Care Quality Commission

Inspection Evidence Table

Canford Heath Group Practice (1-543027855)

Inspection date: 6 November 2019

Date of data download: 21 October 2019

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Effective Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated and staff had received sepsis awareness training.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
The emergency care practitioner and nurse practitioner saw and treated minor illness patients which covered 8 sessions per week.	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics	0.97	0.73	0.75	No statistical

Prescribing	Practice performance	CCG average	England average	England comparison
prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) (NHSBSA)				variation

Older people — Population group rating: Outstanding

Findings

- The Practice employs an Advanced Nurse Practitioner (ANP) and a health care assistant (HCA) for those on the frailty register (patients over the age of 65 years). The frailty service ensured that all severely frail patients are seen for a health check every quarter, all moderately frail patients every six months and all mildly frail patients annually. The HCA offered support with their health and social needs and where appropriate, signposted them to other services.
- The practice's HCA and ANP also reviewed patients in local care homes. An additional nurse practitioner also offered a weekly ward round.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medicine reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients on the frailty register over 65 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- GPs attended monthly multidisciplinary team meetings held at the practice and worked with the hospital hub team. Referrals to the Hub team could be made at any time to initiate prompt action, but were also reviewed weekly.
- Community nursing teams were based at the practice.
- The practice had identified an additional 213 carers over the last three months. These patients had been contacted and sent information about the inhouse monthly carers' group.

People with long-term conditions — Population group rating: Good

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. 'Just in case' rescue medicine packs were available if needed for patients with chronic obstructive pulmonary disease (COPD) Clinical

staff had written guidance for patients on how to use these rescue medicines.

- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- Practice staff held joint diabetic clinics with hospital staff which provided educational opportunities for patients and staff and prevented patients travelling to hospital. The network diabetes dietician who visited patients with diabetes at the practice.
- Practice nurses were due to assist in running a 'leg club' introduced by the practice's primary care network. Leg clubs are community-based treatment, health promotion, education and ongoing care for people of all age groups who are experiencing leg-related wounds. A small number of patients registered at the practice, had also been involved in setting up and attending the club. .
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, 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.
- The practice provided in-house physiotherapy, podiatry and chiropody services.

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 (01/04/2017 to 31/03/2018) (QOF)	93.7%	82.9%	78.8%	Variation (positive)
Exception rate (number of exceptions).	30.0% (198)	20.0%	13.2%	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 (01/04/2017 to 31/03/2018) (QOF)	82.2%	78.6%	77.7%	No statistical variation
Exception rate (number of exceptions).	9.9% (65)	13.5%	9.8%	N/A
We spoke with the practice about diabetes exception reporting rates for 2017/2018. The practice were aware of these rates and worked with hospital consultants, diabetic dieticians and specialist nurses for the management of routine and more complex cases. Patients were sent three reminder letters and reviewed by the GPs before being excepted. Clinical reasons were discussed on inspection and decisions found to be appropriate. Published data for 2018-2019 showed a reduction in exception reporting rates and had reduced from 30.0% (198) to 20.8% (139).				

	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 (01/04/2017 to	83.1%	81.7%	80.1%	No statistical variation

31/03/2018) (QOF)				
Exception rate (number of exceptions).	11.8% (78)	18.2%	13.5%	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 (01/04/2017 to 31/03/2018) (QOF)	71.0%	75.9%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.8% (16)	12.7%	7.6%	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 (01/04/2017 to 31/03/2018) (QOF)	99.3%	91.2%	89.7%	Significant Variation (positive)
Exception rate (number of exceptions).	25.4% (50)	16.6%	11.5%	N/A
GPs had reviewed patients with COPD and introduced guidance for 'just in case' medicines for these patients. Data for 2018-2019 showed that exception reporting rates had reduced from 25.4% to 20.1% (38).				

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 (01/04/2017 to 31/03/2018) (QOF)	86.4%	82.8%	82.6%	No statistical variation
Exception rate (number of exceptions).	5.0% (84)	5.2%	4.2%	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 (01/04/2017 to 31/03/2018) (QOF)	85.5%	89.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	3.4% (6)	7.6%	6.7%	N/A

Families, children and young people Population group rating: Good

Findings
• The practice had met the minimum 90% target for all four of the childhood immunisation uptake indicators. The practice had met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for all of four childhood immunisation uptake indicators.

- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	126	129	97.7%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	140	144	97.2%	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) (01/04/2018 to 31/03/2019) (NHS England)	140	144	97.2%	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)	141	144	97.9%	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

- 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 medicine without the need to attend the practice.

