

Care Quality Commission

Inspection Evidence Table

Dr Law & Partners (1-567850889)

Inspection date: 31 October 2018

Date of data download: 22 October 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies were updated and reviewed and 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
Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Disclosure and Barring Service checks were undertaken where required	Y
<p>The practice had completed an audit on their documentation of the accompanying adult in consultations with children. The standard the practice set was the documentation of all consultations with children should include details of any adult accompanying the child. Where no adult accompanies for example with older children / teenagers, this should also be documented. The percentage with appropriate documentation was 72%. Common themes in cases missing this information were emergency appointments/extras, older teenager (age >16yrs) and at eight-week baby checks. The results of this first cycle audit was presented at the practice quarterly child protection meeting (attended by practice nurses and GPs) on 17th February 2017. A repeat audit found that a simple reminder to the clinical team had significantly improved the documentation to 94% of patients seen under 16 years.</p> <p>The practice planned to intermittently repeat the audit and that at the practice quarterly child protection meetings issue a regular reminder.</p>	

Recruitment Systems	Y/N
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
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Y 19/07/18
There was a record of equipment calibration Date of last calibration:	Y 19/07/18
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion	Y 20/06/17 External 06/06/18 In-house.
Actions were identified and completed. <ul style="list-style-type: none"> • New fire alarm system installed November 2017. 	Y
Additional observations: <ul style="list-style-type: none"> • High visibility jackets. • Hard hat and torch. • New fire information pack including building plan. 	Y
Health and safety	

Premises/security risk assessment? Date of last assessment:	Y 16/01/18
Health and safety risk assessment and actions Date of last assessment:	Y 16/01/18
Additional comments: An external contractor was booked by the practice for 28/11/2018 to review all their risk assessments, health and safety, fire and infection prevention and control measures.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified Detail: <ul style="list-style-type: none"> • Lead Nurse in Infection prevention and Control (IPC) job description improvements to include outline of responsibilities such as audit, risks, surveillance and education. • Update of IPC contact details • Audit trail of actions taken to address areas for improvement once completed. • Cleaning of the toy box and damaged books replaced in the waiting room area. • Monitoring of the lime scale build up in the staff toilet areas and improvements by the contract cleaners to cleaning staff toilets. • Maintenance schedule for repair of flooring in domestic cupboards. • Ideally wall mounted clips for mop heads to be stored upwards. • Items sent for service, inspection or repair are cleaned and a system to identify that cleaning has been completed. 	Y 21/09/17 External audit Completed by Infection prevention and Control (IPC) Nurse NHS Staffordshire and Stoke on Trent Partnership NHS Trust Y Ongoing internal audits such as handwashing 2018.
The arrangements for managing waste and clinical specimens kept people safe?	Y
Explanation of any answers: The practice had a monitoring action plan in place in respect of the infection prevention and control audit which was signed and dated.	

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y

Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	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
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had 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

Appropriate and safe use of medicines

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) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	0.95	1.04	0.95	Comparable with other practices
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). (01/07/2017 to 30/06/2018) (NHSBSA)	6.5%	8.7%	8.7%	Comparable with other practices

Medicines Management	Y/N
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
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y

Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
There was a process for the management 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, audits for 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 systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	Y
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly, and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y
Explanation The practice withdrew from high risk medicines monitoring shared care arrangements and all other Amber 2 drugs, due to safety concerns around certain aspects of the monitoring system as the practice was not happy with safety procedures for some patients. The practice felt the system now in place provided patients with a clear support system for specialised medicines within secondary care. Subsequent to these changes there had been no complaints raised by patients.	

