

# Care Quality Commission

## Inspection Evidence Table

### The Limes Surgery (1-6227141255)

Inspection date: 3 December 2019

Date of data download: 28 November 2019

## Overall rating: Good

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

## Safe

Rating: Good

### Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
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: All the staff we spoke with demonstrated they understood the relevant safeguarding processes and their responsibilities. Staff had completed adult and child safeguarding training to the appropriate level and had access to e-learning and regular face-to-face training sessions and updates.	

<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
<p>Explanation of any answers and additional evidence: During our inspection, we checked three staff files and found the practice had a comprehensive system in place to ensure the required recruitment checks were in place.</p> <p>The practice had systems in place to ensure all direct patient contact staff (GPs, nursing staff, senior practice staff and receptionists) had either received the required vaccinations for their roles, provided a positive antibody test, or provided evidence of a history of infection where this was permissible.</p>	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: July 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: November 2019.	Y
There was a log of fire drills. Date of last drill: September 2019.	Y
There was a record of fire alarm checks. Date of last check: Weekly checks were carried out and the latest check was completed on 29 November 2019.	Y
There was a record of fire training for staff. Date of last training: Between July 2018 and November 2019.	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: August 2019.	Y
Actions from fire risk assessment were identified and completed.	Partial

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment: Security alarm system checked September 2019.	Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: August 2019.	Y
<p>Explanation of any answers and additional evidence: The practice had arrangements in place for the security alarm to be checked and serviced on a six-monthly basis. However, the practice did not have a documented assessment in place in relation to the security of the premises.</p> <p>The fire risk assessment had been completed by a senior member of the practice team. The practice was unable to demonstrate if the person who had completed this risk assessment was suitably trained and competent to do so. The practice explained that they had been attempting to arrange for an external contractor to visit and assess the premises and that this had now been booked for 5 December 2019. Shortly after our inspection, the practice told us that a fire risk assessment had now been completed and initial feedback had not indicated any immediate concerns or requirements.</p> <p>A Legionella risk assessment had been completed on 22 November 2019 and some of the recommendations identified in the assessment had been completed. The practice was in the process of descaling and replacing all of the taps identified and completed regular water temperature checks. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Shortly after our inspection, the practice submitted an action plan in relation to the ongoing work planned by the practice in response to the recommendations detailed in the Legionella risk assessment.</p>	

## **Infection prevention and control**

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

	<b>Y/N/Partial</b>
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: September 2019.	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
<p>Explanation of any answers and additional evidence: We saw the practice was visibly clean and tidy. There were appropriate processes in place for the management of sharps (needles) and clinical waste. Hand wash facilities, including hand sanitiser were available throughout the practice. Regular and comprehensive infection control audits were completed. Staff had completed infection control training and the staff we spoke with were knowledgeable about infection control processes relevant to their roles.</p>	

## 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: We saw that all staff had access to a level of sepsis training appropriate to their roles. The staff we spoke with demonstrated a good understanding of the condition and their role in identifying patients with presumed sepsis and ensuring their urgent clinical review. Information and guidance on identifying 'red flag symptoms' was available to staff members and displayed in patient waiting areas.	

## Information to deliver safe care and treatment

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

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

clinical staff.	
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

### Appropriate and safe use of medicines

**The practice had systems for the appropriate and safe use of medicines, including medicines optimisation in most cases.**

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) <small>(NHS Business Service Authority - NHSBSA)</small>	0.84	0.91	0.87	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). (01/10/2018 to 30/09/2019) <small>(NHSBSA)</small>	7.4%	8.8%	8.5%	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 (01/04/2019 to 30/09/2019) <small>(NHSBSA)</small>	6.22	5.55	5.60	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2019 to 30/09/2019) <small>(NHSBSA)</small>	1.40	2.10	2.08	No statistical variation

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

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.	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: The practice had systems in place for the monitoring and audit of high risk medicines and medicines which required monitoring. GPs provided supervision and support to clinical staff. However, the practice did not have a formal process in place for auditing the work of non-medical prescribers. Shortly after our inspection, the practice told us that this would be discussed further during the next management meeting on 19 December and a process would be implemented.</p> <p>The practice held a range of emergency medicines and there were comprehensive systems in place to monitor stock levels and expiry dates. During our inspection, we found the practice did not stock an emergency medicine recommended when providing certain minor surgery procedures. The practice explained that they had only recently introduced minor surgery and had no further procedures planned. The practice also told us that they had experienced difficulties in finding a local pharmacy who could supply them with this medicine. The practice had not considered the risks in not stocking this emergency medicine. Shortly after our inspection, the practice told us that a risk assessment would be completed following their next management meeting on 19 December.</p>	

