Care Quality Commission

Inspection Evidence Table

Crown Medical Centre (1-2288857034)

Inspection date: 19 March 2019

Date of data download: 06 March 2019

Overall rating: Good

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

Safe   Rating: Good

Safety systems and processes

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

At the last inspection in June 2018 we rated the practice as inadequate for providing safe services because:

• We found a significant backlog of patient records which needed to be summarised, and patient letters awaiting clinical coding.

• Recruitment checks for new employees did not always incorporate all the required assurances.

• Competency assessments for health care assistants needed to be more extensive to provide evidence that key duties had been assessed and developed.

At this inspection in March 2019, we found that the provider had satisfactorily addressed these areas.

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.	Y
Policies took account of patients accessing any online services.	N/A
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Y

Safeguarding	Y/N/Partial
There was a risk register of specific patients.	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:
- Lead GPs had been identified for child safeguarding and adult safeguarding.
- Staff had received training in domestic violence.
- Processes for documenting safeguarding concerns had improved since our last inspection. Patient notes contained safeguarding information where relevant and multidisciplinary safeguarding meeting times had been changed to improve staff attendance and encourage information sharing.
- Monthly meetings took place between practice staff and health professionals to discuss adults and children at risk.

Recruitment systems	Y/N/Partial
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 and 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
Staff had any necessary medical indemnity insurance.	Y

Explanation of any answers and additional evidence:
- Recruitment files had been improved since our last inspection and now contained all appropriate information.
- Practice management regularly checked the registration status and indemnity of clinical staff.

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 10/07/18 and 25/06/18 (Main location and branch)	Y
There was a record of equipment calibration. Date of last calibration: 10/07/18 and 25/06/18 (Main location and branch)	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: September 2018	Y
There was a log of fire drills. Date of last drill: 27/11/18 and 5/12/18 (Main location and branch)	Y
There was a record of fire alarm checks. Date of last check: 12/01/19	Y
There was a record of fire training for staff. Date of last training: Staff had completed fire safety training on various dates. Fire safety training was part of the practice's mandatory training schedule and attendance was monitored.	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 3/12/18 and 4/12/18	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence:	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: March 2019 and December 2018 (Main location and branch)	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: December 2018	Y
Explanation of any answers and additional evidence:	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit: 25/09/18	
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: • Cleaning schedules and cleaning audits were seen (February and March 2019). • The practice website included information on infection control to demonstrate how the practice kept patients safe from infection. This also stated that all practice policies and procedures relating to infection prevention and control were available to patients upon request. • The practice carried out regular infection control audits. The CCG's infection and prevention	

control team also completed a regular infection control audit of the practice.
- There were sufficient supplies of personal protective equipment available to staff including disposable gloves and aprons.
- The environment was clean and hygienic.
- The infection control lead had attended additional training to support them to fulfil their role.

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
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	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
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	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: - Staff told us that there were mostly sufficient staffing levels. - Temporary staff were rarely used but an information booklet for GP locums was in place to support them when working at the practice. - The process for competency checks for health care assistants had improved since our last inspection. We observed no concerns in this area during this inspection. - Staff had completed sepsis training and had a good understanding of what to do if they suspected sepsis.	

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.	Y
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
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers and additional evidence: • Systems and staffing levels to summarise new patient notes had been improved since the last inspection and there was no significant backlog at the time of this inspection. • Clinical correspondence systems had also been improved since the last inspection and all correspondence was now checked by several staff to ensure it was effectively and promptly processed.	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHS Business Service Authority - NHSBSA)	1.02	1.01	0.94	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). (01/10/2017 to 30/09/2018) (NHSBSA)	8.3%	8.1%	8.7%	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 (01/04/2018 to 30/09/2018)	5.77	5.67	5.64	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
(NHSBSA)				
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) (NHSBSA)	3.15	2.63	2.22	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.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	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.	N/A
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were	Y

Medicines management	Y/N/Partial
regularly checked and fit for use.	
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y

Explanation of any answers and additional evidence:

- Processes for managing high risk medicines had been reviewed and improved since the last inspection. We identified no concerns with the processes at this inspection.
- Meetings took place with the CCG's medicines management team every two months. The practice had their own medicines management facilitator who dealt with any prescription queries and discharge letters. They told us that GPs were very approachable and accessible if there were any queries requiring their input.
- The practice provided a service for several local care homes. Two of these care homes commented that they had continuing issues with the ordering and generating of repeat prescriptions which resulted in staff having to visit the practice to collect prescriptions.

