

Care Quality Commission

Inspection Evidence Table

Newcastle Medical Centre (1-3017488527)

Inspection date: 10 December 2019

Date of data download: 07 November 2019

Overall rating: Requires improvement

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

Safe

Rating: Good

We inspected this practice on 25 February 2019, when we rated the practice as requires improvement for providing safe services because:

- There was an increase to the potential risk of harm for patients as there was limited assurance about safety. The provider could not assure us of effective systems for monitoring of clinical test results, management of changes to a patients' medicine received from other services and communication of patient safety and medicine alerts.

At this inspection we rated the practice as good for providing safe services, we found that the previous concerns had been addressed.

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

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

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.	Yes
Explanation of any answers and additional evidence: One of the salaried GPs was the safeguarding lead with another salaried GP as the deputy.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Explanation of any answers and additional evidence: We looked at the recent recruitment files of two members of staff. We saw the information regarding the two locum GPs which were being used on the inspection day.	

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: 24 October 2019	Yes
There was a record of equipment calibration. Date of last calibration: 3 October 2019	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: 22 February 2019	Yes
There was a log of fire drills. Date of last drill: October 2019	Yes
There was a record of fire alarm checks. Date of last check: every 2 -4 weeks 23 November 2019	Yes
There was a record of fire training for staff. Date of last training: Various dates in the last year	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: July 2019	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: A facilities management company had carried out the fire risk assessment	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 22 August 2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 22 August 2019	Yes

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: January 2019	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: The health care assistant was the infection control lead, they had received a two-day training course for the role. They carried out weekly walk arounds and checks of the practice in addition to the infection control audit.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
Explanation of any answers and additional evidence: At our previous inspection in February 2019, we saw that the practice was experiencing difficulties with the clinical resources in the nursing team. Since then the practice had recruited an advanced nurse practitioner and two practice nurses and they were now had the nurse levels they needed.	

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection there were ineffective safeguards in place to ensure test results received in the practice were clinically reviewed in a timely way. At this inspection we saw that these issues had been addressed.</p>	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) (NHS Business Service Authority - NHSBSA)	0.25	0.93	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). (01/07/2018 to 30/06/2019) (NHSBSA)	5.9%	7.6%	8.6%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2019 to 30/06/2019) (NHSBSA)	5.79	4.95	5.63	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/01/2019 to 30/06/2019) (NHSBSA)	0.52	2.22	2.08	Significant Variation (positive)

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes

Medicines management	Y/N/Partial
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection we were concerned about the management of changes to patients' medicines. At this inspection we were reassured that this had been addressed.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	11
Number of events that required action:	11
Explanation of any answers and additional evidence: The business manager and their assistant were responsible for the co-ordination of significant events. There was a flow chart to help staff with the process. There were minutes of clinical meetings where these were discussed. The practice learnt and made improvements as a result of significant events.	

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

Event	Specific action taken
Missing medicine	The practice re-ordered the replacement medicine. A policy was implemented on the safe storage of medicine in the practice. Access to medicines was limited to certain staff.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: At our previous inspection we were concerned that staff were unaware of the process for managing patient safety alerts. At this inspection staff were aware of the process. We saw a log of alerts and actions taken and that they were a standing agenda item at clinical meetings.	

Effective

Rating: Requires improvement

We inspected this practice in February 2019 and we rated the practice and the population groups as inadequate for providing effective services. This was because attainment levels for some areas of clinical practice continued to be lower than local and national averages and we were not assured there were effective plans in place to achieve sustainable levels of improvements. There was a lack of clinical leadership to support consistent application of care planning, and adherence to current evidence-based practice guidance.

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

- Although attainment levels for some areas of clinical practice had shown improvement, some continued to be lower than local and national averages. Some improvements that had been made (for example, to care plans) needed further consolidation.

These areas impacted all population groups and so we have rated all population groups as requires improvement.

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

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

Explanation of any answers and additional evidence:

At our previous inspection in February 2019 we saw that the mechanisms for keeping clinicians up to date with evidence-based practice were mainly self-updates. At this inspection the salaried GPs explained that this was being addressed. Changes were taking time, however, there was increased use

of guidance and templates which been updated. This was helped by the new system of clinical audit which was identifying areas for improvement.

