

# Care Quality Commission

## Inspection Evidence Table

### The Greens Health Centre (1-545791208)

Inspection date: 27 February 2020

Date of data download: 06 December 2019

## Overall rating: Good

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

## Safe

## Rating: Good

The practice was previously rated as requires improvement for providing safe services. It has now been rated as good because:

- Policies for safeguarding adults and children contained up to date information.
- Recruitment checks were carried out in accordance with the regulations.
- Health and safety arrangements were in place.
- Patients on repeat medicines were reviewed in a timely way.

### Safety systems and processes

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

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

<b>Safeguarding</b>		<b>Y/N/Partial</b>
Disclosure and Barring Service (DBS) checks were undertaken where required.		Y
Staff who acted as chaperones were trained for their role.		Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.		Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>We saw evidence that all staff were up to date with relevant adult and child safeguarding training appropriate to their roles, this included identification and referral to improve safety (IRIS) training for domestic violence. In addition, all child and adult safeguarding policies were up to date and accessible by all staff.</li> </ul>		

<b>Recruitment systems</b>		<b>Y/N/Partial</b>
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).		Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.		Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.		Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>We reviewed four recruitment files and found evidence that they contained information in accordance with the regulations which included a record of immunisations for staff.</li> </ul>		

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: March 2019	Y
There was a record of equipment calibration. Date of last calibration: February 2019	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: July 2019	Y
There was a log of fire drills. Date of last drill: 25/02/202	Y
There was a record of fire alarm checks. Date of last check: 24/02/20	Y
There was a record of fire training for staff. Date of last training: March 2019	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 25/07/2019	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice carried out weekly fire testing. An up to date fire risk assessment had been carried out and actions identified had been completed for example, tightening loose discharge horns to carbon dioxide (Co2) extinguishers.</li> </ul>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: September 2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: September 2019	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>There was a health and safety lead in the practice and all health and safety policies were up to date. As part of our inspection we also saw evidence of control of substance hazardous to health (COSHH) and legionella testing. In addition, practice staff had undertaken first aid training in November 2019.</li> </ul>	

## Infection prevention and control

**Appropriate standards of cleanliness and hygiene were met.**

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 24/02/20	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>An infection control policy had been updated in June 2019. The practice had undertaken two infection control audits in the past 12 months. The most recent audit had achieved an overall score of 90% and areas identified were in the process of being actioned, for example, wall mounting alcohol gel.</li></ul>	

## Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>The practice had systems in place to ensure they had adequate staffing to manage the service</li></ul>	

during busy times.

- The practice had recently recruited three nurses and had taken appropriate action to ensure there were processes in place to support their induction. This included a buddy system and clinical oversight by a GP.
- There was a clinical lead in place for sepsis and literature was available and on display throughout the practice.
- Non-clinical staff had not completed sepsis training but were able to demonstrate the steps they would take to deal with deteriorating and acutely unwell patients. During our inspection, the practice told us they would carry out sepsis training for non-clinical staff.

## Information to deliver safe care and treatment

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

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

## Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2019 to 30/11/2019) <small>(NHS Business Service Authority - NHSBSA)</small>	1.08	0.89	0.85	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/01/2019 to 30/11/2019) <small>(NHSBSA)</small>	4.7%	5.4%	8.4%	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 (01/07/2019 to 30/11/2019) <small>(NHSBSA)</small>	5.62	5.20	5.56	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/07/2019 to 30/11/2019) <small>(NHSBSA)</small>	3.24	1.77	2.07	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	N/A

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

## Track record on safety and lessons learned and improvements made

### The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	3

Number of events that required action:	3
Explanation of any answers and additional evidence:	

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

Event	Specific action taken
A postnatal examination for a patient was recorded in another patient's record who lived at the same address.	The error was discovered and the process reviewed in a meeting with receptionists and clinicians to ensure that robust checks are being made on patients to confirm identity and dates of birth.
The incorrect patient's name was given to a GP when requesting a prescription for antibiotics.	The information was detected and the process reviewed with reception staff to ensure patients details are checked correctly and all information is recorded in a message book. This was reviewed at a GP and team meeting.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence:	