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:	58
Number of events that required action:	58

Explanation of any answers and additional evidence:

- There was a named lead for significant events.
- A quarterly review of events took place to assess any learning points, and an annual review was undertaken to consider themes and trends in order that these may be addressed. Events were discussed at staff meetings to share learning.
- Significant event documentation was maintained but did not always include actions taken in relation to patients affected. When we checked individual events, it was clear that staff had taken appropriate action to inform patients and to amend their treatment if required. Staff agreed to record these actions as a part of significant event documentation in the future.

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
It was noted that the defibrillator at the branch site did not have a spare battery available.	This was raised and authorisation was given to order a spare battery immediately. The learning was to ensure the importance of regular monitoring and to act if any concerns were raised.

The GP wanted a patient to wait in the isolation room but initially the patient waited in the main reception area. They were moved when this was observed by staff.	An improved system was put in place and this was added to the receptionists' training file.

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:	
Processes for managing safety alerts had been reviewed and improved since the last inspection. A safety alerts team was in place to discuss, oversee and monitor the implementation of alerts if required. Alerts were discussed at clinical meetings if appropriate and all clinicians had to acknowledge receipt of each alert. We checked two alerts and they had been appropriately responded to.	

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
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 were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
Explanation of any answers and additional evidence:	

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) (01/10/2017 to 30/09/2018) (NHSBSA)	0.66	0.70	0.81	No statistical variation

Older people   Population group rating: Good

Findings

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over, who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of their prescribed medicines.
- 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.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions   Population group rating: Good

Findings

- Patients with long-term conditions had 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 any acute exacerbation of their condition.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention.
- People with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice provided an in-house ECG service.
- Results from the latest national GP patient survey showed that 62% of respondents at the practice said they had received enough support from local services or organisations in the last 12 months to manage their long-term condition(s). This was below the CCG average of 76% and the national average of 79%. During our inspection we observed no concerns in this area. Staff told us that they felt that the performance was lower than CCG and national averages due to a difficult merger of two practices and a consequent impact on patient views of the service provided by the merged practice. Staff were hopeful that improvements introduced in the last year would lead to an increase in this score.
- We received unverified figures during our inspection that 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 achievement had improved from 62.2% to 73.5% and was expected to improve further by the end of the performance year. We observed no concerns in this area during our inspection.
- We received unverified figures during our inspection that 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 had improved from 75.8% to 83.5% and was expected to improve further by the end of the performance year. We observed no concerns in this area during our inspection.

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)	77.3%	81.5%	78.8%	No statistical variation
Exception rate (number of exceptions).	15.3% (128)	14.8%	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)	62.2%	75.1%	77.7%	Variation (negative)
Exception rate (number of exceptions).	11.0% (92)	11.6%	9.8%	N/A

	Practice	CCG	England	England

		average	average	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 31/03/2018) (QOF)	77.5%	82.9%	80.1%	No statistical variation
Exception rate (number of exceptions).	14.0% (117)	15.7%	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)	70.4%	79.3%	76.0%	No statistical variation
Exception rate (number of exceptions).	6.4% (65)	11.4%	7.7%	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)	75.8%	87.0%	89.7%	Variation (negative)
Exception rate (number of exceptions).	10.2% (44)	14.0%	11.5%	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 (01/04/2017 to 31/03/2018) (QOF)	78.9%	84.9%	82.6%	No statistical variation
Exception rate (number of exceptions).	4.4% (98)	5.7%	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)	96.3%	93.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	7.3% (17)	6.5%	6.7%	N/A

Families, children and young people   **Population group rating: Good**

Findings

- Childhood immunisation uptake rates were above the target figure of 90%, but mostly just below the World Health Organisation (WHO) target of 95%.
- 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.
- The practice had protocols for following up failed attendance of children's appointments for immunisation and missed appointments in secondary care and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception. Long acting contraception (injections and implants) was available at the practice.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	163	168	97.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	163	172	94.8%	Met 90% minimum (no variation)
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) (01/04/2017 to 31/03/2018) (NHS England)	163	172	94.8%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	162	172	94.2%	Met 90% minimum (no variation)

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. Outcomes from the most recent national GP patient survey and sources such as the NHS website indicated that patients found it difficult to obtain appointments both online and by telephone.
- The practice's uptake rates for cancer screening were above national averages. Percentages for cervical cancer screening were also higher than local figures, whilst rates for breast and bowel cancer screening were in alignment with local averages.
- We received unverified figures on the inspection visit date that 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 had improved from 48.5% to 100%. We observed no concerns in this area during our inspection.