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Y
Staff understood how to 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.	17

Number of events that required action	17
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Example(s) of significant events recorded and actions by the practice;

Event	Specific action taken
<p>An out of date Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form.</p> <p>(The purpose of a DNACPR decision is to provide immediate guidance to those present, mostly healthcare professionals, on the best action to take, or not take, should the person suffer cardiac arrest or die suddenly.</p>	<p>The district nursing team brought to the GPs attention that a dated DNACPR form was out of date. GPs were in agreement that they did not add a review date on a person's DNACPR form.</p> <p>Following this event, the practice assigned a staff member to review all DNACPR forms that were scanned onto the electronic system to ensure there were no review dates entered that had become overdue, none were identified.</p> <p>GPs no longer add review dates therefore, it was found that this should no longer be an issue going forward.</p> <p>The GPs were all made aware that community drug charts can become out of date. The district nursing team advised they would ensure drug charts were checked, were in date and bring charts in to the practice for re dating when necessary.</p>
Collapse of a patient	<p>The staff response to an emergency was reviewed following the collapse of a patient at the practice. The findings were that all staff had responded promptly to the incidents and the team work effectively. Staff were praised for their prompt and effective response.</p>
Missed instruction within a letter from a specialist to continue a patient's medicine.	<p>The practice investigated the incident and through discussion, it brought to light how easy it could be to overlook an instruction within a letter when there were multiple demands on their time. At the time, there were changes within their electronic systems and setting up GP workflow optimisation.</p> <p>The practice found that improvements in workflow optimisation would reduce the overall volume of letters being seen by GPs. They discussed a future option of considering clinical pharmacy support to assist with medicine queries.</p> <p>The practice implemented the changes regarding the progress of workflow optimisation (after delays due to technical difficulties) and GPs made aware of need the need to read all of the letter. The practice suggested that staff fed back on any delays in getting letters and whether consideration could be made on how key instructions could be flagged within letters.</p>

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y

Comments on systems in place:

The system in place was streamlined and robust and all staff demonstrated their awareness. The practice manager emailed the alerts to clinical staff. A spreadsheet was maintained of the actions taken including patient searches and any product recalls which was dated and signed off as complete. This spreadsheet was accessible as a reference and audit tool.

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	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) (01/07/2017 to 30/06/2018) (NHSBSA)	0.53	0.64	0.83	Comparable with other practices

People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	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 (01/04/2016 to 31/03/2017) (QOF)	86.4%	79.8%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.9% (118)	12.4%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
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 (01/04/2016 to 31/03/2017) (QOF)	77.3%	78.3%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.3% (72)	7.7%	9.3%	

Indicator	Practice performance	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 (01/04/2016 to 31/03/2017) (QOF)	81.3%	80.9%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.6% (88)	11.8%	13.3%	

Other long term conditions				
Indicator	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 (01/04/2016 to 31/03/2017) (QOF)	73.8%	76.8%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.2% (16)	6.7%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
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 (01/04/2016 to 31/03/2017) (QOF)	91.7%	91.4%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.3% (21)	9.1%	11.4%	

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 (01/04/2016 to 31/03/2017) (QOF)	82.4%	84.4%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.2% (55)	3.8%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
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 (01/04/2016 to 31/03/2017) (QOF)	95.9%	90.6%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.5% (36)	9.8%	8.2%	

Any additional evidence or comments

The recently published QOF results (2017 to 2018) demonstrated:

- 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) was 83.9% which was in line with CCG average of 78.4% and England average of, 78.8%. The practice exception rate had increased to 17.9% from 16.9% (118 patients) which was higher than the CCG and England averages. The practice advised that many diabetic patients on Amber two listed medicines were monitored in secondary care which accounted for some of the changes in exception reporting. (The Amber list is an advisory list where it is considered that responsibility for prescribing may be transferred from secondary to primary care once the patient is stabilised and agreed shared care arrangements have been established. It is recommended that shared care arrangements should be drawn up following local discussion and agreement by prescribing parties. A shared care guideline details the respective clinical responsibilities of both parties).
- 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) was 76.5% which was in line with the CCG average of 76.7% and England average of, 77.7%.
- 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) was 80.1% which was in line with the CCG average of 81.3% and the same as the England average.
- 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) was 73.7% which was in line with the CCG average of 79.6% and the England average of 75.9%.
- 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) was 93.6% which was in line with the CCG average of 90.6% and the England average of 89.7%.
- 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) was 83.7% which was in line with the CCG average of 83.5% and the England average of 82.6%.
- 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) was 90.4% which was in line with the CCG average of 91% and the England average of 90.1%.