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)	76.4%	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)	78.5%	75.9%	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)	64.6%	62.4%	57.3%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	49.3%	62.6%	69.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	47.6%	51.6%	51.9%	No statistical variation

Any additional evidence or comments

The practice were aware of their cervical screening uptake rate. The practice advised that they had contacted patients who were overdue smears or had failed to respond to letters and invited them to a walk-in 'smear night' clinic on a designated evening. The clinic was promoted as a safe, no pressure evening. 18 patients attend and took up the opportunity to have a cervical smear. The practice received positive comments on our NHS choices website about the event and a letter of thanks from a patient. The practice were hoping to run this again during national smear week.

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, and staff visited care

homes to provide immunisations and vaccines to reduce stress for patients.

- 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.

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 medicines. Prescribing restrictions, including daily and weekly prescriptions, were put in place to ensure monitoring was done for patients prescribed high risk medicines.
- 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.
- The practice was a dementia friendly practice and all staff had received dementia awareness training.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Patients with poor mental health, including dementia, were referred to appropriate services.
- Practice staff had put together a resource on the website for child and adult mental health signposting and GPs were able to text message the link to patients.

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 (01/04/2017 to 31/03/2018) (QOF)	93.3%	92.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	28.6% (24)	16.6%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12	92.9%	90.8%	90.0%	No statistical variation

months (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	33.3% (28)	16.3%	10.5%	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 (01/04/2017 to 31/03/2018) (QOF)	85.0%	84.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	25.9% (14)	6.8%	6.6%	N/A

Any additional evidence or comments
We spoke with the GPs about the mental health exception reporting rates and looked at clinical records which clearly demonstrated the reasons why patients were excepted. Patients were sent three reminder letters before being excepted. GPs discussed complex cases at the clinical meetings. The practice had a dedicated administrator who had set up a recall system and new clinic for those suffering from mental health issues. We looked at published data for 2018-2019 which showed a reduction in exception reporting for all three indicators: • 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 had reduced from 28.6% to 20.5%. • The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months had reduced from 33.3% (28) to 0%. • The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months had reduced from 25.9% (14) to 5.6% (3).

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)	559.0	548.8	537.5
Overall QOF score (as a percentage of maximum)	100.0%	98.2%	96.2%
Overall QOF exception reporting (all domains)	6.9%	7.0%	5.8%

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

The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes
At the last inspection it was identified that the practice should increase the number of clinical and non-clinical audits at the practice. At this inspection we saw many examples of audits.	

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

The practice had recognised they were high prescribers of anti-inflammatory medicines for patients between 65 and 74 years old. They had completed an audit to identify these patients and monitor the prescribing. The audit had not identified any reduction in prescribing, so the plan was to audit and investigate further.
The GPs conducted annual audits of patients with gestational diabetes (diabetes that occurs in pregnancy) to ensure a system of recall was effective. Two cycles had been completed. The last in December 2018. The recall system was set up for regular monitoring to ensure these patients did not go on to develop diabetes. The most recent recall identified seven patients who required follow up screening.

Examples of non-clinical audit
Practice managers had completed a workflow optimisation audit and project to streamline the way letters and correspondence were received and processed. Staff had received training and guidance and the initiative had reduced the amount of time GPs were spending processing duplicate and routine correspondence. The practice managers were monitoring the effectiveness of this.
A palliative care audit was completed and identified a low number of patients were being identified. Investigation showed that the issue was caused partly by patients not being coded (identified on the computer system) correctly. This was rectified, and the number of patients increased. One of the GPs introduced a new template to ensure information was gained and actioned more efficiently.
The practice had audited and recognised the identification of carers was lower than expected and looked at ways to actively increase this. Action included placing a notice board in the waiting room and sending a text message out to the whole practice population asking to text back the word CARE if they were a carer. An automated message was included on the practice telephone line was also commenced asking carers to identify themselves to the practice. This action resulted in an increase of 213 additional carers being identified and sent information about the inhouse monthly carers' group.

Effective staffing

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

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

The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff and locum/information packs for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
The practice had introduced 'catch up' sessions for staff returning from maternity, sickness and annual leave to familiarise themselves with changes, messages and updates. A journal club was introduced to enable GPs to share any learning from external training or educational sessions with the rest of the practice team. GPs attended the local 'hot topics' educational courses and cascaded learning to the rest of the team.	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes

Helping patients to live healthier lives

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

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

Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
The practice was a 'park run' practice and encouraged patients to join the local weekly park run to improve their health and wellbeing. Regular monthly health education boards were displayed in the practice. This quarter was focusing on the importance of keeping hydrated.	

