

Care Quality Commission

Inspection Evidence Table

Cartmel Surgery (1-6805227430)

Inspection date: 10 May 2022

Overall rating: Outstanding

We have rated this practice as outstanding overall because:

- The practice adopted a holistic approach to caring by addressing all the needs of the patient, including their physical, mental, and emotional health, while taking social factors into consideration.
- Feedback from patients was consistently positive and above local and national averages.
- There was a strong patient-centred culture.
- The practice had educational resources to ensure the patient population had the appropriate knowledge and understanding when accessing the surgery.
- Patients were truly respected and valued as individuals and were empowered as partners in their care.
- Staff dealt with patients with kindness and respect and always involved them in decisions about their care.
- Staff felt valued and supported to develop professionally.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way and when they wanted it.
- The practice management team were motivating, forward thinking, organised and innovative with a sensible approach and clear goals. Staff told us they received excellent support and encouragement from the leadership team to do this. The practice management team were compassionate and caring. Quality and integrity were a high priority resulting in a caring culture within a strong practice. There were opportunities provided for all staff for their personal development.
- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- There was strong collaboration across all staff and a common focus on engaging with patients and other services to improve quality of care and the patient experience.
- The practice embraced social prescribing for the community to ensure patients received timely intervention when they needed it most, signposted them to services that could help them and ensured support was offered locally so the patient population could easily attend appointments.

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Staff had access to safeguarding e-learning modules and all clinical staff members had completed safeguarding training to the appropriate level for their role.• There were safeguarding policies and procedures in place for both children and adults and protocols were in place for patients who did not attend appointments.• The lead GP in the practice attended local adult safeguarding and child protection meetings when required.• Due to the rural nature of the practice, in particular during the ongoing pandemic, safeguarding meetings with other health professionals were often held over video conferencing facilities.	

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

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 16 March 2022	Y

There was a fire procedure.	Y
Date of fire risk assessment: 16 March 2022 Actions from fire risk assessment were identified and completed.	Y

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
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: 1 April 2022	Y
The practice had acted on any issues identified in infection prevention and control audits.	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"> All the staff we spoke with demonstrated an awareness of appropriate infection prevention and control (IPC) standards. There were cleaning schedules in place that were monitored by the practice. The practice had protocols in place which were regularly updated, following the latest government advice in relation to COVID-19. There was evidence to show action had been taken following the last IPC audit and regular hand hygiene audits were carried out. Risk assessments and audits had been carried out to ensure services such as flu vaccinations, were carried out in a safe space and followed IPC good practice guidance. 	

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
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	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 were enough staff to provide appointments and prevent staff from working excessive hours	Y

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had established referral systems and processes. • All test results were reviewed and actioned by a GP. 	

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) (01/01/2021 to 31/12/2021) (NHS Business Service Authority - NHSBSA)	0.75	0.82	0.76	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). (01/01/2021 to 31/12/2021) (NHSBSA)	6.8%	11.0%	9.2%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2021 to 31/12/2021) (NHSBSA)	4.32	5.04	5.28	Tending towards variation (positive)

Indicator	Practice	CCG average	England average	England comparison
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2021 to 31/12/2021) <small>(NHSBSA)</small>	142.7‰	158.5‰	129.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2021 to 31/12/2021) <small>(NHSBSA)</small>	0.30	0.51	0.62	Tending towards variation (positive)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2021 to 31/12/2021) <small>(NHSBSA)</small>	6.4‰	6.7‰	6.8‰	No statistical variation

Note: ‰ means *per 1,000* and it is **not** a percentage.