For the population group 'older people', the practice had recently set up a urinary tract infection (UTI) pathway for the care homes to assist them in providing a standardised and safe method of treatment. The practice provided care home staff the training and education for this pathway. We spoke with three of the care home managers all reported positively on the GP service their patients received from the practice and on the recent UTI pathway training and support.

Families, children and young people

Child Immunisation				
Indicator	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) (01/04/2016 to 31/03/2017) (NHS England)	115	120	95.8%	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) (01/04/2016 to 31/03/2017) (NHS England)	104	107	97.2%	Met 95% WHO based target (significant variation positive)
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) (01/04/2016 to 31/03/2017) (NHS England)	104	107	97.2%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	104	107	97.2%	Met 95% WHO based target (significant variation positive)
Any additional evidence or comments				
<p>The practice nursing staff worked hard to achieve optimal attendance for child immunisations. The number of non-attendances amounted to five children aged one who had not attended for their immunisation course and three children aged two who had not attended for their booster and immunisation courses. They worked closely with the health visiting team to report on none attendance in order that these may be followed up appropriately.</p>				

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	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) (01/04/2016 to 31/03/2017) (Public Health England)	73.7%	72.8%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	53.1%	68.4%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	58.5%	57.2%	54.6%	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. (PHE)	80.0%	72.1%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	62.3%	48.7%	51.6%	Comparable with other practices
Any additional evidence or comments				
The practice staff were aware of the screening results for cervical, breast and bowel cancer screening. They aimed to improve these results were able by health promotion, notice board leaflets and opportunistic discussions during consultations.				

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	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 (01/04/2016 to 31/03/2017) (QOF)	94.8%	86.6%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.9% (11)	14.6%	12.5%	
Indicator	Practice	CCG average	England average	England comparison

The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	91.4%	86.0%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.9% (11)	12.4%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	93.3%	84.8%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.0% (10)	7.0%	6.8%	

Any additional evidence or comments

The practice demonstrated awareness of the patients who were excepted within the mental health indicators and documented the rationale accordingly. The practice hosted a service entitled 'Toolbox' which was a lottery funded open access, emotional wellbeing signposting service for patients who were not receiving care from the community mental health trust and over the age of 18 years.

The recently published QOF results (2017 to 2018) demonstrated:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate was, 91.4% when compared with the CCG average of, 92.1% and England average of 89.6%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was, 91.7% when compared with the CCG average of, 91.1% and England average of 90.1%.
- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 84.9% when compared with the CCG average of 82.8% and England average of, 82.9%.

Monitoring care and treatment (2016-2017)

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	558	548	539
Overall QOF exception reporting (all domains)	6.1%	6.0%	5.7%

Monitoring care and treatment (2017-2018)

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	557	548	537
Overall QOF exception reporting (all domains)	9.7%	9.6%	10.1%

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) <small>(QOF)</small>	Yes

Helping patients to live healthier lives

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 (01/04/2016 to 31/03/2017) <small>(QOF)</small>	95.5%	95.3%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.7% (19)	0.9%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
<p>The practice staff documented consent within their electronic systems and with written consent forms for minor surgical procedures. These were reviewed regularly.</p> <p>Staff were in receipt of Mental Capacity Act (MCA) training and Deprivation of Liberty Safeguards (DoLS).</p> <p>Staff we met were had a clear understanding and awareness of capacity, best interest decisions and of Gillick competencies.</p> <p>The practice documented patient expressed choices such preferred place of death and review whether these had been met or the documented information on the circumstances around where these were not met.</p>

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	6
Number of CQC comments received which were positive about the service	6
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
NHS Choices	In total, NHS Choices noted seven patient reviews however, only six were visible to review. Four patients rated their positive experiences as four or five stars. They reported positively on the staff and the care and treatment they had received. Two patients in February 2017 and in February 2018 reported negative experiences, rating the service as one star. One patient remarked on access and another on their partner's consultation with a GP which the practice offered to fully investigate.
CQC Comment cards	Six comment cards were completed by patients. All reported on positive experiences at the practice. Staff were described as caring, kind and respectful professionals.