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

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

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	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:	Three
Number of events that required action:	Two
Explanation of any answers and additional evidence: There was an effective system in place for reporting and recording incidents and significant events. The staff we spoke with were clear on the reporting process and we found that lessons learnt were shared to make sure action was taken to improve safety in the practice.	

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

Event	Specific action taken
A resident at a local care home was booked in to be seen by a GP instead of being taken to hospital for an urgent review.	The practice held a meeting with a number of senior care home staff to discuss the learning from the incident and to agree measures to reduce the risk of it re-occurring.
There was a delay in issuing a death certificate.	The practice investigated the incident and had introduced a documented protocol for the effective management of death certification.

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: We saw a process was in place and adhered to for the receipt, review and monitoring of action taken in response to safety alerts including Medicines and Healthcare products Regulatory Agency (MHRA) alerts. We saw examples of actions taken in response to recent alerts, including one regarding sodium valproate (a medicine primarily used in the treatment of epilepsy).	



## Effective

## Rating: Good

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
Explanation of any answers and additional evidence: The practice had systems in place to keep all clinical staff up-to-date. Staff had access to clinical templates and National Institute for Health and Care Excellence (NICE) best practice guidelines. They used this information to deliver care and treatment that met patients' needs.	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) <small>(NHSBSA)</small>	0.18	0.62	0.74	Significant Variation (positive)

## Older people

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>The practice carried out structured annual medication reviews for older patients.</li> </ul>



- 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 GPs and the clinical pharmacist worked with other health and care professionals to deliver a coordinated package of care.
- Clinical staff responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

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>	84.4%	78.7%	79.3%	No statistical variation
Exception rate (number of exceptions).	19.9% (86)	10.5%	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>	68.8%	75.4%	78.1%	No statistical variation
Exception rate (number of exceptions).	8.8% (38)	8.8%	9.4%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2018 to 31/03/2019) (QOF)	81.5%	81.3%	81.3%	No statistical variation
Exception rate (number of exceptions).	9.7% (42)	11.2%	12.7%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2018 to 31/03/2019) (QOF)	75.5%	77.1%	75.9%	No statistical variation
Exception rate (number of exceptions).	6.7% (31)	7.1%	7.4%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	93.6%	91.9%	89.6%	No statistical variation
Exception rate (number of exceptions).	14.4% (21)	13.7%	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)	82.0%	82.6%	83.0%	No statistical variation
Exception rate (number of exceptions).	6.3% (72)	3.9%	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)	96.3%	90.9%	91.1%	No statistical variation
Exception rate (number of exceptions).	4.2% (7)	4.6%	5.9%	N/A

Any additional evidence or comments
The practice had a comprehensive system in place to monitor their QOF performance and had named leads in place for all QOF and public health indicators. During our inspection, we checked a sample of records for QOF including diabetes and COPD. We found all of these patients had received appropriate reviews or had been invited for a review. We discussed areas of higher than average exception

reporting for the 2018/2019 QOF and found the way the practice managed exceptions was clinically appropriate. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

A community respiratory nurse provided services to patients as part of a local Primary Care Network initiative. (A Primary Care Network is a group of practices working together to provide more coordinated and integrated healthcare to patients).

## Families, children and young people

Population group rating: **Good**

### Findings

- The practice had met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for all four childhood immunisation uptake indicators.
- Public Health England data for the year April 2017 to March 2018 showed the practice was below the national 80% target for the percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period. Data from 2018/2019 QOF showed 80% of eligible patients were screened adequately within a specified period.
- The practice was registered with NATHNaC (National Travel Health Network and Centre) and offered the yellow fever vaccine to patients.
- 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) <small>(NHS England)</small>	81	84	96.4%	Met 95% WHO based target
The percentage of children aged 2 who	71	74	95.9%	Met 95% 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)				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) (01/04/2018 to 31/03/2019) (NHS England)	71	74	95.9%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	71	74	95.9%	Met 95% WHO based target