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)	81.1%	76.9%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	77.4%	78.7%	70.0%	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)	62.2%	63.1%	54.5%	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)	48.5%	63.4%	70.2%	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)	50.6%	52.7%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Patients aged 14 and over with a learning disability were encouraged to receive an annual review to ensure their health needs were being met. We saw that 88 of the 91 eligible patients on the practice's learning disability register (97%) had received an annual review in the last 12 months.

- 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 support people who misused substances by referring them onto appropriate services.

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.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- 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. A Dementia Lead GP was in place.
- The practice's performance on quality indicators for mental health was in line with local and national averages. We observed that exception reporting rates for mental health had reduced since our previous inspection and these were now in line with the national average of 11%, and below the CCG average of 17%.

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)	90.2%	93.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	15.0% (9)	20.6%	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 months (01/04/2017 to 31/03/2018) (QOF)	94.4%	94.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	10.0% (6)	18.1%	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)	78.0%	83.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	6.6% (9)	10.9%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	526.0	544.6	537.5
Overall QOF exception reporting (all domains)	5.9%	6.0%	5.8%

Any additional evidence or comments
The practice achieved 94.1% of the total points available for QOF in 2017-18 (CCG 97.4%; national 96%). We saw that the practice had reduced their level of exception reporting from 7.2% the previous year to 5.9%. This was in alignment with CCG and national averages of 6% and 5.8% respectively. The level of clinical exception reporting had also reduced. For example, we saw that the exception reporting rate for indicators relating to mental health was 11.6% (CCG 17.2%; national 11%). Exception reporting levels in diabetes had also reduced.

	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

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

- A two-cycle audit was completed regarding patients with chronic kidney disease following a significant event. The second audit showed an improvement in outcomes for patients' renal functioning.
- A two-cycle audit was completed regarding citalopram prescribing for patients aged over 65. The second audit showed an improvement in prescribing.

Effective staffing

The practice could 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.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y

Explanation of any answers and additional evidence:

- A pharmacist had recently been appointed to the practice team. This provided support on medicines issues and helped to reduce pressure on GP appointments for medicine-related issues (for example, the pharmacist undertook approximately 45 medicines reviews each week, which would normally have been undertaken as part of a GP consultation).
- As a training practice, there was a learning environment with a focus on education. There were up to six GP registrars, medical students and nurse trainees working at the practice at the time of our inspection.
- The practice told us of their involvement in a GP exchange programme with Germany to look at different healthcare systems and provide personal development opportunities.
- The practice was part-funding a nurse to undertake training as an independent prescriber and another nurse was being supported to attend a Practice Nursing Degree course. The practice pharmacist was also completing further training.
- A member of the team who had worked at the practice for a year explained how they were allocated designated time with the nurse manager as their assigned mentor, and attended regular nurse and clinical meetings. They felt they had been provided with excellent support from all team members and given time to become confident in their role.
- Staff told us that they were supported throughout their induction period and had their competencies reviewed to ensure they understood each element of their role.

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)	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	Y

services.	
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
Explanation of any answers and additional evidence: • The practice adopted standards developed by the RCGP and Marie Curie to enable continuous learning and quality care for palliative care patients. • Monthly multidisciplinary meetings were held to review the care and needs of the practice's most vulnerable patients. These meetings included discussion of patients approaching the end of life.	

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
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 practice had become a Parkrun Practice. Parkrun is an initiative aimed at encouraging people to undertake exercise and socialise at local designated sites and to complete a 5k circuit. Participants of all abilities were welcomed. • Information to support healthier lifestyles was available to patients in the waiting area and on the website. This included a display on DESMOND (diabetes education and self-management for ongoing and newly-diagnosed diabetes).	