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
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.	Y
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

Medicines management	Y/N/Partial
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice continually reviewed their systems and processes for the administration and supply of medicines, and regular reviews for repeat prescribing for the benefit of the patient population. • There were medicine management and prescribing policies and procedures in place including a home visit policy. • As part of the inspection a number of set clinical record searches were undertaken by a CQC GP specialist advisor without visiting the practice. The records of patients prescribed certain high-risk medicines were checked to ensure the required monitoring was taking place. These searches were visible to the practice. • The records we examined provided evidence that most patients prescribed high risk medicines had been monitored appropriately. Of those where monitoring was overdue, we saw the plan in place to arrange the required checks for patients. The practice had a system in place to note the prescriptions of patients prescribed high risk medicines to highlight they must have blood tests at the required intervals, and repeat prescriptions would be issued if the required tests had taken place. We noted that the recording of patient medicine reviews provided consistent and comprehensive information regarding the patient and their prescribed medicines. • During the pandemic the practice, in line with guidance, postponed routine medication reviews and phlebotomy unless considered necessary. The practice took a decision to protect high risk patients as the risk of COVID-19 to these patients was greater than delaying recommended blood tests. 	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Y
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Y
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Y
Where the Electronic Prescription Service is not used for dispensary prescriptions, prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Y
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Y
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	Y
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Y
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Y
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Y
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Y
<p>Explanation of any answers and other comments on dispensary services:</p> <ul style="list-style-type: none"> • There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff had standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). • The dispensary provided dosette boxes for 21 patients. A dosette box is a plastic tray which organised medicines into separate compartments for different times of the day for each day of the week. These were for mostly elderly patients who struggled with taking their medicines due to memory or difficulty in opening packets or getting the tablets out. These patients were identified either by the GP when doing a medication review, or by the dispensary when it was noted they were not ordering or taking medicines as prescribed, or on occasion by the carer's lead. 	

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:	12
Number of events that required action:	12
<ul style="list-style-type: none"> The practice used "Clarity TeamNet" for significant events documentation. Clarity TeamNet is a sharing, compliance, and workforce management platform for GP practices and practice groups. All significant events were reviewed, discussed at meetings, and all actions carried out. If learning points were identified these were cascaded to appropriate staff to prevent recurrence. The significant events we reviewed indicated that the practice was responsive to the needs of vulnerable patients and identified the need for improved communication between internal staff and other health and social care professionals if required. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had a clear and timely process in place to ensure safety alerts were reviewed and a record was maintained of the action taken in response to alerts where appropriate. Safety alerts were circulated to the GPs. They decided if action was required and ensured that any actions were cascaded to the appropriate staff member. 	

Effective

Rating: Good

QOF requirements were modified by NHS England for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Practice staff were aware of the benefits of social prescribing and had links to community groups and support networks.• Records we reviewed demonstrated the use of best practice guidance.	

Effective care for the practice population

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.
- 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.

- 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.
- 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 demonstrated that they had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder
- Patients with poor mental health, including dementia, were referred to appropriate services.
- The practice provided care and treatment to patients in local care settings. This included a weekly ward round.

Management of people with long term conditions

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.
- All potential missed diabetes diagnoses had been followed up.

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) (01/04/2020 to 31/03/2021) (NHS England)	14	14	100.0%	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) (01/04/2020 to 31/03/2021) (NHS England)	12	12	100.0%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England)	12	12	100.0%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England)	12	12	100.0%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England)	15	16	93.8%	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>

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 30/09/2021) (Public Health England)	83.0%	N/A	80% Target	Met 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (PHE)	64.4%	49.4%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (PHE)	76.4%	71.1%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (PHE)	57.6%	54.9%	55.4%	No statistical variation

Monitoring care and treatment

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

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

Any additional evidence or comments

- The practice routinely reviewed the effectiveness and appropriateness of the care provided.
- The practice used information about care and treatment to make improvements.
- The practice had a programme of quality improvement which included audits and searches, both clinical and non-clinical. This included audits of minor surgery, coils and implants, and smears.

Effective staffing

The practice was able to demonstrate 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.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We saw the practice manager had a system in place to monitor the training completed by staff. Staff told us they were aware of what training they needed to complete, and they were given the time to complete this. There was protected learning time allocated for staff training and details of this were on the practice website. 	

Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y

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 and tackling obesity.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice embraced social prescribing and used resources within the practice to support this important workstream and also resources from the primary care network. The practice actively promoted the national flu vaccination campaign and the rollout of COVID-19 vaccinations. 	

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
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> During the inspection we saw the practice had a clear protocol in place in relation to Do not attempt cardiopulmonary resuscitation (DNACPR) and we noted from a review of records they were appropriate and completed in line with good practice. We saw evidence that staff had undertaken Mental Capacity Act (MCA) and consent training. 	