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 has changed in 2018. This means that we cannot be sure whether the change in scores was due to the change in methodology or was due to a genuine change in patient experience.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11018	307	124	40.3%	1.13%

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	88.4%	87.7%	89.0%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
31/03/2018)				
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)	87.6%	86.5%	87.4%	Comparable with other practices
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)	94.9%	95.0%	95.6%	Comparable with other practices
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)	80.6%	82.9%	83.8%	Comparable with other practices

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

Date of exercise	Summary of results
2018	The practice Patient Participation Group (PPG) recently undertook an on-line survey and obtained 400 responses. Analysis of the results of the survey was in progress.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We spoke with two patients who informed us the GPs and nurses fully engaged them in their treatment and care decisions. All spoke highly of the staff and their professionalism.
Staff	<p>A practice nurse staff member with experience in working with individuals with learning disability was their named nurse for annual reviews at the practice. This was to foster good understanding and rapport with the patients and or their families/carers. There was a buddy system in place for times when this nurse was on leave or unavailable.</p> <p>Staff recognised that patients needed to have access to, and links with, their advocacy and support networks in the community and they supported patients to do this. They ensure that people's communication needs were understood, sought best practice and learnt from it.</p>

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)	94.7%	93.3%	93.5%	Comparable with other practices

Question	Y/N
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 easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	The practice population on the day of the inspection was 11,056 and the carer numbers 299. This represented 2.7% of the practice population.
How the practice supports carers	<p>The practice had a staff carer champion. The practice produced a carer pack which contained details such as local services and national support groups, carer café meetings locally and where to source advice. The practice notice board took account of the needs of younger carers.</p> <p>The practice offered health checks for carers.</p> <p>Information was available on the dates and times for the Carer Café and on CASS the carers association a registered charity. CASS was able to provide advice and emotional support, information on 'Living Well' with Dementia Groups around Staffordshire, CASS Cafés in Eccleshall, Penkridge and Tamworth, carers information and liaison with other professionals.</p>
How the practice supports recently bereaved patients	<p>The practice GP contacted the family and provided appointments for bereaved family members and signposting for further support if required.</p> <p>Support leaflets were readily available in the practice waiting room.</p>

Any additional evidence
<p>The Patient Participation Group supported by the practice put together a series of supportive information packs for a variety of long term conditions including local support groups and signposting information. These included:</p> <ul style="list-style-type: none"> • Parkinson's Disease Support Group

- Burton Prostate Cancer support group
- Burton Macmillan Cancer support group
- Dementia support
- Breast Cancer support group
- Stroke support groups.

The practice co-produced with the PPG a patient newsletter. This was available in the waiting room which included practice updates such as the flu vaccination information, staffing updates, care navigation system, extended access information, the response to the PPG practice on-line survey, support packs information and opening times.

Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
	Narrative
Arrangements to ensure confidentiality at the reception desk	The practice had a lower reception desk area for wheelchair users, they promoted privacy by requesting that patients respect each other's privacy space whilst at the reception desk. Incoming calls to the practice were not ordinarily taken at the reception desk area but in a separate first floor room. This assisted staff in maintaining confidentiality.