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: **Good**

### Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	75.4%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	75.7%	72.4%	72.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	61.9%	59.3%	57.3%	N/A

The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) <sup>(PHE)</sup>	45.2%	63.3%	69.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) <sup>(PHE)</sup>	61.7%	55.9%	51.9%	No statistical variation

### Any additional evidence or comments

There was evidence to suggest the practice encouraged its relevant patients to engage with nationally run and managed screening programmes. The practice took steps to contact non-attendees and opportunistically arranged for patients to have their screening. The practice displayed information in the patient waiting area and on their website and encouraged uptake by ensuring a female sample taker was available.

### 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. The practice had 41 patients on their learning disability register and 21 patients had received a health check and review of their care plan between 2018/2019.
- 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.
- Up to 80% of staff had received training on dementia awareness in the last 12 months and the practice supported and promoted a local dementia cafe.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	94.7%	92.8%	89.4%	No statistical variation
Exception rate (number of exceptions).	13.6% (6)	12.8%	12.3%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	95.1%	93.9%	90.2%	No statistical variation
Exception rate (number of exceptions).	6.8% (3)	10.6%	10.1%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	91.5%	83.3%	83.6%	No statistical variation
Exception rate (number of exceptions).	10.6% (7)	7.9%	6.7%	N/A

### Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	555.7	No Data	539.2
Overall QOF score (as a percentage of maximum)	99.4%	No Data	96.4%
Overall QOF exception reporting (all domains)	6.6%	No Data	No Data

Y/N/Partial

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

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

<p>The practice used information about care and treatment to make improvements. For example, the practice had completed an audit on the monitoring of patients who had been diagnosed with gestational diabetes (a type of diabetes which can develop during pregnancy). Following this audit, the practice introduced a number of measures to improve the systems in place for the effective monitoring of these patients.</p> <p>The practice had completed an audit on the appropriate prescribing of antibiotics for patients with a urinary tract infection. Following this audit, clinical staff were reminded to access and follow the guidelines in place for treating these patients appropriately.</p>
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## Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	N/A
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Partial
There was a clear and appropriate approach for supporting and managing staff when	Y



their performance was poor or variable.	
<p>Explanation of any answers and additional evidence: Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included role-specific training and regular updates for clinical staff. Staff had protected time for learning and development and had access to an online training package and local Clinical Commissioning Group led training days.</p> <p>GPs provided supervision and support to clinical staff. However, the practice did not have a formal process in place for auditing the work of non-medical prescribers. Shortly after our inspection, the practice told us that this would be discussed further during a planned management meeting on 19 December and a formal process would be implemented.</p> <p>The healthcare assistant was employed before April 2015. They received regular supervision and support from the nursing team and GPs and had completed role-specific training and attended regular updates and workshops.</p>	

## Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least three monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2018 to 31/03/2019) <small>(QOF)</small>	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
<p>Explanation of any answers and additional evidence: Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. We saw evidence that multi-disciplinary team meetings took place on a regular basis.</p>	

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y

Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence: The nursing team provided an in-house smoking cessation service and also referred patients to a local stop smoking service.	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	97.6%	95.3%	95.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	1.0% (20)	0.7%	0.8%	N/A

### Consent to care and treatment

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

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

## 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: During our inspection we observed that staff members displayed a kind and caring approach towards patients. Staff members had completed equality and diversity training.	

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

Source	Feedback
Patient interviews	Feedback from patients was positive about the way staff treated them. Patients described staff as friendly, professional and caring.
Patient Participation Group (PPG) members	Feedback from PPG members was positive about the way they were treated by staff.
CQC comment cards	Patient comments were positive about the caring nature of all staff members.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8,358	259	97	37.5%	1.16%

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)	86.7%	88.9%	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)	91.8%	86.3%	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)	92.9%	95.9%	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)	71.8%	80.4%	82.9%	No statistical variation

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

Any additional evidence
The practice did not carry out their own patient survey but had reviewed the latest National GP Patient Survey results published in July 2019. The practice had also obtained feedback from the NHS Friends and Family Test (FFT), online comments, patient feedback and feedback from the Patient Participation Group (PPG). (The FFT asks people if they would recommend the services they have used and offers a range of responses).

