

Care Quality Commission

Inspection Evidence Table

Cranbrook Surgery (1-543107289)

Inspection date: 24 February 2020

Date of data download: 19 February 2020

Overall rating: Good

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

Safe

Rating: Good

- At the previous inspection, the practice was rated as requires improvement for providing a safe service. At this inspection we have rate the practice good for providing safe services. This is because the practice had made improvements to the management of infection control, staff recruitment and medicines management.

Safety systems

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies took account of patients accessing any online services.	No
Policies and procedures were monitored, reviewed and updated.	Partial
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Partial

Safeguarding	Y/N/Partial
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice manager was reviewing all the policies and procedures to ensure they were up to date. At the time of the inspection, the new practice manager was in the process of reviewing all the policies, this included the safeguarding policy, where they agreed to consider patients accessing online for patients requiring repeat prescriptions or appointments. Staff reported any issues to the lead for safeguarding. We saw there were systems in place to identify any patients of concern on the patient record system. The practice staff met with the other agencies where there were areas of concern, but staff were not aware of the process to inform other agencies when a child regularly did not attend planned appointments. Following the inspection, the practice manager provided a protocol regarding children not attending appointments at the practice or at secondary care. 	

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:	
<ul style="list-style-type: none"> We reviewed five staff folders and found all had the necessary checks carried out to ensure they were competent for their roles. We saw the GPs had the necessary medical indemnity in place for any private work. 	

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: 7 January 2020	Yes
There was a record of equipment calibration. Date of last calibration: 7 January 2020	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Partial
There was a record of fire extinguisher checks. Date of last check: December 2019.	Yes
There was a log of fire drills. Date of last drill: In the process of agreeing with the other services in the premises when that should occur,	Partial
There was a record of fire alarm checks. Date of last check: December 2019	Yes

There was a record of fire training for staff. Date of last training: The staff completed this annually online.	Yee
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 10 February 2020	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had recently moved into temporary accommodation (new portacabins) whilst waiting for new premises to be built. The practice shared them with another GP practice, and they had decided to jointly share the responsibility of ensuring the premises were safe. The practice manager was in the process of retraining and organising an overview of the premises to ensure they were safe. The practice had basic fire information in place and was in the process of implementing a fire protocol with the other services in the premises. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 21 February 2020	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 21 February 2020	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice manager had carried out provisional risk assessments for health and safety, premises and wheel chair which they planned to review once settled into the premises. 	

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 2020	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	

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: <ul style="list-style-type: none"> All staff were due an update in basic life support which was planned for the end of February. 	

Information to deliver safe care and treatment

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

	Y
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.	Partial
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
Explanation of any answers and additional evidence:	
Explanation of any answers and other comments on dispensary services:	

- The new practice manager had reviewed all of the workflow and where improvements were made put new systems in place and trained staff to ensure prompt administration. However, 709 patient notes where a patient had left the surgery dating back to December 2017 had not been returned. The practice manager explained that the notes had been collected for digitalisation in October 2019 and they were awaiting their return. Once returned they would be forwarded on.
- In addition, the practice had 61 unidentified documents dating back to 1 August 2019, that were waiting to be matched to the patient dating back to August 2019, the practice manager explained they had identified this, and many had already been matched. They had trained staff to carry out this work. We reviewed ten of the letters and found some were duplications and they had not put patients at risk.
- The practice had summarised 96% of patient records. The summary enabled doctors to quickly review a patient history.
- The service had a system in place to ensure that all patients who were referred to secondary care were followed up.

Appropriate and safe use of medicines

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)	0.52	0.75	0.87	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%	9.1%	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)	9.58	6.64	5.60	Significant Variation (negative)
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)	0.80	1.54	2.08	Variation (positive)

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

Medicines management	Y/N/Partial
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.	N/A
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	No
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.	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.	Partial.
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The vaccine fridges had both a thermometer and a data logger, the data logger was checked weekly and the thermometer three times a week. The staff agreed to commence checking and recording the thermometer temperatures every day the practice was open. • The practice did not hold controlled drugs on the premises. However, they were not aware of their accountable officer at the time of the inspection. • The practice did not have any non-medical prescribers. • The practice had carried out their own audit in response to the higher than local clinical commission group average for the prescribing of antibiotic for an uncomplicated urinary tract infection in September 2019, which demonstrated prescribing within national and local clinical commissioning group (CCG) guidelines. 	