Question	Y/N
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

Examples of specific feedback received:

Source	Feedback
Patients	We spoke with two patients who found the practice took account of their needs including respect, privacy and dignity.
Comment Cards	All six comment cards noted the professionalism of the staff and found staff took account of their privacy and dignity and treated them with respect.
Patient Participation Group (PPG)	We spoke with two members of the PPG. They reported positively about the whole staff team. They reported that the practice responded to feedback on any suggested improvements although the suggestions were not always fully implemented. Examples included the need for increased capacity at the practice and a review of the new care navigation telephone system, to ensure it met patients access requirements.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am-6pm
Tuesday	8am-6pm
Wednesday	8am-6pm
Thursday	8am-12.30pm and 1.30pm to 6pm Closed between 12.30pm and 1.30pm for staff training
Friday	8am-6pm

Appointments available	
Monday	8am - 11.50am 2pm - 5.20pm
Tuesday	8am - 11.50am 2pm - 5.20pm
Wednesday	8am - 11.50am 2pm - 5.20pm
Thursday	8am - 12.30pm 1.30pm-5.20pm
Friday	8am-10.50am 2pm - 5.20pm
Additional appointment slots	Six additional appointment slots (two per GP) have been added during the week to assist with demand.
<p>Extended hours access:</p> <p>All local practices had signed up to a locality wide 'Extended Access agreement.' This service commenced in September 2018 which is a collection of GP practices providing on a rotation basis bookable appointment for extended hours 6.30pm to 8pm Monday to Friday.</p> <p>Each practice in East Staffordshire (Burton, Uttoxeter and local villages) are open between 6.30pm and 8pm Monday to Friday evening on a rotation basis. Dr Law and Partners practice, Wetmore Road Surgery therefore, is open once or twice a month between those times.</p> <p>There is one practice in the locality open each weekday evening and patients can book in with other practices if needed during those times as well as other practice patients' ability to book into Dr Law and Partners practice, Wetmore Road Surgery.</p> <p>The plans are for Saturday morning appointments from January 2019.</p>	
When the surgery is closed at 6pm an answer machine will give the telephone number NHS 111 for SDUC (Staffordshire Doctors Urgent Care) which is an Out of Hours Service providing cover for patients in the Burton area.	The GP Out of Hours Service operates from Monday - Friday between 6pm and 8am and all day and night on Saturday, Sunday and Bank Holidays.

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	
Practice staff had received training in care navigation to assist patients to the most appropriate clinical staff member or service. The duty doctor was available to staff for advice. Home visits were booked following a clinical decision and assessment made by the visiting GP.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11018	307	124	40.3%	1.13%

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)	95.9%	94.4%	94.8%	Comparable with other practices

Timely access to the service

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	57.6%	68.2%	70.3%	Comparable with other practices
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)	56.3%	66.6%	68.6%	Comparable with other practices
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)	60.7%	67.9%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type	71.0%	73.8%	74.4%	Comparable with other

Indicator	Practice	CCG average	England average	England comparison
of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)				practices
Additional comments:				
<p>The Patient Participation Group reported that further work was required around telephone access to appointments. The National GP survey findings in respect of timely access to the service, were comparable to that of local and England averages, although all slightly lower. It was too soon to establish the impact on patients of using the Care Navigation system via telephone or the extended hours service. However, both were established to improve patient access to the right service to meet their needs.</p>				

Examples of feedback received from patients:

Source	Feedback
NHS Choices	Two patients reported negatively on appointment access. Subsequent to the changes made by the practice, there had been no negative reviews on access.
CQC Comment Cards	Of the six positive comment cards, one reported that on occasions it could be difficult to get through to make an appointment by phone.
Friends and Family Test (FFT).	<p>This was an automated system mainly used from the text messaging service however, patients could also use the paper cards available in the waiting room. The practice found that around 98% of usage was via text messaging.</p> <p>The practice fed back the results to patients in the waiting room and on their website each month and to the Patient Participation Group. All comments were added to the practice website for transparency and sent to all staff, so they could be reviewed.</p> <p>The practice manager checked each month to look for trends such as poor waiting times or issues with contacts. They found that the majority of comments were positive. If issues were identified, the practice manager endeavoured to deal with them if possible, they found that most related to perceived lack of appointments and access via the phones. The practice acted to reduce access issues with additional phone lines, additional clinics and an article in the newsletter around 'why GP's can sometimes run late.'</p> <p>The practice FFT figures for example in September 2018 out of 299 submissions were:</p> <p>Extremely likely-218 Likely-38 Neither-11 Unlikely-10 Extremely Unlikely-17 Don't Know-5</p>
Comments and	The practice maintained a spreadsheet of such contacts and responded to patient