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>	0.28	0.57	0.75	Variation (positive)

Older people

Population group rating: Good

Findings

We rated the practice as requires improvement for providing effective care for older people. (Previous ratings: December 2016 – inadequate; July 2017 – inadequate; March 2018 – good; February 2019- inadequate).

- 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.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.

People with long-term conditions

Population group rating: Requires improvement

Findings

We rated the practice as requires improvement providing effective care for people with long term conditions. (Previous ratings: December 2016 – inadequate; July 2017 – inadequate; March 2018 – requires improvement; February 2019- inadequate).

We have rated this population group as requires improvement as exception reporting in relation to long term conditions and care planning could be further improved.

We saw the practice had improved their annual review system for patients with long term conditions since our previous inspection, clinical leads were in place for all major conditions.

The practice had demonstrated improvement in areas where at our inspection in February 2019 the attainment data showed either significant negative or negative variations;

- The percentage of patients with diabetes on the register whose blood pressure reading (in the proceeding 12 months) was 140/80 mmHg or less was 52.2% (2017/18) this had improved to 69.8% (2018/19).
- The percentage of patients with asthma on the register who have had an asthma review in the previous 12 months that includes an assessment of asthma control was 48.1% (2017/18), this had improved to 70.5% (2018/19).
- The percentage of patients with hypertension who the last blood pressure reading in the preceding 12 months is 150/90mmHg or less was 70.4% (2017/18) had improved to 88.8% (2018/19).
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice had a diabetic specialist nurse who came to the practice to help manage patients with type one diabetes. These patients were usually looked after by secondary care.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- 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.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	65.9%	80.9%	79.3%	Tending towards variation (negative)
Exception rate (number of exceptions).	26.1% (29)	16.0%	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) <small>(QOF)</small>	69.8%	77.8%	78.1%	No statistical variation
Exception rate (number of exceptions).	22.5% (25)	11.7%	9.4%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	80.9%	84.2%	81.3%	No statistical variation
Exception rate (number of exceptions).	19.8% (22)	12.4%	12.7%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	70.5%	75.5%	75.9%	No statistical variation
Exception rate (number of exceptions).	21.8% (51)	7.8%	7.4%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	81.8%	90.4%	89.6%	No statistical variation
Exception rate (number of exceptions).	15.4% (2)	11.1%	11.2%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	88.8%	84.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	23.2% (35)	4.4%	4.0%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2018 to 31/03/2019) <small>(QOF)</small>	100.0%	92.3%	91.1%	No statistical variation
Exception rate (number of exceptions).	25.0% (2)	7.2%	5.9%	N/A

Families, children and young people

Population group rating: Requires improvement

Findings

We rated the practice as requires improvement for providing effective care for Families, children and young people. (Previous ratings: December 2016 – inadequate; July 2017 – inadequate; March 2018 – requires improvement; February 2019 - inadequate).

We have rated this population group as requires improvement as data in relation to child immunisations could be further improved.

- At our previous inspection childhood immunisation uptake rates were all below the World Health Organisation (WHO) targets and the England target of 90%. At this inspection they had improved, one of the targets had met the 90% minimum WHO target;
 - 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), 85.7% (2017/18), 91.4% (2018/19)
 - The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) 65.7% (2017/18), 85.7% (2018/19)
 - The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) 71.4%(2017/18), 88.6% (2018/19)
 - The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) 65.7% (2017/18), 88.6% (2018/19).
- The practice had improved their procedure for invitation for child immunisation. In particular, one of the administration staff contacted the parents the day before the vaccination appointment to encourage attendance or make a convenient appointment. The practice were flexible as to when the patients could bring their children for vaccination.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in

accordance with best practice guidance.

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

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)	32	35	91.4%	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)	30	35	85.7%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	31	35	88.6%	Below 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)	31	35	88.6%	Below 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: Inadequate

Findings
<p>We rated the practice as requires improvement for providing effective care for working age people (including those recently retired and students). (Previous ratings: December 2016 – inadequate; July 2017 – inadequate; March 2018 – requires improvement; February 2019 - inadequate).</p> <p>We have rated this population group as inadequate as data in relation to cancer indicators could be further improved.</p> <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)	22.7%	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)	67.6%	73.4%	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)	47.9%	57.9%	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)	40.0%	70.4%	69.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	14.3%	48.7%	51.9%	No statistical variation