Medicines management	Y/N/Partial
<ul style="list-style-type: none"> A review of high-risk medicine, methotrexate, lithium, warfarin and azathioprine demonstrated the demonstrated the appropriate tests were carried out prior to prescribing. Staff would follow up patients did not pick up their prescriptions from the practice. 	

Track record on safety and lessons learned and improvements made

The practice learned and had made improvements when things went wrong. However, the system for significant events was sometimes ineffective.

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.	Partial
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:	2
Number of events that required action:	2
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had a significant event policy in place which had been updated in January 2020. Information was cascaded to staff at practice meetings. The new practice manager had implemented a new system to record significant events, however we were informed of a different significant event that were included in the list submitted to CQC. This therefore demonstrated the system was not always effective. 	

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

Event	Specific action taken
<ul style="list-style-type: none"> A vaccination was given by mistake to a patient, when a married couple were seen jointly in one appointment. 	<ul style="list-style-type: none"> The vaccination was not harmful to the patient. The patient was apologised to. The learning for all clinical staff was to check the name of the patient and to see one patient at time and not carry out joint appointments.
<ul style="list-style-type: none"> A patient who requested a repeat medication over the telephone, was given the incorrect medicine 	<ul style="list-style-type: none"> Staff were reminded that all medication requires should be written.

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:

- We were provided with information that demonstrated safety alerts were reviewed, cascaded to staff and patients who were affected were identified and action taken.

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> During the inspection we reviewed 32 patient notes and found that their needs were assessed, reviewed and delivered following current guidelines. 	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) <small>(NHSBSA)</small>	0.74	0.75	0.74	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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.
- 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 referred to a local service.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	74.8%	72.6%	79.3%	No statistical variation
Exception rate (number of exceptions).	1.8% (8)	7.5%	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) <small>(QOF)</small>	87.3%	79.8%	78.1%	Tending towards variation (positive)
Exception rate (number of exceptions).	1.3% (6)	4.7%	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	79.8%	77.6%	81.3%	No statistical variation

months) is 5 mmol/l or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>				
Exception rate (number of exceptions).	2.4% (11)	6.9%	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>	83.5%	77.1%	75.9%	Tending towards variation (positive)
Exception rate (number of exceptions).	1.5% (4)	3.8%	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 dyspnea scale in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	90.3%	92.8%	89.6%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	8.6%	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>	88.3%	82.0%	83.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	1.5% (8)	2.6%	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>	96.3%	89.0%	91.1%	No statistical variation
Exception rate (number of exceptions).	10.0% (3)	4.7%	5.9%	N/A

Families, children and young people

Population group rating: Good

Findings

- The practice had not met the minimum 90% for four childhood immunisation uptake indicators.
- In response the new practice manager had: -
- Trained staff to obtain the list of children from the Public Health England database whom had not yet had their vaccinations, the list was reviewed weekly and patients recalled. Parents would be sent a letter, then telephoned by the nurse and texted to remind them to attend the practice.
- If during the telephone call with the practice nurse they continue to decline, they will be offered an appointment with the GP.

- At the time of our inspection the provider submitted unverified data from NHS digital (Inform), which informed the practice monthly about their achievement. For:
 - From the 1 October 2019 to 1 January 2020 the practice had achieved 86% for immunisations (Under two years of age and 73% for boosters (over two years of age)
 - .From the 1 July to the 1 October 2019 the practice had achieved 83% for immunisations and 83% for boosters.
 - From the 1 April to 1 July 2019 the practice had achieved 85% for immunisations and 85% for boosters.
 - The practice manager explained that the low figure of 38.8% for children age two who have received the booster immunisation for pneumococcal infection was low because staff had failed to record this correctly on the patient record system. At the time of the inspection staff were reviewing the records to ensure they were recorded correctly.
 - Staff were unaware of the system to follow to review and report on children who regularly failed to attend appointments at the practice. However, following the inspection the practice manager provided a protocol regarding children not attending appointments at the practice or at secondary care.
 - The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
 - Young people could access services for sexual health and contraception.
 - Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 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)	54	67	80.6%	Below 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)	26	67	38.8%	Below 80% uptake
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)	54	67	80.6%	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)	58	67	86.6%	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: Requires Improvement.

Findings

- The practice had put into place new systems that should improve their achievement rates for cervical screening, however at present this was not reflected in the cervical screening uptake.
- The most provider submitted unverified data from Public Health England that they were currently achieving 78% for 50 to 65 years and 63% for the 25 to 49 years.
- 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.
- The service had recently commenced an online consultation service. (E Consult).