suggestions	feedback. Examples included, patients struggling to obtain replacement hearing aid batteries from the Audiology department, so the practice arranged for us to be a supply centre to assist patients.
My Surgery Website Feedback	Patients were able to provide feedback via the practice website. The practice responds if the patient consents for them to do so and feedback would be actioned in line with comments and suggestions.
PPG comments and suggestions box	The PPG message box was in prominent position in the waiting by the friends and family test leaflets and comments and complaints leaflets for ease of patient access.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	19
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
Additional comments:	
<p>The practice provided complaints and comments literature for patients which were available in the waiting room and on the practice website.</p> <p>The practice provided information on Healthwatch Staffordshire for its patients.</p> <p>In the complaints we looked at, there was clear evidence of the practice staff awareness on duty of candour.</p>	

Example of how quality has improved in response to complaints

The practice received a complaint as they no longer prescribed a particular set of medicines in line with local Clinical Commissioning Group (CCG) guidelines on medicines on the Amber list. The Amber list is an advisory list where it is considered that responsibility for prescribing may be transferred from secondary to primary care once the patient is stabilised and agreed shared care arrangements have been established. It is recommended that shared care arrangements should be drawn up following local discussion and agreement by prescribing parties. A shared care guideline details the respective clinical responsibilities of both parties.

The practice investigated the complaint. The findings were that they had written to the patient on two occasions to inform them of these changes and had also discussed these changes with the Patient Participation Group (PPG). The practice had continued to prescribe on two occasions after the letters were sent for medicine continuity. The practice reported that they had acted appropriately. The learning from the complaint raised awareness amongst the clinical staff that the medicine had been reclassified by the CCG and could therefore be prescribed at the practice.

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice

We found there was compassionate, inclusive and effective leadership at all levels. The practice demonstrated high levels of experience, capacity and capability. There was a deeply embedded system of leadership development and succession planning, which aimed to ensure that the leadership represented the diversity of the workforce. The practice management had a deep understanding of issues, challenges and priorities in their service, and beyond.

Examples included several audits one of which was entitled, 'Changes for a better future.'

All staff engaged with the process to each identify areas of challenge in their day to day work and then all met to discuss and brainstorm ideas or solutions to these challenges. This had included for example;

- Morale
- Workload
- Capacity
- Meetings
- Appointment systems and availability
- Building restrictions
- Duty doctor

Some areas for improvement were outside of the practice's gift for example, the premises building capacity. The practice had requested additional support and had been advised they would receive responses within a six-month period to give possible solutions to capacity issues that would then be addressed in the following one to two years. In the interim period, the practice had discussed how they could use their existing space more efficiently if they were to consider an increase in the number of clinicians to address workload capacity.

Another audit in 2017 was completed on working pressures and how they could adapt to meet changing demands. The analysis included:

- Comparator data of the practice population and the number of GP sessions provided over time. This found since April 2010 a net rise in the list size of 1641 patients (16%) and since October 2010 no increase in GP sessions. GP team changes had occurred over the last seven years but little change to the total number of sessions offered.
- Patients per whole time equivalent GP
- An analysis and review of the implemented appointment changes they had made since 2010 to combat workload pressures.
- An analysis of GP appointments as a snapshot for a week randomly selected in 2017. The practice found that 5.5% of the practice population saw a GP in the week studied including 43 emergency/extras and 41% of all of those had already consulted a GP, within 28 days.
- The practice consulted with 11 other practices in the locality in the form of a questionnaire to a GP. They received five replies and three acknowledgements with a promise of a reply and no reply from the remaining three practices.