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)	93.4%	96.3%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.6% (61)	1.5%	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
Explanation of any answers and additional evidence: Staff had a good understanding of consent processes including when a patient might lack capacity to make a decision.	

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
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence:	

CQC comments cards	
Total comments cards received.	16
Number of CQC comments received which were positive about the service.	6
Number of comments cards received which were mixed about the service.	9
Number of CQC comments received which were negative about the service.	1

Source	Feedback
Patient comment cards	Patients commented that staff were friendly and respectful. They also noted that staff were compassionate and helpful.
Observations during inspection	Staff were observed to be polite and kind to patients.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
15,937	294	112	38.1%	0.70%

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 (01/01/2018 to 31/03/2018)	88.8%	90.5%	89.0%	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 (01/01/2018 to 31/03/2018)	89.6%	88.4%	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 (01/01/2018 to 31/03/2018)	96.3%	94.6%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	82.5%	83.0%	83.8%	No statistical variation

Any additional evidence or comments
The practice was designated as a 'veteran's champion' in recognition of their commitment to provide caring and responsive healthcare for those who had served in the armed forces.

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

Any additional evidence
'Family and Friends Test' returns were monitored to assess patient experience and their comments. We saw that the number of patients who would be likely or extremely likely to recommend the practice to others, had risen from 60% at our previous inspection to 74% at this inspection.

Involvement in decisions about care and treatment

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

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

Source	Feedback
Patient comment cards	Patients commented that they were listened to.

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 (01/01/2018 to 31/03/2018)	97.1%	95.3%	93.5%	No statistical variation

	Y/N/Partial

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence:	

Carers	Narrative
Percentage and number of carers identified.	There were 299 carers on the practice carers' register. This was 1.8% of registered patients and demonstrated that effective systems were in place to identify carers.
How the practice supported carers.	- A carers champion was in place for the practice. - The practice provided carers with information to support them. This included referrals to local carers' support services. - The practice website included a link to carer support information. - Carers were invited to receive an annual flu vaccination and health checks.
How the practice supported recently bereaved patients.	- GPs would usually contact relatives/carers following a bereavement to offer condolences and support. - The practice also sent a letter or condolence card. - Information on bereavement services was displayed in reception.

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: - The waiting area at the main site was spacious and well laid out so that patients were not seated too close to the reception desk. The waiting area at the branch site was also designed to keep the reception area reasonably confidential. - A radio was played in the reception area to help reduce conversations being overheard at reception. - There was an identified area for patients to queue to be seen at reception, to keep a distance behind the person who was being spoken to by the receptionist.	

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
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
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y

Explanation of any answers and additional evidence:
- The practice had organised patients with specific needs to advise on improvements that needed to be made within the practice to enhance their experience. For example, this included patients with dementia and impaired vision.
- Alerts were used on the computer to identify any individual patient needs.
- Easy-read information was available for people who required it.
- Monthly multidisciplinary meetings took place with other services to ensure that patients were provided with coordinated care.

Reception Opening Times (main site)	
Day	**Time**
Monday	8am – 6.50pm
Tuesday	8am – 6.50pm
Wednesday	8am – 6.50pm
Thursday	8am – 6.50pm
Friday	8am – 6.50pm

GP Appointments available:	
Mornings	7/7.30am – 1pm
Afternoons	2pm - 8pm
Nurse appointments available:	
mornings	8.30am – 12.30pm
afternoons	From 2pm – until 5pm (Monday & Tuesday); 8pm on Wednesday & Thursday; and 5.30pm on Friday
The above times relate to Crown Medical Centre, the main site. Opening and appointment times differed slightly at Farnsfield Surgery, the branch site.	

Extended hours opening:
• GP appointments were available from 7.30am Monday to Friday at the main site.   • Pre-booked appointments were available on Saturday morning from 8.30am-12.30pm with a GP, nurse or health care assistant. This service operated three in four Saturdays at the main site, and one in four at the branch site.   • Extended access appointments were available from 6.30pm until 8pm Monday to Friday as part of a local extended access programme for patients at local practices. These sessions were provided at the practice's main site every Wednesday and Thursday, and on alternate Fridays. Appointments were also available on Sunday mornings and bank holidays at a GP practice in Mansfield.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
15,937	294	112	38.1%	0.70%

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 (01/01/2018 to 31/03/2018)	96.3%	94.6%	94.8%	No statistical variation

Older people   Population group rating: Good

Findings
• All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.   • The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.   • Practice staff provided care for older patients living in nearby care homes. Care home staff provided mostly positive feedback on the service provided by practice staff.