## Effective

## Rating: Good

The practice was previously rated as requires improvement for providing effective services and inadequate for the population group of people experiencing poor mental health (including people with dementia). It has now been rated as good overall for effective and all of the population groups with the exception of working age people (including those recently retired) which we rated as requires improvement because:

- There was now a system in place for clinical oversight which included buddy arrangements for newly appointed clinical staff to support their development needs. This included clinical oversight by the GPs.
- There was now an effective system that ensured regular reviews were completed for patients experiencing poor mental health including people with dementia. Outcomes for patients with mental health had seen improvements since our last inspection.
- Cancer outcomes including cervical screening were below local and national averages and measures taken to improve the practice's uptake had not yet been effective.

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"><li>• The practice had made improvements in their long term conditions following the last inspection, however some areas were still under review. The practice had struggled to recruit a number of nurses in the last 12 months, however this had since been addressed and clinical staff were working to improve areas that were below performance. The practice had implemented a new recall system to ensure patients were being regularly reviewed. In addition, the GPs were</li></ul>	

clinical leads in areas of outcomes and this continued to be monitored.

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) (01/01/2019 to 30/11/2019) <small>(NHSBSA)</small>	1.68	0.78	0.72	Variation (negative)

- The practice were aware of their higher prescribing of hypnotics and were continuing to review and address this through audits and best practice.

## Older people

## Population group rating: Good

### Findings

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

## People with long-term conditions

## Population group rating: Good

### Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. GP leads were allocated to lead on specific conditions, they ran dedicated clinics and oversaw health outcome performance for their respective clinical area.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.

- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	68.0%	77.1%	79.3%	Tending towards variation (negative)
Exception rate (number of exceptions).	4.4% (18)	8.5%	12.8%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	63.0%	74.2%	78.1%	Variation (negative)
Exception rate (number of exceptions).	4.1% (17)	8.3%	9.4%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	75.8%	80.8%	81.3%	No statistical variation
Exception rate (number of exceptions).	5.6% (23)	10.3%	12.7%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	67.0%	75.2%	75.9%	Tending towards variation (negative)
Exception rate (number of exceptions).	1.3% (7)	5.3%	7.4%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in	84.2%	89.4%	89.6%	No statistical variation

the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)				
Exception rate (number of exceptions).	0.6% (1)	6.4%	11.2%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to 31/03/2019) (QOF)	74.7%	83.7%	83.0%	Variation (negative)
Exception rate (number of exceptions).	1.6% (15)	4.0%	4.0%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2018 to 31/03/2019) (QOF)	91.0%	90.9%	91.1%	No statistical variation
Exception rate (number of exceptions).	2.0% (2)	4.2%	5.9%	N/A

Although data is available on the practice nationally through the quality outcomes framework, Dudley CCG have their own quality outcomes for health framework (DQOFH) that is different from the national quality outcomes framework (QOF) and therefore comparisons of DQOFH with national averages were not available. Although we found that the National QOF outcomes for some long term conditions showed negative variation for outcomes we reviewed the local CCG data (DQOFH) for the practice's long term conditions and found that areas of performance were within the required thresholds:

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of people with a diagnosis of diabetes in whom the last IFCC-HbA1c has been measured and recorded in the last 12 months as 64mmol/mol or less (01/04/2018 to 31/03/2019) (DQOFH)	68%	43-83%	N/A	No statistical variation
The percentage of people with diabetes with a blood pressure which is treated to target of $\leq 140/80$ mmHg ( $\leq 130/80$ mmHg with retinopathy, CKD or CVD complications) (01/04/2018 to 31/03/2019) (DQOFH)	46.7%	51-68%	N/A	Tending towards variation (negative)
The percentage of people with diabetes whose cholesterol is treated to target $\leq 5$ mmol/l (01/04/2018 to 31/03/2019) (DQOFH)	76%	40-75%	N/A	Tending towards variation (positive)