Caring

Rating: Outstanding

The practice was rated as **outstanding** for providing caring services because:

- The practice had achieved outstanding results in the national GP Patient survey and had maintained these high standards for a number of years and remained higher than local and national averages.
- We found numerous examples of how the practice had gone to significant efforts to support vulnerable individuals to access health and social care, and how they had worked pro-actively with other organisations to support patients.
- Patients were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.
- The practice adopted a holistic approach to caring by addressing all the needs of the patient, including their physical, mental, and emotional health, while taking social factors into consideration.
- The practice demonstrated a truly patient-centred culture and staff were committed to delivering excellent care to meet the needs of individuals.

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: <ul style="list-style-type: none">• Feedback from patients, those who were close to them and stakeholders was continually positive about the way staff treated people.• There was a strong, visible person centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between patients, those close to them and staff were strong, caring, respectful and supportive. The feedback we reviewed, both from patients and staff, indicated that these relationships were highly valued by staff and promoted by leaders.• Patient's emotional and social needs are seen as being as important as their physical needs.• During our inspection we observed that staff members displayed a kind and caring approach towards patients. We saw evidence that the lead for carers' supported patients who were socially isolated, in particular during the pandemic. The practice recognised carer fatigue and depression		

was a real issue and ensured those patients had the appropriate social care support when needed.

Patient feedback	
Source	Feedback
In house patient survey	Several patients commented that they felt there was excellent care and treatment delivered by the surgery. They also stated that it was not only about the type and availability of appointments but the also the friendly and welcoming care and treatment received.

National GP Patient 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 (01/01/2021 to 31/03/2021)	100.0%	93.9%	89.4%	Significant Variation (positive)
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 (01/01/2021 to 31/03/2021)	100.0%	91.5%	88.4%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	100.0%	97.0%	95.6%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	100.0%	86.0%	83.0%	Significant Variation (positive)

Any additional evidence or comments

The practice had achieved exceptionally high satisfaction figures in the latest national GP patient survey and was fifth overall in England for the latest published figures. The care and treatment we saw during the visit reflected these figures.

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

The practice undertook a patient survey in April 2022. 95% of patients stated they were happy with the availability of clinics offered by the practice. Patients were asked whether they would be willing to attend weekend and evening appointments to see clinicians from other organisations. 80% said yes and 80% were willing to travel to see them, however 100% stated they were satisfied with what the practice offered. The practice was continually looking for ways to improve the patient experience.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Patients and those close to them were active partners in their care. Staff were fully committed to working in partnership with patients and making this a reality for each person. Staff always empowered patients to have a voice and to realise their potential. They showed determination and creativity to overcome obstacles to delivering care. Patient's individual preferences and needs were always reflected in how care is delivered. Staff recognised that patients needed to have access to, and links with, their advocacy and support networks in the community and they supported people to do this. They ensured that patients communication needs were understood, sought best practice and learned from it. The practice displayed information about local services and available support. The practice kept regular contact with patients, listened to what was needed and adjusted services accordingly. This included choices of appointment type that met the patient's needs, including throughout the pandemic 	

National GP Patient 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	100.0%	95.6%	92.9%	Variation (positive)

Indicator	Practice	CCG average	England average	England comparison
their care and treatment (01/01/2021 to 31/03/2021)				

Any additional evidence or comments
 The practice had achieved exceptionally high satisfaction figures in the latest national GP patient survey and was fifth overall in England for the latest published figures.

	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

Carers	Narrative
Percentage and number of carers identified.	141 (About 5% of patient population)
How the practice supported carers (including young carers).	There was a dedicated carers' lead who maintained the register and signposted patients accordingly to the appropriate support service if required. The lead had also instigated a book club for carers and an afternoon tea event for those patients who were socially isolated.
How the practice supported recently bereaved patients.	When there was a bereavement all staff at the practice became aware so that if family members were to contact the surgery, they could offer support. The GP would contact family members to offer support and, in some instances, make a home visit.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
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"> Patients were always treated with dignity by all those involved in their care, treatment and support. Consideration of patient's privacy and dignity was consistently embedded in everything that staff do, including awareness of any specific needs as these were recorded and communicated. Staff found innovative ways to enable patients to manage their own health and care when they 	

could and enabled them to maintain independence as much as possible. This included the supply of blood pressure monitors for those who needed them.