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). (01/07/2019 to 30/09/2019) (Public Health England)	67.1%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	70.5%	69.9%	71.6%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2018 to 31/03/2019) (PHE)	45.8%	48.1%	58.0%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2018 to 31/03/2019) (PHE)	66.7%	71.5%	68.1%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) (PHE)	54.5%	52.9%	53.8%	No statistical variation

Any additional evidence or comments

- In response to the low uptake of cervical screening, the new practice manager had:-

- Contacted Barking, Havering and Redbridge Health improvement cancer screening programme coordinators and discussed ways to improve the practice. The coordinator will be attending the next patient participation meeting to demonstrate how to use the bowel screening kit.
- The practice now contacts the patients three times to reinforce the importance of cervical screening, by letter, text and telephone.
- The practice was looking to introduce cervical screening at the weekend for employed patients.
- Introduced text messaging to remind patients to attend cervical screening.
- Introduced a new protocol for cervical screening when a patient does not attend.
- The practice had 4,559 patients registered at the practice, where 68% were from black, Asian and minority groups, which could affect the number of women attending.
- The public health data demonstrates slow improvements in uptake, for example for the age 25 to 64 from 31 March 2016 to 30 September 2019 the uptake has improved from 64.2% to 67.1%.

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. A review of the clinical system established from 1 April 2019 to present time the practice had completed 10 out of 22 annual health checks.
- 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 regular contact with the hospice team.
- The provider supported a local residential home for patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- The practice provided unverified data to show that from 1 April 2019 to the date of the inspection 81% of patient with a mental illness had an annual care plan review.
- Same day and longer appointments were offered when required.
- 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.
- 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) <small>(QOF)</small>	87.1%	92.7%	89.4%	No statistical variation
Exception rate (number of exceptions).	6.1% (2)	5.4%	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) <small>(QOF)</small>	93.5%	93.5%	90.2%	No statistical variation
Exception rate (number of exceptions).	6.1% (2)	3.9%	10.1%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	91.7%	83.6%	83.6%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	4.5%	6.7%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	543.0	539.5	539.2
Overall QOF score (as a percentage of maximum)	97.1%	96.5%	96.7%
Overall QOF exception reporting (all domains)	3.1%	4.9%	5.9%

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

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

- The practice had carried out a two-cycle audit of prescribing compliance with NHS and CCG prescribing guidance. The second audit in September 2019 demonstrated an improvement.

- An audit carried out in 2019 to review the clinical control of asthma in patients, this reviewed 14 patients clinical care and found six patients were poorly controlled and they were referred to the asthma clinic. Others had their medication changed or had their inhaler technique checked.
- An audit on type two diabetes management in 2018, this resulted in an improvement in the recall of diabetic patients for review.
- The practice was part of a local primary care network and working with them to improve the service.
- The practice carried out local initiatives from the local clinical commissioning group.
- The practice manager monitored the uptake of the quality outcomes framework.

Effective staffing

Initially the practice was unable to demonstrate that staff had the skills, knowledge and experience to carry out their roles. However, the information was available following the inspection.

	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.	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.	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • At the time of the inspection, the management team did not have a managerial overview of who had completed training. Following the inspection, the practice submitted an overview. This demonstrated, most staff had completed the necessary training for their role. • All staff were due an update in basic life support which was planned for the end of February. • The GP carried out the practice nurse annual appraisal. 	

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: <ul style="list-style-type: none"> The practice carried out multidisciplinary case review when appropriate for the patients needs. 	

Helping patients to live healthier lives

Staff were 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: <ul style="list-style-type: none"> The practice offered referral to smoking cessation services and weight management. 	

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	98.5%	96.3%	95.0%	Variation (positive)

smoking status in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>				
Exception rate (number of exceptions).	0.3% (3)	0.5%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Clinicians demonstrated they obtained consent to care and treatment in line with legislation. 	

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-judgmental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence:	

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

Source	Feedback
The practice did not receive the CQC comment cards.	