## 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

Source	Feedback
Interviews with patients and a member of the PPG. Feedback from PPG members and CQC comment cards.	Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

## 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)	93.3%	93.5%	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

Carers	Narrative
Percentage and number of	The practice held a register of carers, with 220 carers identified, which was

carers identified.	approximately 2.6% of the practice list.
How the practice supported carers (including young carers).	The practice's computer system alerted staff if a patient was also a carer. The practice had a dedicated carers noticeboard in the patient waiting area and a carers lead who provided information to patients about local services offering support to carers.
How the practice supported recently bereaved patients.	Staff told us that if families had experienced bereavement, a sympathy card would be sent to the family.

## 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: Staff recognised the importance of patients' dignity and respect and made efforts to maintain privacy and confidentiality. A private room was available to patients and the practice had an electronic check-in kiosk available to patients. The practice displayed a notice in the reception area which promoted patient confidentiality.	

## 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
<p>Explanation of any answers and additional evidence: The practice had responded to patient feedback and had installed two large chairs with high arm rests to support patients with mobility needs. A standing frame had also been purchased and was available to patients.</p> <p>The practice participated in a local CCG led annual winter resilience scheme and offered more appointments between October and April each year. This service had given patients the opportunity to attend the practice for an urgent appointment rather than travel to the local A&amp;E department. The practice had offered 407 additional appointments between November 2018 and March 2019.</p> <p>The local community navigator service arranged for a social prescriber to hold a clinic at the practice on a bi-monthly basis. This service offered patient referrals to a range of local, non-clinical services. Three members of the practice team had completed training in care navigation.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday	9am – 1pm and 2pm – 6pm
Tuesday	9am – 1pm and 2pm – 6pm
Wednesday	9am – 1pm and 2pm – 6pm



Thursday	9am – 1pm and 2pm – 6pm
Friday	9am – 1pm and 2pm – 6pm
The practice offered additional extended opening hours between 7.15am and 8am on Wednesday mornings and between 9am and 1pm one Saturday each month.	

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8,358	259	97	37.5%	1.16%

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)	96.2%	94.8%	94.5%	No statistical variation

### Older people

### Population group rating: Good

#### Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- GPs provided a weekly visit to four local residential care homes. We spoke to a staff member at the homes who told us that the provider was responsive to the needs of the residents and provided a good service.
- The practice was able to offer home visits via the Acute In-Hours Visiting Service. (This is a team of doctors who work across East and North Hertfordshire to visit patients at home to provide appropriate treatment and help reduce attendance at hospital).
- The practice provided effective care coordination to enable older patients to access appropriate services.
- There was a medicines delivery service for housebound patients available via a local pharmacy.

### People with long-term conditions

### Population group rating: Good

#### Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice held monthly meetings with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was

coordinated with other services.

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

**Population group rating: Good**

#### **Findings**

- Additional nurse appointments were available until 6pm during Thursdays 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.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- A community midwife held a clinic at the practice once a week.

### **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.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Patients had access to a phlebotomy service provided at the practice four days a week for the required testing.
- An electronic prescribing service (EPS) was available which enabled GPs to send prescriptions electronically to a pharmacy of patients' choice.
- The practice offered extended opening hours one day a week and once a month on Saturdays. Additional appointments were also available to all patients at a local GP practice within the area daily, as the practice participated in a local Extended Access scheme. Appointments were available from 6.30pm to 8.30pm weekdays and from 8am to 1pm during weekends.

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

**Population group rating: Good**

#### **Findings**

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travellers.

- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. The practice provided services to two residential homes for people 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 were able to signpost patients experiencing poor mental health to a triage service which was available at the practice on a weekly basis.
- Staff we 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 referred patients to the wellbeing service and encouraged patients to self-refer.
- A community mental health nurse held a weekly clinic at the practice to assess and refer patients requiring additional support.

### 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: The practice provided a telephone triage service. All requests for an urgent appointment or home visit were clinically assessed by a duty doctor.	

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	64.7%	N/A	68.3%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
(01/01/2019 to 31/03/2019)				
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)	58.4%	62.2%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	52.2%	57.8%	64.7%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	66.7%	70.9%	73.6%	No statistical variation

### Any additional evidence or comments

The practice had obtained patient feedback and had reviewed the latest National GP Patient Survey results published in July 2019. The practice used information to monitor capacity and demand.