- Staff were exceptional in enabling people to remain independent.
- Staff we spoke with told us they followed the practice's confidentiality policy when discussing patients' treatments. This was to ensure that confidential information was kept private, for example, patient information was never on view.
- The chairs in the reception area were situated away from the reception desk to maintain confidentiality.

Responsive

Rating: Outstanding

We rated the practice as **outstanding** for providing responsive services because:

- The practice had achieved outstanding results in the national GP Patient survey and had maintained these high scores for a number of years.
- Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.

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: <ul style="list-style-type: none"> • People's individual needs and preferences were central to the delivery of tailored services. • There were innovative approaches to providing integrated person-centred pathways of care that involve other service providers, particularly for people with multiple and complex needs. • The services were flexible, provide informed choice and ensured continuity of care. • Facilities and premises were fit for purpose and met the needs of a range of patients. • There was thorough documentation of consultations within the patient record. • There were flags on records of those patients who had communications difficulties. • There was a hearing loop at reception, and there could be consultations with a British Sign Language (BSL) interpreter present if needed. 	

Practice Opening Times

Day	Time
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Opening times:	
Monday	8am – 6-30pm
Tuesday	8am – 6-30pm
Wednesday	8am – 6-30pm
Thursday	8am – 6-30pm
Friday	8am – 6-30pm

Patients requiring a GP outside of normal working hours are advised to contact the surgery and they will be directed to the local out of hours service which is provided through NHS 111 and delivered by Cumbria Health on Call (CHOC).

We saw examples of the practice providing appointments to patients outside of core hours when the clinical need was considered necessary to support continuity of care.

Further information about how the practice is responding to the needs of their population

- Patients had a named GP who supported them in whatever setting they lived.
- The practice worked collaboratively with the Cartmel Village support network to identify and support vulnerable patients during the pandemic and Storm Arwen in November 2021. Storm Arwen was a powerful extratropical cyclone that affected the United Kingdom bringing strong winds and snow.
- 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 liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a number patients in local care homes. At the onset of the pandemic they offered telephone support to the homes. They returned to face to face ward rounds during the pandemic, following strict COVID-19 protocols for infection prevention and control. They also saw patients in care settings that were not registered to the practice to ensure that contact was kept to a minimum.
- The practice had signed up to the Armed Forces Covenant. This was so the Armed Forces community could enjoy the same standard of, and access to healthcare as that received by any other UK citizen in the area they lived. Cartmel Surgery had been an accredited veteran friendly GP practice since September 2019.
- People in vulnerable circumstances were easily able to register with the practice.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice worked closely with the local community. The practice promoted awareness about health issues and their treatment to children at the local primary school.

- The practice implemented a weekly walk for patients and local people to improve their health and wellbeing. The walk was now run by volunteers and supported by the practice, who promoted it to their patients. This had been on hold during the pandemic but had now restarted.
- The practice took on community concerns for patients and used the local community social and health network to address these, but maintained the strictest confidence. This included financial, social and health matters.

Access to the service

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

The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Y
Patients were able to make appointments in a way which met their needs	Y
There were systems in place to support patients who face communication barriers to access treatment	Y
Patients with most urgent needs had their care and treatment prioritised	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Y

Explanation of any answers and additional evidence:

- Patients could access services and appointments in a way and at a time that suited them. Technology was used innovatively to ensure people had timely access to treatment, support and care. This could be through text messaging and video conferencing.
- The practice provided flexibility in their offered appointments which included: online booking, electronic consultation, in-person booking at the reception desk, and telephone appointments at a time that best suited the patient, if needed.
- We saw evidence that there were numerous same-day urgent appointments which were care navigated by the reception team. Care navigation described the way in which people were supported to identify and use appropriate health and other services. If unsure, the reception team would speak with the GP or appropriate clinician for further advice and those patients who needed an appointment were added onto the GP or appropriate clinician list for that day.
- Patients requesting an appointment were offered either a telephone consultation or face to face appointment, and they could choose which they wanted.
- We saw that routine appointments could be offered on the same day, in many instances.