National GP Survey results

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)	88.8%	85.0%	88.9%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time	85.7%	82.6%	87.4%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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)				
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)	96.1%	94.4%	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)	75.9%	74.0%	82.9%	No statistical variation

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

Any additional evidence
<ul style="list-style-type: none"> • The practice manager had carried out two survey. For a period of one week in January 2020. Twenty-five patients responded to the survey, when asked they stated: - <ul style="list-style-type: none"> ○ Can you get an appointment easily? 92% were stated extremely likely or likely. ○ Is the reception opening times usually convenient for you? 100% were stated extremely likely or likely ○ Can you usually see the doctor you want? 96% were stated extremely likely or likely. ○ Do you usually fine the reception helpful? 100% were stated extremely likely or likely. ○ Are you usually satisfied with your consultation? 96% were stated extremely likely or likely. ○ Do you feel the GP/Nurse usually involve u in the decisions about your care? 96% were stated extremely likely or likely, ○ Overall how do you rate your experience of the GP surgery? 100% were stated extremely likely or likely. • The same positive response was reflected in a spot survey on the 21 February 2020.

:-

Involvement in decisions about care and treatment

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

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

Explanation of any answers and additional evidence:

- Interpretations services and a hearing loop were available at the practice.
- When a patient required a translation of a leaflet, the staff would try to facilitate this.
- The practice had information for patients with a sight impairment.

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)	91.3%	91.1%	93.4%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Some staff had completed sign language training. 	

Carers	Narrative
Percentage and number of carers identified.	<ul style="list-style-type: none"> • The practice had 638 carers out of practice population of 4549. This is 1.49% ,
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> • The practice offered the telephone contact of the local carer team. • The practice provided leaflets. • The practice had designed a poster with information for carers. • The practice offered flu injections.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> • The practice followed the local clinical commission group referral process to the bereavement services. • The practice was planning to send the bereaved condolence cards.

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.	Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had a room behind reception where patients could be seen confidentially. • The practice had recently moved to the surgery and had not considered way of improving the confidentiality at the reception desk. 	

If the practice offered online services:

	Y/N/Partial
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	N/A
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had recently implemented online consultations using email. At present they carried out checks during the process to ensure the correct information was given. The practice monitored the number and outcome of the online consultations. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • For patients that worked the practice had implemented an online consultation service. • The practice was open and appointments available until 7pm two nights a week. • The practice nurse offered late appointments on a Tuesday. • The practice offered telephone appointments and home visits when appropriate. • The practice had two receptionists, one worked on the reception and saw patients face to face, a second dealt with telephone enquiries to book appointments. The practice had two telephone lines coming in and out of the practice and a mobile phone. At present the practice have 4,559 patients, however should this increase the lack of telephone lines and reception staff may limit patient access. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 7pm.
Tuesday	8am to 6.30pm.
Wednesday	8am to 7pm.
Thursday	8am to 6.30pm.
Friday	8am to 6.30pm.
Appointments available: GPs 9am	
Monday	<ul style="list-style-type: none"> • Two doctors. available from 9am to 12.30pm and 4.30pm to 6.30pm and one doctor from 6.30pm to 7pm.
Tuesday	<ul style="list-style-type: none"> • One doctor available 9am to 12.30 m and from 4.20pm to 6.30pm.
Wednesday	<ul style="list-style-type: none"> • Two doctors available from 9am to 12.30pm and 4.30pm to 6.30pm and one doctor from 6.30pm to 7pm.

Thursday	<ul style="list-style-type: none"> Two doctors available 9am to 12.30 m and from 4.30pm to 6.30pm.
Friday	<ul style="list-style-type: none"> One doctor available 9am to 12.30 m and from 4.30pm to 6.30pm.
Nurse appointments	<ul style="list-style-type: none"> Monday, and Wednesday 9am to 3pm. Tuesday 5pm to 7pm. Thursday 10am to 1pm and 2pm to 5pm

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2019 to 31/03/2019)	98.7%	92.7%	94.5%	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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 had a list of patients who were unable to attend the practice and would prioritise home visits for older people. In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred. An Age UK support worker attended the practice three days a week to offer support older people who lived alone. There was a medicines delivery service for housebound patients by the local pharmacy.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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. One a month by teleconference.

Families, children and young people

Population group rating: Requires Improvement.

Findings
<ul style="list-style-type: none"> We found the practice staff could not explain the 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. In addition, staff were

unaware of the system to follow to review and report on children who regularly failed to attend appointments at the practice. However, following the inspection the practice manager provided a protocol regarding children not attending appointments at the practice or at secondary care.

- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Additional nurse appointments were available until 7pm on a Tuesday for school age children so that they did not need to miss school.

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. For example, the introduction of online consultations.
- The practice was open until 7pm on a Monday and Wednesday.
- Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available 6.30pm to 10pm on weekdays and 8am to 8pm on weekend

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including 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 travelers.
- 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.