Source	Feedback
Interviews with patients and a member of the PPG. Feedback from PPG members and CQC comment cards.	The majority of patients told us that they were able to access care and treatment in a timely manner. Patients told us that they were able to obtain an appointment convenient to them. A small number of patients told us that they had experienced difficulties in obtaining an appointment convenient to them and contacting the practice on the telephone during busy periods

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

	Y/N/Partial
Information about how to complain was readily available.	Y

There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: Information about how to make a complaint or raise concerns was available and it was easy to do. 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.	

Example of learning from complaints.

Complaint	Specific action taken
Patients had complained about the lack of available appointments convenient to them.	The practice had identified that they were not using a high number of extended access appointments available to them and took steps to ensure patients were offered an appointment at the extended access service if appropriate.

## Well-led

Rating: Good

### 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: The practice had recruited a team of salaried GPs and they were positive about the mentorship and supervision provided by the clinical lead.	

### Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: The practice had a clear vision and strategy in place and systems were in place to monitor progress.	

## 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.	Partial
Staff had undertaken equality and diversity training.	Y
<p>Explanation of any answers and additional evidence: Patient and staff feedback was positive about the culture and openness within the practice. The Patient Participation Group (PPG) and staff were involved in discussions about how to run and develop the practice and were encouraged to identify opportunities to improve the services provided.</p> <p>One of the senior receptionists was named as the Freedom to Speak Up Guardian in the practice's whistleblowing policy. The practice did not have access to a Freedom to Speak Up Guardian independent of the practice. Following our inspection, the practice sent us an updated whistleblowing policy which included an appropriate Freedom to Speak Up Guardian independent of the practice. The practice told us that the updated arrangements and policy would be discuss with practice staff during the next team meeting planned for 12 December.</p>	

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

Source	Feedback
Staff interviews.	The staff members we spoke with told us that there was a good relationship with managers and they could raise concerns and report when things went wrong. Staff told us they felt respected, valued and well supported.

## Governance arrangements

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

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



Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: The practice had a regular schedule of meetings in place for all staff members including multi-disciplinary teams. Clinical oversight and accountability within the practice had been established. There was an overarching governance framework in place and staff had access to practice specific policies. There was a clear staffing structure and staff understood their roles and responsibilities.	
The practice displayed pictures of leaders and staff and information on named leads for areas such as long-term conditions, cancer, safeguarding, infection prevention and control, smoking, obesity and mental health.	

### 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.	Partial
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: The practice monitored their performance and had clear systems and arrangements in place for identifying and managing risks. There was a programme of clinical and internal audit which was used to monitor quality and to make improvements.	
The practice had spent a significant amount of time and resources in securing a new lease agreement for the premises and had an improvement plan in place to update and modernise the facilities.	
During our inspection, we identified some areas of risk management which required strengthening. In these instances, the practice took immediate action and demonstrated that the areas identified had been acted on and risk management improved.	

### Appropriate and accurate information

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

	Y/N/Partial
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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
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence: The practice used accurate and reliable data to understand and monitor performance.	

If the practice offered online services:

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

### 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
Explanation of any answers and additional evidence: The practice regularly reviewed patient feedback and staff members told us that their feedback was always considered. The practice obtained and reviewed patient feedback in order to make improvements where required. The practice produced a practice newsletter which included up-to-date information on patient care, services available on the practice website, the extended access service and information about the PPG.	

Feedback from the Patient Participation Group.

Feedback
The practice worked closely with the PPG and held regular meetings. The PPG had supported the practice in reviewing and improving the information displayed in the patient waiting areas. The PPG worked with practice staff to produce the newsletter and reviewed patient feedback.

## Continuous improvement and innovation

**There were 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: The practice was committed towards the development of clinical and non-clinical staff members. The practice supported the development of newly qualified GPs and the practice was accredited as a Research Ready Practice (A Royal College of GPs quality assurance programme for all research-active UK GP practices). The practice participated in a Primary Care Network (PCN). (A Primary Care Network is a group of practices working together to provide more coordinated and integrated healthcare to patients).	
The practice participated in a local CCG led e-consultation pilot. This project commenced in September 2019 and the practice had received over 70 e-consultation forms from patients. The practice told us that this pilot had saved over 30 face-to-face appointments to date.	

## 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)	$\leq -3$
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.