- The practice told us they listened to patients who described the need for an urgent appointment, and accommodated their needs if necessary.
- Searches were run regularly to identify the number of missed appointments, and to encourage attendance.
- Longer appointments were available with the practice nurse. These helped patients who were on multiple disease registers to have a holistic review. Patients and carers found this convenient as it reduced the need to have multiple appointments.
- Home visits were offered to housebound patients.
- The practice undertook a COVID-19 vaccination programme for hotel workers in their catchment area. They identified several patients who were not registered, and these were, subject to their wishes, added to the practice list.

National GP Patient Survey results

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 (01/01/2021 to 31/03/2021)	98.5%	N/A	67.6%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	98.0%	76.8%	70.6%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	96.9%	72.4%	67.0%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	99.5%	86.2%	81.7%	Significant Variation (positive)

Any additional evidence or comments

The practice had achieved exceptionally high satisfaction figures in the latest national GP/patient survey and was fifth overall in England for the latest published figures. The practice had maintained such high scores for a number of years. The practice actively collected continuous feedback from patients and was constantly trying to improve the patient experience.

Source	Feedback
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In house patient survey	Patients were very satisfied with the range of appointments available and commented that all the staff, both clinical and administrative, were committed to providing the best possible care and treatment for the patient population.
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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.	Two
Number of complaints we examined.	Two
Number of complaints we examined that were satisfactorily handled in a timely way.	Two
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	None

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Patients and others were involved in regular reviews of how the service managed and responded to complaints. The service could demonstrate where improvements had been made as a result of learning from reviews and that learning was shared with other services. • Investigations were comprehensive and the practice used innovative ways of looking into concerns, including using external people and professionals to make sure there was an independent and objective approach. • The practice had a complaints policy, which was accessible to staff, written in line with recognised guidance. We observed that the practice investigated complaints in a timely manner. • The practice offered apologies to patients, lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. • We saw evidence the practice co-operated fully with NHS England who were satisfied with the treatment and care provided by the practice. 	

Well-led

Rating: Outstanding

We rated the practice as **outstanding** for providing a well-led service because:

- The practice management team were motivating, forward thinking, organised and innovative with a sensible approach and clear goals. Staff told us they received excellent support and encouragement from the leadership team to do this. The practice management team were compassionate and caring. Quality and integrity were a high priority resulting in a caring culture within a strong practice. There were opportunities provided for all staff for their personal development.
- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- There was strong collaboration across all staff and a common focus on engaging with patients and other services to improve quality of care and the patient experience.
- The practice embraced social prescribing for the community to ensure patients received timely intervention when they needed it most, signposted them to services that could help them and ensured support was offered locally so the patient population could easily attend appointments.
- The practice took the lead in the Primary Care Network and ensured best practice was shared amongst the members.

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">• Comprehensive and successful leadership strategies were in place to ensure and sustain delivery and to develop the desired culture. Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond.• The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.• The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.• The practice was proactively engaged with the local Clinical Commissioning Group (CCG) by having attendance at meetings and forums to ensure services met the local population needs• All the staff we spoke with told us that the GPs were approachable.	

Vision and strategy

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

	Y/N/Partial
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: <ul style="list-style-type: none"> • The strategy and supporting objectives and plans were stretching, challenging and innovative, while remaining achievable. Strategies and plans were fully aligned with plans in the wider health economy, and there was a demonstrated commitment to system-wide collaboration and leadership. • There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans. • Plans were consistently implemented, and had a positive impact on quality and sustainability of services. 	

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 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: <ul style="list-style-type: none"> • Leaders had an inspiring shared purpose, and strove to deliver and motivate staff to succeed. There were high levels of satisfaction across all staff, including those with particular protected characteristics under the Equality Act. We saw evidence there was a strong organisational commitment and effective action towards ensuring that there was equality and inclusion across the workforce. • There was clinical and management oversight of the service quality and performance. Quality 	

improvement initiatives were evident.

- Staff we had contact with were proud of the organisation as a place to work and spoke highly of the culture and strong leadership. Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process.
- There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people’s experiences.