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of people with a diagnosis of asthma who have had an asthma review in the last 12 months that includes an assessment of asthma control using the 3 RCP (01/04/2018 to 31/03/2019) (DQOFH)	68.6%	45-75%	N/A	No statistical variation
The percentage of people with COPD who have had a COPD review in the last 12 months including an assessment of breathlessness using the Medical Research Council (MRC) dyspnoea scale (01/04/2018 to 31/03/2019) (DQOFH)	83.7%	50-90%	N/A	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
The percentage of people with Hypertension in whom the last blood pressure reading is $\leq 150/90$ mmHg in the last 12 months (01/04/2018 to 31/03/2019) (DQOFH)	72.5%	45-80%	N/A	Variation (negative)
Of those people with atrial fibrillation and a record of a CHA2DS2-VASc score of 2 or more, the percentage who are currently treated with anticoagulation drug therapy (01/04/2018 to 31/03/2019) (DQOFH)	91.7%	40-70%	N/A	Variation (Positive)

#### Any additional evidence or comments

- The practice could evidence that they had made improvements in their long term conditions outcomes for Dudley quality outcomes for health (DQOFH). Despite some challenges previously in the lack of nursing staff, the practice had now recruited clinical staff, introduced a new recall system and introduced longer appointment times.

## Families, children and young people

## Population group rating: Good

### Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) target.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on

long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.

- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 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)	81	85	95.3%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	94	101	93.1%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	94	101	93.1%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	94	101	93.1%	Met 90% minimum

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

## Working age people (including those recently retired and students)

## Population group rating: Requires Improvement

### Findings

- Cancer outcomes including cervical screening was below local and national averages and measures taken to improve the practice's uptake had not yet been effective.
- 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). (Snapshot date: 01/07/2019 to 30/09/2019) (Public Health England)	64.9%	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)	63.3%	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)	49.2%	52.5%	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)	45.5%	49.5%	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)	38.7%	51.7%	53.8%	No statistical variation

#### Any additional evidence or comments

- The practice were continuing to review their cancer rates following previous coding issues. Cancer reviews were taking place by GPs and a nurse who had completed specific training in this area.
- The practice were below the 80% target for cervical screening and discussed the difficulties they had faced having a lack of nurses in post. They told us the lack of nurses had impacted on their outcomes, however they had now employed three additional nurses and there was a system in place to ensure recalls, opportunistic screening and audits were taking place. The practice was able to evidence that since the recruitment of a nurse in November 2019 they had carried out 100 cervical screenings for patients.



## People whose circumstances make them vulnerable

Population group rating: **Good**

### Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

## 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.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record,	2.0%	9.3%	89.4%	Significant Variation (negative)



in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)				
Exception rate (number of exceptions).	0.0% (0)	14.4%	12.3%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	46.9%	75.5%	90.2%	Significant Variation (negative)
Exception rate (number of exceptions).	0.0% (0)	9.7%	10.1%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	7.7%	39.7%	83.6%	Significant Variation (negative)
Exception rate (number of exceptions).	16.1% (5)	13.7%	6.7%	N/A

- Although we found that the National QOF outcomes for mental health indicators were showing significant negative variation we reviewed the local CCG data (DQOFH) for the practice and found that improvements had been made since the last inspection:

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of people with a diagnosis of severe mental illness who have a mental health review in the last 12 months (01/04/2018 to 31/03/2019) (DQOFH)	24.1%	31-62%	N/A	Tending towards variation (negative)
The percentage of people with a diagnosis of severe mental illness who have a cardiovascular disease risk assessment in the last 12 months (01/04/2018 to 31/03/2019) (DQOFH)	92.4%	39-85%	N/A	Tending towards variation (positive)
The percentage of people with a diagnosis of dementia whose care plan has been reviewed in a face to face dementia review in the last 12 months (01/04/2018 to 31/03/2019) (DQOFH)	54.1%	35-70%	N/A	No statistical variation