People with long-term conditions   Population group rating: Good

Findings
• Patients with multiple conditions had their needs reviewed in one appointment, and consultation times were flexible to meet individual needs.   • The practice liaised regularly with the local district nursing team and other community health and social care teams 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

- Nurse appointments were available outside of school hours for 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.
- The practice used social media platforms to engage primarily with younger patients.
- Weekly community midwife clinics took place at the practice.

Working age people (including those recently retired and students)   Population group rating: Good

Findings

The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments. Flu clinics were also held on Saturdays to encourage uptake for this population group. Drop in phlebotomy access was also available.

People whose circumstances make them vulnerable   Population group rating: Good

Findings

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health
(including people with dementia)   Population group rating: Good

Findings

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

Timely access to the service

People were mostly 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:	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	47.0%	N/A	70.3%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	53.7%	66.8%	68.6%	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 (01/01/2018 to 31/03/2018)	55.3%	59.5%	65.9%	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 (01/01/2018 to 31/03/2018)	61.9%	72.3%	74.4%	No statistical variation

Any additional evidence or comments
Patient satisfaction in respect of access was below local and national averages. The practice was aware of this and told us that they had worked closely with their telephone providers to improve telephone access. They had also recruited additional reception staff to improve capacity to answer calls. Staff told us that issues around online appointment access had also now been resolved. However, no internal patient surveys had been completed in this area to show that these actions had led to improvements in patient satisfaction.

Source	Feedback
NHS website	We saw that 15 comments had been posted on the NHS website since our previous inspection in June 2018. Of the 15 comments, 13 patients reported a negative experience with the practice. The poor feedback related to the lack of available appointments, and difficulties with telephone access. Some patients said they felt that staff who had dealt with them had shown a poor attitude and a lack of understanding to their needs. The practice had responded to these messages and had invited individuals to contact them to explore their concerns more fully. In addition, they gave an indication of what the practice was trying to do to address some of the concerns.
Patient comment	Patients commented positively about access to urgent appointments but felt that

cards	they had to wait a long time for non-urgent appointments.
Feedback from care homes	Care homes commented that they had a good, positive relationship with the practice, however, they also commented that they had difficulty contacting the practice by phone at times.

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 (April 2018 – February 2019)	63
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: • The practice logged all complaints, including verbal as well as written complaints, to ensure that all concerns could be analysed to consider themes and actions to address their recurrence. • Since the previous inspection, the practice had introduced a new system so that all complainants received a telephone conversation with the complaints lead to develop a more personalised approach. • The complaint response letter did not inform patients that they could contact NHS England if they were unsatisfied with the response to their complaint. The practice agreed to add this information to their standard response letter.	

Example of learning from complaints.

Complaint	Specific action taken
A complaint was received after a patient was advised that a treatment could be undertaken by a nurse at a home visit. However, it was not possible for the nurse to do this at the patient's home.	Reception staff were advised not to inform patients that nurses could do this specific procedure on home visits, and that they would need to discuss this with the clinician before this was agreed.

Well-led   Rating: Good

Leadership capacity and capability

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

At the last inspection in June 2018 we rated the practice as requires improvement for well-led services because:

• Systems and processes to identify, assess and mitigate risks were not always operated effectively and overseen by managers and partners.

At this inspection in March 2019, we found that the provider had satisfactorily addressed this area.

	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: - There was a management structure with a team who had clearly defined responsibilities. This included the practice manager, operations manager and human resource officer. - GP partners and nurse had lead areas of clinical responsibility. - A named senior member of the reception team was designated as a shift lead for each session, to act as a point of reference for any queries or act as the nominated individual that staff could highlight any difficulties with. Staff told us this system worked well and had made things run more smoothly. - Practice staff were aware of the challenges to their practice and other practices in the area. Actions had been taken to address these challenges where possible. - All the staff we spoke with during the inspection gave a positive account of their interactions with managers and clinicians. - Following our previous inspection, the practice had updated an action plan to address our concerns. This was comprehensive and identified leads and timescales to address each area of concern. We saw that this had been completed although some areas were being kept under review and monitored for sustainable and ongoing improvements. The backlog of coding and summarising had been used as a project to support leadership development within the practice.	

