

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
Explanation of any answers and additional evidence: We saw that the practice had an open, 'no blame' culture where staff were encouraged to bring up issues that could be improved. Policies were available on the practice intranet which was accessible to all staff. All staff received an annual appraisal and were encouraged to complete equality and diversity training. Staff were able to describe the governance arrangements and were clear on their roles and responsibilities	

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

Source	Feedback
Staff feedback	Staff we spoke with told us that leaders were visible and very approachable. Staff were encouraged to raise any issues and was confident that this would be addressed. They felt there was a positive culture, staff at all levels were treated equally and felt well supported by their colleagues and managers.
Policies	Practice policies were in place which supported leaders to act on behaviour and performance inconsistent with the vision and values of the practice.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: • The practice kept a log of complaints and significant events which were discussed in practice meetings and used to aid learning amongst staff. All staff felt able to raise a significant event and were encouraged to talk through the event. • Staff could describe the governance arrangements and were clear on their roles and responsibilities. A range of clinical and non-clinical policies were available to staff. Some example of policies included confidentiality, infection control, recruitment and safeguarding.	

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: There was a business continuity plan which was also kept in the practice and off site. The practice had access to information in the event of an emergency. This included designation of roles so staff knew the action to take.	

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:	

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
Explanation of any answers and additional evidence: We saw evidence that the practice had sought guidance and advice from the information commissioner's office and their data protection officer regarding subject access for medical records in line with GDPR.	

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.	N
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.	Partial
Explanation of any answers and additional evidence: Although the practice engaged with services throughout the locality such as MDT meetings, they had opted out of a primary care network (PCN) and there was limited engagement with external stakeholders	

such as CCG members' meetings, locality meetings and educational events. The practice continued to be aware of the challenges and needs of the population and told us that they still accessed services as part of the PCN for example, chaplaincy service.

Feedback from Patient Participation Group.

Feedback
The practice had been struggling with attendance to their PPG meetings and the group had recently been dissolved due to low uptake. There were plans to resurrect this again in the future with the practice focusing on ways to engage with their patient population to feedback and improve their service.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	

Examples of continuous learning and improvement
The practice had been involved in a number of initiatives which included: • They were part of the prescription ordering direct (POD) throughout the locality. • They were piloting the NHS 111 booking service. • They were selected to be part of a pilot for electronic prescribing services (EPS). • They had been commissioned as a pilot to be a practice who were open during bank holiday and weekends. • They provided hypertension clinics which was managed by a clinical pharmacist who is an independent prescriber. • They were involved in research studies. • They were involved in a pilot for a family therapy clinic. • They were selected as a showcase practice for MDT working. • They were supporting the CCG care home rapid response team through education and mentoring.

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 practices 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.