## Monitoring care and treatment

The practice had a 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)	358.6	No Data	539.2
Overall QOF score (as a percentage of maximum)	64.2%	No Data	96.4%
Overall QOF exception reporting (all domains)	2.7%	No Data	No Data

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

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

The practice had carried out an audit for the number of patients prescribed fentanyl patches as part of new guidance and best practice which indicated that patients should be offered an alternative (fentanyl is an opioid used for pain management). The first audit found that 44% of patients were prescribed fentanyl patches without exploring an alternative. Patients were contacted and alternative medicines were actioned. A re-audit was completed which found that there had been a 13% reduction in the prescribing of Fentanyl.

The practice carried out an audit to assess the implementation of a delayed antibiotic strategy in line with new evidence based strategies. The first audit found that 62 patients had received delayed prescribing and the second audit demonstrated that 90 patients had received delayed prescribing. Overall the practice's action plan for delayed antibiotic prescribing has seen a significant increase of delayed prescribing of 50% since the second audit in 2017-2018.

Any additional evidence or comments
<ul style="list-style-type: none"> <li>The practice had access to CCG led pharmacist who carried out regular searches, reviews and audits for medicines management; this included high risk medicines and antibiotic prescribing.</li> </ul>

## Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y

The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	N/A
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Partial
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Since the last inspection the practice had difficulties in the recruitment of clinical staff, however they had recently appointed three nurses. There was an induction process and buddy arrangements in place to support their development needs. This included clinical oversight by all of the GPs which included a review of clinical consultations for newly appointed clinicians.</li> <li>• Although the practice held multi-disciplinary meetings and practice meetings there was no schedule of nursing meetings taking place for clinical reviews. We discussed this with the practice who assured us they had plans to embed this now the clinical team were all in place to support best practice. The practice told us that GP's provided clinical oversight which included reviews of patient consultations.</li> <li>• During our inspection the practice were in the process of completing appraisals for staff members, however a number were overdue by two months.</li> <li>• The practice used an electronic training platform to provide most training courses. We saw that the training was up to date in most areas; for example, training courses included safeguarding, health and safety, whistleblowing and dementia training. The practice manager was in the process of formalising an electronic system to embed this further and have oversight of overdue training.</li> </ul>	

## Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2018 to 31/03/2019) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or	Y

organisations were involved.	
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>We saw evidence that the practice were now holding more regular multi-disciplinary meetings on a monthly to review complex patients and identify those in need of additional support. This included end of life care and palliative patients.</li> </ul>	

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice were proactive in supporting those patients to live healthier lives. For example, vouchers were given out for patients with a body mass index (BMI) over 30 for weight watchers or slimming world.</li> </ul>	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	87.0%	92.9%	95.0%	Significant Variation (negative)
Exception rate (number of exceptions).	0.2% (4)	0.5%	0.8%	N/A

#### Any additional evidence or comments

- We noted that the practices DQOFH outcomes for smoking indicator was 75.9% which was just below the threshold of 76-85%. The practice were continuing to review this area to improve their performance.

#### Consent to care and treatment

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

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

## 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.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence:	

CQC comments cards	
Total comments cards received.	6
Number of CQC comments received which were positive about the service.	6
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
CQC Comment cards	Patients reported that the practice provided a good service, treated them with respect and were helpful. In particular feedback complimented the nursing team.
Patient interviews	On the day of inspection, we spoke to four patients who told us their dignity and privacy was respected and they felt involved in their care and treatment.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7563.0	469.0	123.0	26.2%	1.63%

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)	85.9%	89.0%	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)	82.8%	87.5%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	95.1%	96.4%	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)	77.4%	83.9%	82.9%	No statistical variation

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

Any additional evidence
Friends and family feedback was monitored and results during the last month evidenced that 80% of patients would recommend the practice.