Any additional evidence or comments

- The latest data which we hold in relation to cervical screening for 2017/18 is low at 22.7%. We asked the practice to provide us with unverified data they held for this. See page 19 for details of clinical audit which has been carried out regarding cervical screening. The practice told us that having a patient population with a high number of students who do not permanently live in the area meant that the target of 80% for this was difficult to achieve and data was skewed.
- The audit lead for the practice (salaried GP) was aware that the detection rate for two-week wait referrals was low (see above). They considered this to be because the practice population was young and they had low rates of chronic disease. They were planning to carry out a cancer review in the future.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

We rated the practice as requires improvement for providing effective care for people whose circumstances make them vulnerable . (Previous ratings: December 2016 – inadequate; July 2017 – inadequate; March 2018 – requires improvement; February 2019 - inadequate).

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless

people, travellers and those with a learning disability.

- 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: Requires improvement

Findings

We rated the practice as requires improvement for providing effective care for people experiencing poor mental health (including people with dementia). (Previous ratings: December 2016 – inadequate; July 2017 – inadequate; March 2018 – requires improvement; February 2019 - inadequate).

We have rated this population group as requires improvement as some of the data in relation to mental health indicators could be further improved.

- 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. However, the practice had lower than average performance on some of the outcomes from health checks.
- The practice had demonstrated improvement in QOF for the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months. It had improved from 57.6% in 2017/18 to 75% in 2018/19, however this was still tending towards a negative variation from the national average.
- 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.

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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)	75.0%	92.7%	89.4%	Tending towards variation (negative)
Exception rate (number of exceptions).	12.2% (5)	12.9%	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)	74.3%	92.2%	90.2%	Tending towards variation (negative)
Exception rate (number of exceptions).	14.6% (6)	10.2%	10.1%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	66.7%	84.6%	83.6%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	5.7%	6.7%	N/A

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	491.8	No Data	539.2
Overall QOF score (as a percentage of maximum)	88%	No Data	96.4%
Overall QOF exception reporting (all domains)	7.5%	No Data	No Data

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

Any additional evidence or comments

The practice told us that good QOF attainment was very difficult to achieve due to the population being a very different demographic to other practices. Due to low numbers of patients with long term conditions, they felt the figures were skewed.

The practice had appointed two QOF leads following our previous inspection who had protected time to carry out this role. They were one of the salaried GPs and the practice pharmacist.

They had a working document which they showed us which is available to all clinical staff where they monitor patients for all of the different QOF indicators. Non-responders were discussed and chased up.

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

Following our previous inspection one of the salaried GPs was appointed the lead in the practice (in February 2019) for clinical audit. They had previously carried out this role in another practice in which they worked.

When they were made lead, they did a presentation at a practice meeting to staff on what audit is and the process of completing audits, they offered support to those who were less experienced in this type of work. They discussed with the practice that they needed to have a culture of audit and start in the areas which required improvement,

Audits which had been carried out included;

- Cervical screening – two cycle audit – an audit was carried out in June 2019 to establish a baseline for cervical screening rates. At this date it was 25%. New strategies were adopted by the practice including recall letters on pink paper to gain attention. Staff proactively encouraging patients to book in for a smear test, proactively displaying promotion material regarding this on social media. The practice took advice from the local sexual health clinic and looked to see if some patients had attended the clinic for cervical screening and that it did not show up on their figures. In November 2019 a search showed that 23% of eligible patients aged 25-49 had received cervical screening in the last three years and 75% of patients aged 50-64 had received screening in the last five years.
- Cervical screening – an audit was carried out by the lead GP and administrative staff in July 2019 looking at consent being recorded for cervical screening. They found that 89% of patients had consent recorded (151 of 168 patients), with recommendation for improvement. A second audit was to be run in December 2019.
- Thyroid blood tests, two cycle audit – an audit was carried out on the annual monitoring of this to ensure they occur with safe and appropriate prescribing. Two cycles of the audit showed that annual monitoring improved from 91% compliance to 96%
- Antipsychotic medicines – to assess whether patients receiving this medicine were annually monitored as per local CCG guidance and coded correctly on the practice clinical system. The audit looked at 11 patients in detail and concluded there was a lack of a proper register in the practice to manage these patients and the call and recall system was not effective. The practice have now a register in place and a monitoring template for staff to follow.
- Disease-modifying anti-rheumatic drugs (DMARDs). The pharmacist was checking shared care of patients who received this medication. The results of this were all acceptable, however the patients notes needed updating.
- Smoking cessation – a gap was identified between chronic disease management and advice given on smoking cessation, the nurse was carrying out an audit looking at closing the gap using NICE guidelines.
- Advance nurse practitioner (ANP) triage appointments. The practice involved the staff in an audit to look at how they could utilise these appointments best. Recommendations were that the number of ANP appointments were reduced and the availability of GP appointments were improved.