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
Explanation of any answers and additional evidence:	

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)	65.1%	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)	70.1%	57.3%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	63.8%	58.2%	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)	75.6%	65.0%	73.6%	No statistical variation

Source	Feedback
For example, NHS Choices	<ul style="list-style-type: none"> The eight most recent reviews all very positive and scored five stars with the exception of two who were unsatisfied with the treatment they had received and the collection of blood results. The practice had responded to the negative reviews.

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.	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.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The information and learning of complaints were cascaded to staff during the practice meetings. We saw the most recent staff meeting in January 2020, had complaints on the agenda. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
<ul style="list-style-type: none"> A patient complained about access to appointments. 	<ul style="list-style-type: none"> The staff resolved this by explaining the appointment system and the availability of emergency appointments each day.
<ul style="list-style-type: none"> A partner wanted to access their partners records, 	<ul style="list-style-type: none"> The staff explained to the partner that written permission was required prior to access the records.

Well-led

Rating: Requires Improvement

We have rated this as requires improvement because: -

At the previous inspection the practice was rated as inadequate for providing a well-led service. At this inspection we rated the practice as requires improvement for providing a well-led service. This was because: -

- Although we found the practice and the new practice manager had made improvements in the short time they have been in post, further work was required to ensure the new systems and processes were reviewed, updated and fully embedded.

Leadership capacity and capability

There was inclusive and effective leadership at all levels

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	No
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice had a new part-time practice manager who commenced in January 2020, who was working until April 2020 and then the practice planned to recruit a permanent practice manager.• The temporary practice manager had recognised when systems were not fully effective and in response had trained the staff and updated the systems had introduced new protocols and practices to improve the service.• The two GP partners did not believe at this point they needed to consider a succession plan, as both were committed to the practice.	

Vision and strategy

The practice had a 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 business development plan in place covering 2017 to 2020. The recommendations in the had been achieved for example new premises, and the creation of a financially sustainable model for primary care.

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence:	

Governance arrangements

There were responsibilities, roles and systems of accountability to support good governance and management. However, some of the new systems and processes required further embedding and improvements.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
Staff were clear about their roles and responsibilities.	Partial
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: Although we found the new practice manager had made improvements in the short time they have been in post, further work was required to ensure the new systems and processes were reviewed, updated and fully embedded. For example:	
<ul style="list-style-type: none"> The practice did not have protocols in place for referrals, test results and workflow to ensure a consistent approach. 	

- The new practice manager had reviewed all the workflow and found issues but at the time of the inspection these had not been fully resolved. Such as patient registration documents and unmatched patient documents.
- The system for significant events required embedding to ensure that all practice events were reviewed.
- The practice did not hold controlled drugs on the premises. However, they were not aware of their accountable officer at the time of the inspection.
- The system for the checking the vaccine fridges temperature was not sufficient to ensure that the medicines were always kept at the correct temperature.
- Staff were unaware of the system to follow to review and report on children who frequently attended accident and emergency or regularly failed to attend appointments at the practice.
- At the time of the inspection the practice manager did not have an overview of staff training to assure themselves that staff were competent for their role.
- Further work was required to embed the recall system for both child immunisations and cervical screening.

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Partial
There were effective arrangements for identifying, managing and mitigating risks.	Partial
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice had put into place premises and health and safety temporary risk assessments that required further recognition of risk and embedding. 	

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.	Partial
There were effective arrangements for identifying, managing and mitigating risks.	Partial
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice had not ensured when the patient moved practices that their paper records were available to the new practice. The practices system to ensure all unmatched patient documents was not yet fully embedded. 	

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Any unusual access was identified and followed up.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice offered an online consultation service (E consult), patient repeat prescriptions and booking of appointments online. 	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> We were told the GP held monthly clinical and practice meetings. 	

Feedback from Patient Participation Group (PPG).

Feedback
<ul style="list-style-type: none"> We met with one member of the PPG. They said the last meeting was in December 2019. There were approximately ten members. The main issues they had discussed recently was the moving to the new building. They commented that they do not keep formal minutes but hoped to do in the future. They provided positive feedback about the practice. They said it was a 'pleasure to have such excellent GPs'.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice was part of the local primary care network, where improvements were being made. • The practice had recently moved to new premises and this had impacted on the time the GPs had to carry out improvement audits. • The practice had implemented both a texting service to remind patients about their appointments and an online consultation service. • The practice was moving to a paper free service and had commenced digitalizing all the patient's historical records. 	

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.