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	Y

external partners.	
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 core values supported by the statement 'we care to make a difference'. • Whilst the practice held a patient-centered approach to how it delivered service, it also aspired to make the practice a pleasurable place for their staff to work. • Aims and objectives for the service had been produced.	

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
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
Explanation of any answers and additional evidence: • Staff told us that there had been a positive shift in the culture of the practice, and that managers were approachable and did their best to address any concerns. • Staff said that teamworking was essential following a change in how systems operated, and this meant staff worked together to determine priorities and formulate ways to address this. • The practice had worked hard to change culture using techniques such as process mapping to merge roles and prevent individuals working in isolation. The practice told us that the variety of responsibilities had been an influential factor in reducing sickness levels. • A staff mindfulness event was planned to help promote well-being. • Staff told us that managers were flexible and tried to accommodate any personal needs that might arise with individual staff members. • Staff had a good understanding of the duty of candour. Complaints and significant event processes supported these principles. • Speaking up policies were easily accessible to all staff.	

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

Source	Feedback
Staff interviews	Staff told us that there had been a significant change in the culture of the practice. They told us that effort had been made to include staff in discussions to address any arising problems. Staff said that managers were approachable and that they listened when they had a concern. They felt well supported by managers and

partners.	

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 wide range of policies and procedures that were regularly updated and readily available to all staff. • Regular meetings took place within the practice, including clinical meetings and an informal daily meeting for GPs to discuss any issues arising on that day.	

Managing risks, issues and performance

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

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

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y

Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence: The practice was working to maximise the functionality of their IT systems and utilised a range of systems to access data to review performance and support patient care.	

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
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: - Staff meetings took place each month. The use of GP TeamNet had helped to facilitate communications between the practice team. - The practice provided a service for some care homes in the local area. Feedback received from these care homes commented that the homes' staff had a good relationship with the GP practice. - The practice had considered patient concerns and made changes to address them, however, they had not carried out a follow up patient survey to assess whether patients felt that changes had been effective.	

Feedback from Patient Participation Group (PPG).

Feedback
The practice had separate PPGs for the main site and branch site.   We spoke with the chair of the PPG at Farnsfield Surgery, who described a positive and productive relationship with the practice. A PPG meeting usually took place each month (a formal minuted meeting one month, followed by an informal group discussion the following month). A representative from the practice would always be in attendance, usually the practice and operations managers, but with GPs attending as available). The core membership was 11 members and the PPG were proactively trying to identify new members.   The PPG wished to achieve dementia friendly status for the surgery and had arranged to meet with a representative from the Alzheimer's Society. They had also arranged a discussion on social prescribing, recognising the value of promoting both physical and mental health accompanied by social and voluntary support services and groups.   The PPG told us that they had seen improvements take place in the practice over the last 12 months and felt the new management arrangements had been pivotal to this. They told us that patients were positive about the changes. Managers were said to be easily accessible and willing to listen to any suggestions or concerns. The PPG also engaged in wider networking with other PPGs as part of a

wider CCG initiative.

The PPG chair at Crown Medical Centre also described a positive relationship with the practice and felt listened to. Practice staff attended meetings and were accessible and responded to suggestions made by the PPG.

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 had developed some clear objectives for the future. This included working with local schools, becoming a training placement for pharmacy students, and streamlining the experience for patients with a long-term condition in the form of a 'one-stop shop'.	

Examples of continuous learning and improvement
The practice gave several examples where they had learned from patient feedback, training, significant events, alerts and audits.

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 Band	Z-score threshold
1	Significant variation (positive)	Z ≤-3
2	Variation (positive)	-3 < Z ≤ -2
3	No statistical variation	-2 < Z < 2
4	Variation (negative)	2 ≤ Z < 3
5	Significant variation (negative)	Z ≥3
6	No data	Null

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.
- 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.

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

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.