- On call GP sessions – this audit looked to see if on-call clinics were set out correctly to work alongside telephone triage clinics. The audit concluded that immediate action was needed to readdress the clinical structure to ensure appointments were available for the last calls of telephone triage. That empty GP triage slots were swapped with administration time.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We saw comprehensive records of the training which staff had received. There were separate records compiled for non-clinical staff, nursing staff and GPs.</p> <p>The assistant business manager was studying for qualification in a management diploma with funding support from the practice. The reception and administrative staff had recently completed training in mental health awareness.</p> <p>One of the nurses had undertaken additional training for contraceptive advice which meant patients did not have to go to the sexual health clinic for certain services, they had also received phlebotomy training.</p> <p>We looked at a sample of appraisals for staff. New staff who had not been in post for 12 months had received reviews after six months. The new advanced nurse practitioner was to be the new nurse lead. Before they had started the nurses were appraised by the business manager and a salaried GP.</p>	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2018 to 31/03/2019) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
Explanation of any answers and additional evidence: The salaried GPs told us that there were now templates in place for care planning, however there was a backlog of them and they were still working through them. They were also working through the palliative care spreadsheet to ensure care plans were up to date and saved in the patients notes.	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence:	
The practice had appointed champions for domestic violence, dementia, veterans and carers, to give help and advice to patients.	
They had access to a primary care navigator who could refer patients for advice on housing, social issues, isolation, exercise and how to access food banks or food vouchers.	
The smoking indicator had improved when compared to the previous data. 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 was 84.1% (2017/18), compared to 90.3% in (2018/19).	

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>	90.3%	95.8%	95.0%	Tending towards variation (negative)
Exception rate (number of exceptions).	4.8% (21)	0.9%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	Yes

Caring

Rating: Good

Kindness, respect and compassion

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

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

CQC comments cards

Total comments cards received.	8
Number of CQC comments received which were positive about the service.	6
Number of comments cards received which were mixed about the service.	2
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC comment cards	The feedback received on the CQC comment cards included phrases and words such as, fabulous staff, caring, lovely people, excellent service and friendly. The concerns on the mixed comment cards were unrelated.
NHS choices	There had been one review since the last inspection which was one star.
Patient suggestion box	Four compliments were received in the suggestion box, they included word such as wonderful staff, professional GP, and happy patients
Facebook page	There had been two reviews in the last year which were positive praising the service the practice provided.
You said we did	The practice collated any concerns, comments or suggestions from patients and compiled a list of solutions in response to these. For example, a repeat prescription box was placed at reception so that patients did not have to queue to hand them in. Feedback from patients was that the chairs in the waiting area were 'grubby'. The practice changed the seats to wipe clean vinyl.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
17058.0	475.0	29.0	6.1%	0.17%

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)	87.9%	89.8%	88.9%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	95.2%	89.0%	87.4%	Tending towards 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)	92.4%	96.5%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	69.7%	84.4%	82.9%	Tending towards variation (negative)

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

Any additional evidence
<p>The practice carried out an analysis of the GP national survey which was published in July 2019. They compared themselves to similar large practices where there was a high student population. The report outlined the area where improvements could be made:</p> <ul style="list-style-type: none"> • Patients said they could usually get to see or speak to their preferred GP (18%) • The score for a choice of appointment was 32% • Receiving enough support and help from local service was 59% <p>The other practice which they were compared to were varying in their responses apart from a neighbouring practice who were also scored poorly for support from local services. The practice were going to contact other local practices to ensure they all had the same access to similar services.</p> <p>The practice consulted with their staff about appointment choice to see if there was any learning or improvement from this.</p> <p>The practice put out their own survey on the above issues, which is to run until the end of 2019. Results will be collated and analysed in early 2020.</p> <p>The practice carried out surveys quarterly on various aspects of the service including customer service, appointments and environment. They carried out a survey on all aspects of the service annually.</p>

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

Source	Feedback
Interviews with patients	We spoke with two members of the practice PPG, they told us the practice had noticeably changed for the better. They said there was more stability of GPs and appointment access had improved.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
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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)	83.6%	93.7%	93.4%	Variation (negative)

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: There were signs in reception in various languages. The practice had received funding from the local CCG for an interpreter to come to the practice and work with them to devise literature and recalls for health screening.	