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

Source	Feedback
CQC Staff feedback questionnaires	All the staff feedback questionnaires we received stated that all staff were happy working at the practice and received full support from the practice management team.
Care home staff	Care home staff commented they considered the practice worked in partnership with them to provide high quality care and treatment for residents and provided excellent continuity of care and treatment.

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"> • Governance arrangements were proactively reviewed and reflected best practice. A systematic approach was taken to working with other organisations to improve care outcomes. • The practice had established policies, procedures and activities to ensure safety. There was a system in place to monitor and review policies according to guidance, legislation and practice needs. • Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. • There was a system in place for reporting and recording significant events. • Staff confirmed, and we saw evidence, that findings were discussed at meetings (or sooner if required). The practice carried out an annual analysis of the significant events to identify themes or trends. • The practice acted on and learned from external safety events as well as patient and medicine safety alerts. 	

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 quality improvement programme in place.	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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • There was a demonstrated commitment to best practice performance and risk management systems and processes. The practice reviewed how they functioned and ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively. Problems were identified and addressed quickly and openly. • Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. • The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. • Reception staff had access to policies in relation to patient medical emergencies. • Staff were trained to recognise the symptoms of sepsis and to act on them. • A range of health and safety risk assessments were undertaken and regularly reviewed. Actions were taken where needed. 	

The practice had systems in place to continue to deliver services, respond to risk and meet patients' needs during the pandemic

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Y
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Y
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Y

The practice actively monitored the quality of access and made improvements in response to findings.	Y
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Changes had been made to infection control arrangements to protect staff and patients using the service.	Y
Staff were supported to work remotely where applicable.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice followed government guidelines issued to GP practices throughout the pandemic. • We saw evidence that the practice had reinstated the recall system for blood tests, medication reviews, cytology and child immunisations. • The practice ensured information was up to date and communicated to all patients on available services and how to access them. • The practice took the lead for the administration of vaccines in the local area and to date had administered over 8000 vaccines. • The practice continued to hold COVID-19 vaccination clinics each Thursday at the practice. This was for all practice population groups. 	

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 monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The information used in reporting, performance management and delivering quality care was consistently found to be accurate, valid, reliable, timely and relevant. There was a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement. 	

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y

The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • There were consistently high levels of constructive engagement with staff and patients, Rigorous and constructive challenge from patients, the public and stakeholders was welcomed and seen as a vital way of holding services to account. • Services were developed with the full participation of patients, staff and external partners as equal partners. Innovative approaches were used to gather feedback from patients, including people in different equality groups, and there was a demonstrated commitment to acting on feedback. • The practice took a leadership role in its health system to identify and proactively address challenges and meet the needs of the patient population. This was reflected by the work done for the PCN and wider health and social care community. 	

Feedback from Patient Participation Group.

Feedback

Due to the constraints of the pandemic, the patient participation group (PPG) had not met for a number of months. However we saw evidence that there were future PPG meetings planned, including one in May 2022.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff had dedicated learning and development time. • The practice premises had a number of services to support the delivery of care and treatment for the practice. This included phlebotomy and a baby clinic. Podiatry and physiotherapy were provided at the local health centre. • There was a strong focus on education and training for practice staff and for GP registrars and medical students. 	

Examples of continuous learning and improvement

- The practice lead GP was the clinical director for the Primary Care Network (PCN). They regularly organised educational events for not only GPs in the PCN but also all South Lakes GPs. This included events where guest speakers were invited, and this was to ensure that all the GPs were updated on the latest innovations in GP practice. The lead GP also had an electronic emailing list of locum GPs which they used to circulate all the latest information and guidance that they may miss if they were not connected to a GP practice.
- The practice led on research for all the practices in the area. The practice was a finalist in the North West Coast awards for 2020 in research and innovation.
- As the lead practice in the PCN, the practice instigated cross practice working for managing new patients and note summarising. This was to provide a common approach to note summarising and a new patient registration document was designed. The practice applied for and received funding for this project. There was also cross practice working for discharge summaries and also a project to have templates for all the practices to support safe and consistent 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 practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

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

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

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

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

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

Glossary of terms used in the data.

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