Following this audit and review of various sources of information and feedback from patients, NHS Choices, their PPG and the practice staff the practice increased the GP number of sessions to 50 sessions per week. At the time of the inspection, 31 October 2018, the practice had increased the number of GP sessions provided to 57 sessions per week excluding the nine sessions provided by the current GP Registrar.

Any additional evidence

The practice had an action plan to meet the needs of its registered population whilst bearing in mind the aims and objectives of the wider health economy. These included for example:

- A QOF action plan
- Patient engagement, through surveys, and via the PPG
- Participation in the extended hours which commenced in September 2018
- Carried out a regular analysis of significant events and complaints to identify any common trends, maximise learning and help mitigate further errors.
- Ensured health and safety checks are undertaken at the recommended timescales.
- Just under 3% of the registered patient population were known carers.
- Improved appointment system, audited and monitored.

Vision and strategy

Practice Vision and values

Strategies and plans were aligned with plans in the wider health economy, and there was a demonstrated commitment to system-wide collaboration and leadership. The practice had a mission statement in place which was posted in several areas of the practice. Staff we spoke with were aware of and engaged with the practice vision and values.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care

There was a strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and patient's experiences. This included staff involvement and engagement with the practice audit on changes for a better future and their opinions which helped to direct the practice wide solutions which were implemented.

There were high levels of satisfaction across all staff groups with a strong organisational commitment and effective action towards ensuring that there is equality and inclusion across the workforce. When asked, staff responded that they were most proud of the practice team. They were proud of the practice as a place to work and spoke highly of the culture.

Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process. Staff reported that they would raise any concerns freely and would be supported to do so by the practice management and GPs. Staff reported they felt respected and valued and there was an 'open-door' policy.

There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and patients' experiences. Examples included awareness of monitoring the urgent care referrals known as two-week waits, not just that patients received appointments within the two-week wait but that they were on an appropriate care or treatment pathway following the appointment which the practice carefully monitored on a monthly basis.

The practice had reviewed the physiotherapy referrals made to see if they could implement strategies prior to making the decision to refer. The practice participated in a retrospective peer to peer outpatient referral review. In response to this audit they developed a library of patient self-help leaflets for the most

common reasons for referral. All GPs code when a leaflet had been given to a patient, they consider in house referral for injection for Emmett therapy (a simple muscle release therapy developed by Ross Emmett), the medical secretaries record all physio referrals to facilitate ongoing audit / peer reviews, they conduct two monthly meetings to discuss referrals in line with requirements of the Local Improvement Scheme. There was further discussion with the CCG at review meetings who were clear that this audit was not an instruction to not refer to physiotherapy.

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

Source	Feedback
Care homes	We spoke with three care home managers where patients received a GP service and were registered at the practice. All reported very positively on the GP service their patients received from the practice. The practice had provided care home staff training and education for a urinary tract infection. Staff reported that this was well attended by over fourteen care home staff and that the pathway training and support was extremely valuable in that patients receive appropriate and effective care.
Patients Patient Participation Group (PPG)	The PPG enabled the practice to discuss developments with patient representatives and to receive feedback to support changes within the service. The PPG have helped support health awareness events, patient information and support packs, promotion of the PPG on the practice notice board and increased PPG interest.
Patients: In-House Survey	These have been used to evaluate the impact of service developments on the patient experience. This has been particularly useful in the absence of any recent patient survey data.
Patients: Friends and Family Test	The practice received a number of responses in relation to the friends and family test. Information was analysed monthly to help identify areas for improvement.
Public patients: NHS Choices	The practice had reviewed this data to identify priority areas to focus on for improving the service. Improving patient access in 2017 was the main area identified which the practice had addressed. The practice reviewed and responded to the comments left through NHS Choices about the service.
Staff	Staff had opportunities to meet as a whole team. This enabled communication with staff to ensure they all received consistent information and had opportunities to feedback any ideas and areas for improvement.
External: Practice Learning & Training events	The practice met with other practices at locality learning events and more recently had requested information sharing for best practice ideas on appointments and access via a questionnaire to GPs at 11 other practices.
External: Community teams	The practice met regularly with the community teams such as district nurses, palliative care nurses and substance misuse workers to co-ordinate and plan care to some of the practice's most vulnerable patients. The practice spoke with the health visitor who attended the practice on a weekly basis.
External; Clinical Commissioning Group	The practice worked to achieve CCG led initiatives supporting service improvement aimed at improving patient care. Priorities included issues such as improved medicines management.