Carers	Narrative
Percentage and number of carers identified.	The practice had 26 carers which was 0.15% of the practice population. This is a low number of carers for the patient list size. However, the practice said the demographics were skewed to the younger age group who were less likely to identify as carers.
How the practice supported carers (including young carers).	The practice had a carers champion to help understand and meet the needs of their patients. Carers were invited in for a health check and flu immunisation, they had links with a support worker to who they could be referred.
How the practice supported recently bereaved patients.	If families had experienced a bereavement, GPs contacted them or sent them a sympathy card. The call was followed up by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice to find a support service.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence: At our previous inspection in February 2019, we found there was some sound transfer between consultation rooms. The practice had negotiated with NHS England and NHS Property Services for minor works to be completed at the practice in early 2020, including soundproofing between the rooms which were affected. We found at our previous inspection that there was a lack of confidentiality at the reception desk.	

Temporary measures were implemented such as radio and music in the waiting area, footprints on the floor as a guide as to where to stand, and notices for confidential discussions to be in a private room. More permanent measures, such as screens, were awaiting installation in early 2020.

If the practice offered online services:

	Y/N/Partia I
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence: The practice had carried out a survey of patients to work out when was the best time to hold their flu vaccination clinics.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6:30pm
Tuesday	8am to 6:30pm
Wednesday	8am to 6:30pm
Thursday	8am to 6:30pm
Friday	8am to 6:30pm
Appointments available:	
Monday	*9am to 12 noon and 1pm to 5pm
Tuesday	*9am to 12 noon and 1pm to 5pm
Wednesday	*9am to 12 noon and 1pm to 5pm
Thursday	*9am to 12 noon and 1pm to 5pm
Friday	*9am to 12 noon and 1pm to 5pm
* Earlier appointments were available with the practice nurses and health care assistant from 8:30am and up to 5:30pm	
The practice provided extended access appointments on a Saturday between 8:30am and 1pm, with GP nurse and healthcare assistant availability	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
17058.0	475.0	29.0	6.1%	0.17%

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)	83.5%	94.9%	94.5%	Variation (negative)

Any additional evidence or comments

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.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- Additional nurse appointments were available from 8:30 am and on Saturdays for school age children so that they did not need to miss school. Routine telephone appointments were available.
- 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.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended appointments on Saturdays.
- Patients were able to access on-line systems for booking appointments and requesting repeat prescriptions.
- The practice offered NHS Health checks to all patients aged 40 to 74 years to identify those at risk of developing or who already had undiagnosed long-term conditions, at an early stage.

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.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

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

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>On the day of the inspection the next available appointment was within three working days, the next one after this was in eight working days' time.</p> <p>The practice were starting to use e-consult from the week following our inspection. This is an on-line triage and consultation tool.</p>	

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)	79.1%	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)	55.5%	67.2%	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)	59.2%	65.5%	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)	57.0%	72.3%	73.6%	Tending towards variation (negative)

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.	11
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	1

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

Example(s) of learning from complaints.

Complaint	Specific action taken
Documentation of consultations	A patient was not happy with their consultation. When the response was formulated to the complaint, it was noted that there was good documentation of the consultation in the patient's notes. This was taken to a clinical meeting and shared with the staff to highlight the importance of good documentation in patient's notes.

Well-led

Rating: Requires improvement

We inspected this practice in February 2019, and we rated the practice as inadequate for providing a well-led service. This was because there was not effective leadership, governance or strategy to support continued clinical improvement within the practice. There was a lack of strategy, analysis, planning and implementation of detailed and achievable plans to support improvement in clinical attainment within the practice.

At this inspection we rated the practice as requires improvement for providing a well-led service because:

- Although the performance of the practice had improved, there was still further development to be made in effective leadership and performance.
- Clinical attainment had improved but needed to improve further in order to be more comparable with similar practices.