## Involvement in decisions about care and treatment

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

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

Source	Feedback
Interviews with patients.	Patients told us that staff always explained treatment and they were good at giving them enough time during their appointment.

## 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)	91.9%	94.6%	93.4%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>There was literature in the practice and on their website, which gave patients information on family health, minor ailments, bereavement, long term conditions and carers.</li> </ul>	



Carers	Narrative
Percentage and number of carers identified.	The practice had identified 111 carers which represented 1.4% of the practice population.
How the practice supported carers (including young carers).	There was a carers noticeboard in the patient waiting area that had information on support services. In addition, there was a carers pack available for patients. (A copy of this was available from the reception desk which notified patients about the carers board).
How the practice supported recently bereaved patients.	Patients could be referred for bereavement support to a counsellor who held clinics in the practice each week. The practice were able to signpost patients to a chaplaincy service hosted by a local practice in the area. In addition, literature was available in the practice on local bereavement counselling services that patients could self-refer into.

## Privacy and dignity

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

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The reception desk was set back from the reception waiting area. The reception desk was lower in one section for patients who used wheelchairs. The waiting area included a children's corner. There was also an additional small waiting area located in a separate part of the practice should patients require this.</li> </ul>	

## Responsive

Rating: Good

### Responding to and meeting people's needs

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

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

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 8.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments available:	
Monday	8.30am to 11.30am and 3.30pm to 8pm
Tuesday	8.30am to 11.30am and 3.30pm to 5.10pm
Wednesday	8.30am to 11.30am and 3.30pm to 5.10pm
Thursday	8.30am to 11.30am and 3.30pm to 5.10pm
Friday	8.30am to 11.30am and 3.30pm to 5.10pm
Patients could access a GP at weekends at one of a number of nearby GP practices that offered extended hours at weekends for all Dudley patients.	

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7563.0	469.0	123.0	26.2%	1.63%

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)	90.6%	95.4%	94.5%	No statistical variation

### Older people

### Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>All patients had a named GP who supported them in whatever setting they lived.</li> <li>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.</li> <li>The practice provided effective care coordination to enable older patients to access appropriate services.</li> <li>The practice provided specified appointment slots daily for patients aged 75 and over.</li> </ul>

### People with long-term conditions

### Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>Patients with multiple conditions had their needs reviewed in one appointment.</li> <li>The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.</li> <li>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.</li> <li>Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.</li> <li>The practice provided weekly physiotherapy appointments.</li> </ul>

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

**Population group rating: Good**

### **Findings**

- Additional nurse appointments were available until 8pm on a Monday for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Parents with concerns regarding children under the age of five were given a dedicated appointment slot at the end of morning and afternoon clinics.
- The practice hosted monthly clinics with child and adolescent mental health services (CAMHS).

## **Working age people (including those recently retired and students)**

**Population group rating: Good**

### **Findings**

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 8.30pm on a Monday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a locality scheme. Appointments were available Saturday and Sunday 10am until 1pm.

## **People whose circumstances make them vulnerable**

**Population group rating: Good**

### **Findings**

- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

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

**Population group rating: Good**

**Findings**

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

**Timely access to the service**

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• All home visit requests were referred to the on-call GP who assessed the urgency and prioritised treatment.</li> </ul>	

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)	52.9%	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)	59.1%	64.7%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to	61.1%	64.7%	64.7%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
31/03/2019)				
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)	67.9%	71.4%	73.6%	No statistical variation

Any additional evidence or comments
The practice had completed an audit on patient access following their latest patient survey results which were lower than local and national averages. Although the practice identified they were offering more appointments above their contractual requirements, they had introduced a telephone messaging service to their queuing system and were offering patients 48 hour pre-bookable appointments. In addition to this, the practice continued to promote the online services to reduce the volume of telephone calls.

Source	Feedback
Patient interviews	There were mixed reviews from patients in relation to timely access to the service. Feedback included some difficulties getting an appointment over the telephone, whilst others reported that appointments were readily available.