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 (01/04/2017 to 31/03/2018) (QOF)	93.1%	94.5%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.0% (29)	1.1%	0.8%	N/A

Consent to care and treatment

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

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

Well-led Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels. Leaders demonstrated that they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes

- Regular clinical and staff meetings were held to discuss all aspects of the practice. These included meetings with practice clinical staff as well as outside agencies and other health care professionals through multi-disciplinary team meetings. All meetings had an agenda and minutes were recorded.
- Additional, more informal, 'huddles' were held. The GPs met daily to discuss issues, gain peer support and share home visits and workload. All staff spoken to on inspection said these huddles were invaluable.
- Secretarial staff met weekly for a 'huddle' to discuss any issues raised. This included correspondence issues with local hospitals and organisational changes. For example, change in telephone systems.
- Nursing staff met formally and informally when required. Nurses said communication was effective.
- The partners and practice managers met to discuss staffing needs, finance and premises management, to ensure that they were proactive and could respond to changes needed.
- Staff said that they felt part of a strong team and were supported by the GPs and the practice managers. Staff said they could speak to the practice managers or a partner, if they had concerns or needed support.

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes

Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
We saw evidence of an emphasis on sustainable planning and high-quality personalised care. We also saw that continuity of care was a focus of practice strategies.	

Culture

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

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

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

Source	Feedback
Staff surveys and face to face conversations with four staff	Members of staff we spoke with told us the practice was a good place to work and said they were very happy working at the practice. Staff added that morale was high, and they could access the training they required and felt well supported by the whole practice team.

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.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes

There was a clear staffing structure and discussions with staff demonstrated that they were aware of their own roles and responsibilities as well as the roles and responsibilities of colleagues.

We saw examples of effective governance processes including:

- The management and oversight of cleanliness, health and safety and control of infection at the premises.
- The management, safety and stock control of medicines and emergency equipment.
- The oversight of ongoing recruitment checks and mandatory training programmes.
- The monitoring and review of complaints and significant events.
- Systems to receive and respond to medical safety alerts such as those from Medicines and Healthcare Regulatory Agency (MHRA).
- An effective system to review and manage patients on high risk medicines.
- The review and circulation of policies and procedures.

Managing risks, issues and performance

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

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

The business continuity plan had been updated since the last inspection and was kept under review.

The practice had recently had a CCG infection control inspection and were working through the action plan.

The practice had set up effective monitoring and recall processes which had improved Quality Outcome Framework outcomes for patients.

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively

to drive and support decision making.

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

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had a Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes

The practice had sought feedback from patients and had become an accredited military veterans' practice, recently identifying 81 veterans.

The practice had received feedback from the friends and family test which, although mainly complimentary showed common themes of clinicians running late and appointment wait times. The practice responded by adapting the appointment system and the introduction of triage and signposting for simple conditions which enabled more appointments to be available.

Staff told us they were able to influence change and gave examples of redesigning the emergency equipment trolley and suggesting clinical cleaning rotas/checklists for each treatment room.

Feedback from Patient Participation Group.

Feedback
We received 29 emails from members of the virtual PPG. 28 of these were positive about the care and treatment received and complimentary about staff. Feedback included that their views were listened to and gave the example that getting through on the telephone had been problematic and had resulted in the introduction of a new telephone system. One email was less positive and referred to dissatisfaction of clinical care received.

Any additional evidence
We received 12 patient comment cards. All 12 cards contained positive feedback about the staff, cleanliness and care and treatment received. Patients said getting an appointment was easy.

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.	Yes
Learning was shared effectively and used to make improvements.	Yes

The practice were now a training practice and one of the GPs taught medical students at Southampton University.

The practice had been involved in pilots and projects:

- For a six-month period, the practice had received support from a pharmacy technician who was part of the wider primary care network pharmacy team. The roles included reconciliation of hospital discharge medicines and advice on medicine shortages. The pharmacy team also provided support for the management of patients in care homes. This was due to be rolled out to housebound patients.

- The practice were active members of the local federation and primary care network. Examples given of collaborative working included; the planning of a respiratory service, recruitment of a teenage mental health counsellor and schemes to increase bowel cancer screening uptake.

Examples of continuous improvement

- There had been investment in the practice building. Improvements included the addition of four clinical rooms to provide additional services such as; in-house vasectomies, dermatological procedures, joint injections and full family planning services. In addition, ongoing work was in progress to separate the front and back reception to provide added confidentiality and improved data protection.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

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

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

The following language is used for showing variation:

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

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

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

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

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

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

Glossary of terms used in the data.

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