Leadership capacity and capability

There was some leadership however, the provider was unable to demonstrate the capacity and skills to deliver high quality sustainable care at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Partial ¹
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Partial ¹
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: 1. We acknowledge that since our previous inspection in February 2019 there had been performance and team work improvement. However, there was still further development to be made in effective leadership and performance. The practice had a business development plan, from 2019 to 2024, which set out objectives, values and clinical leads. The practice had set out their goals for the last twelve months, which were to address the CQC inadequate rating, to have a higher quality outcomes frame work (QOF) achievement, carry out a staff survey, practice expansion and to put in place succession planning.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: The practice had a mission statement which was to provide excellent, accessible and safe health care by well trained and caring staff, to strive to provide patients centred health care to meet their patient's individual health care needs. The practice was not part of a primary care network (PCN) and were aware that they should be part of one. However, they worked closely with the local network.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The provider had worked hard to improve staff morale and ensure there was good team working at the practice. Since the previous inspection the staff had been on a team building exercise, funding was provided by the local clinical commissioning group (CCG). Feedback from staff was that this was positive for them.</p> <p>From this, a programme of staff events was devised bi-monthly which included going bowling or for a meal, and a Christmas party night, all of which was paid for by the provider to encourage team work. There was a birthday board where on each birthday the provider would supply cakes and fruit for staff.</p> <p>The practice had a nomination box for employee of the month award where staff could nominate a colleague who would then receive a store gift voucher provided by the practice.</p> <p>Staff had access to an employee assistance programme which was part of the package provided by the human resource contractor who the practice had engaged.</p> <p>Some of the staff pay had been reviewed following feedback and there had been some increases in salary for staff.</p>	

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes

Staff were clear about their roles and responsibilities.	Yes
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There were appropriate governance arrangements with third parties.	Yes
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Explanation of any answers and additional evidence: We found that the governance arrangements had improved since the previous inspection but were still not satisfactory. They were the clinical leads, for example, for safeguarding, prevent, learning disabilities, homeless, palliative care, long-term conditions, QOF and prescribing, as the lead GP could not perform this role. They provided each other with peer review. The practice management ensured that the administration work was supervised and carried out. The reception and administrative team were given protected time to carry out data analysis and audit work. The practice had meeting schedules in place which included clinical, nurse, reception, multi-disciplinary and safeguarding meetings.	
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Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Partial ²
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: The practice manager and their assistant had good systems in place to manage the practice management side of the business 2. The practice had worked hard to improve performance since our previous inspection, however further improvement was still necessary.	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence: Since our previous inspection numerous plans had been put in place and acted upon to improve clinical attainment.	

If the practice offered online services:

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

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group (PPG).	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
<p>Explanation of any answers and additional evidence: The PPG had been set up since 2017. They met quarterly. There were five members and one virtual member. They discussed issues affecting the practice. They discussed the previous CQC inspection report. The group had held cupcake days to raise funds for charity. The practice produced a quarterly newsletter for patients which contained information on antibiotics, for example, and the PPG.</p>	

Feedback from Patient Participation Group.

Feedback
<p>We met two members of the patient group. They explained to us how the meetings worked and said that the assistant business manager and one of the salaried GPs usually attended the meeting. They felt they were able to give feedback to the practice and they were listened to. Changes which had taken place as a result of their feedback were:</p> <ul style="list-style-type: none"> • Better privacy at the reception desk. • Clinical staff now came out of their room to call patients into appointments. • Patient toilets were checked more regularly during the day.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
<p>Explanation of any answers and additional evidence: The practice had sought advice from an external training provider, following funding for improvement which was received from the local CCG. The training provider provided help for practices to meet CQC standards. The practice had:</p> <ul style="list-style-type: none"> • Improved team well-being from social events, celebrating birthdays, employee of the month award; • Charity involvement with cupcake days; 	

- A comprehensive mandatory training programme;
- Successfully recruited new staff;
- Multi-disciplinary team involvement;
- Improved networking;
- PCN involvement;
- Involvement in practice management meetings and events;
- Improvements to the practice following involvement from the local CCG and NHS England;
- Introduced clinical leads and practice champions;
- Updated the practice website;
- Improved staff communication and relationships;
- Increased online access.

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.