## 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.	10
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Partial
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>A patient suggestion box was available in the reception area. Although we saw evidence of a complaints form available on request, information on how to raise a complaint was not readily on display in the practice.</li> </ul>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient complained that they were unhappy with their treatment from a GP during a consultation.	This matter was investigated by the practice. A formal response was sent to the patient from the GP. The patient was invited to attend the practice for a meeting to resolve the issues raised. No further concerns were raised.
Complaint was made by a patient regarding their medicines.	The practice contacted the patient by telephone to discuss the ordering process of their medicines. They were booked in for a further review with the practice based pharmacist.

## Well-led

## Rating: Good

The practice was previously rated as requires improvement for providing well-led services. It is now rated as good because:

- There was a clear vision and strategy which was kept under review.
- Governance structures had been strengthened, this included the monitoring of risk, quality and performance.

### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership at all levels.**

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"><li>• The practice could evidence that they had regular management meetings to review the current challenges they faced regarding the quality and sustainability of the practice. They had previously experienced challenges in recruiting staff and were regularly reviewing their staffing levels to ensure that areas of performance were being addressed.</li><li>• Following the last inspection, the practice had appointed two deputy practice managers to lead on areas of management and performance to support the development of the practice.</li><li>• The practice was a member of a primary care network (PCN) and the GP's were aware of the changing landscape of primary care.</li><li>• The practice had a stable partnership and leaders met regularly to review the future of the practice, for example, the current lease on the practice premises that was due to expire during the next twelve months.</li></ul>	

### Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y



The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence:	
<p>The practice had a visions statement which was to provide:</p> <ul style="list-style-type: none"> <li>• “The highest level of medical care to its practice population in modern premises: deliver health care in a flexible and innovative way to meet patient choice and to reflect changing political and economic circumstances. It aims to provide a rewarding place to work in a supporting team and a healthy work life balance for those that working at the practice”.</li> <li>• The practice held regular partnership meetings and kept their strategy under review on a monthly basis to ensure progress was being achieved.</li> </ul>	

## Culture

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

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

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

Source	Feedback
Staff interviews	Staff told us there was an open and supportive culture at the practice and the leadership team were visible and approachable. There were clear lines of communication with staff through meetings and a noticeboard. Although there had been some staffing issues the leadership were working to address these issues.

## Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>Staff had designated lead roles with clear responsibilities and fed into the governance structure appropriately.</li> <li>The practice had regular communications with Dudley Clinical Commissioning group (CCG) and the primary care network. This provided opportunities to receive information from across the area.</li> </ul>	

## Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	

- There were systems in place to manage risk which was reviewed in monthly management meetings.
- The practice manager reviewed risk assessments carried out in the practice every six months. This included a review of health and safety, premise and external building issues.
- The practice was aware that there were areas of their performance for their quality outcomes that required improvements. The practice had met with Dudley Clinical Commissioning Group (CCG) to review their performance and kept this under review on a monthly basis to monitor progress.

### Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence:	

### Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• The practice had completed an audit on patient access, following their patient survey results which was lower than local averages. As a result, they reviewed the telephone messaging service and implemented a 48 hour pre-bookable appointment system.</li> </ul>	

Feedback from Patient Participation Group.

#### Feedback

- There was a long established patient participation group (PPG) who met regularly with the practice. Efforts had been made to increase the numbers who attended the group which included meetings being held in the evening, however the practice had struggled to increase the uptake and continued to review this further. A PPG notice board was available in the patient waiting area to attract new interest.

#### Continuous improvement and innovation

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

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

#### Examples of continuous learning and improvement

- The practice was part of a primary care network (PCN) with other local GP practices working together to improve services for patients.
- The practice was part of the NHS 111 appointment booking service.
- The practice was part of a pilot to offer physiotherapy appointments in the practice.

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

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

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

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

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

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases, at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

## Glossary of terms used in the data.

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