GP trainees	The practice was an accredited training practice for Keele University medical students. The practice demonstrated that medical students provided positive feedback about their experiences at the practice.
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Any additional evidence

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.

Practice specific policies	Yes
Other examples:	<p>There were clear lines of accountability in relation to administrative workflow processes, safeguarding, infection control, recall systems, performance data and clinical governance.</p> <p>The workflow was streamlined with information readily accessible and catalogued.</p> <p>The practice management demonstrated clear governance arrangements, for example monitoring health and safety, receipt of patient safety alerts and monitoring of complaints and incidents.</p> <p>Staff reported they had clarity around their roles and the governance arrangements in place.</p>

	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Any additional evidence

Governance arrangements were proactively reviewed and reflected best practice. A systematic approach was taken to working with other organisations to improve care outcomes.

The practice held meetings to discuss incidents and events, complaints and governance issues of which there were minutes available for staff to access. These included:

- Practice Based Learning-Friday mornings.
- Partner meetings held six to eight weekly which were strategic and included the Lead Practice Nurse.
- Reception staff, practice manager and assistant practice manager meetings.
- PPG meetings.
- Nurses meetings on a Friday morning or lunch time usually monthly
- Appraisals and revalidation.
- Multidisciplinary meetings quarterly.
- Monday morning meetings with GPs, lead nurse, practice manager and assistant practice manager.
- Child safeguarding meetings took place amongst a multi-disciplinary team on a regular quarterly basis lead by the practice safeguarding lead.

Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Y
Staff trained in preparation for major incident	Y

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Infection Prevention and Control (IPC)	An external audit was completed on the practice IPC and an action plan was derived from its findings. The practice reviewed the action plan and were progressing through the areas identified for improvement including a business plan for any monetary investment for improvements to be made.
Fire system	The practice in 2017 had invested in a new fire system throughout the practice.
External review of general risks.	The practice had booked a company to complete a review of the systems they had in place in November 2018 in respect of health and safety, infection prevention and control, fire and any risk assessments in place.

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	Y

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
<p>The PPG attended regular two monthly meetings at the practice. The PPG reported that the practice listened to views whether positive or negative. In response to the PPG findings the practice had for example:</p> <ul style="list-style-type: none"> • Installed the TV screen in the waiting room. • Purchased new chairs for the waiting room. • When the practice was withdrawing from shared care prescribing arrangements, the practice wrote additional letters to patients to reassure them of the actions being taken. • Installed additional telephone lines due to patients queuing when contacting the practice. • The practice helped with the comments box for patients to leave messages for the PPG. • The PPG helped to design the practice booklet given to new patients to ensure it was patient friendly. • The PPG put together a variety of patient support packs for patients with long term conditions. <p>Areas the PPG found required further improvement included, premise capacity, telephone access to appointments and a need to review the impact of the Care Navigation System. The PPG discussed these issues with the practice.</p>

Continuous improvement and innovation

Examples of improvements demonstrated as a result of clinical audits in past two years

Audit area	Improvement
Trimethoprim and Nitrofurantoin prescribing. (Medicines used for example for urinary tract infections).	<p>An audit was completed between December 2017 to April 2018 on two specific medicines to ensure the practice prescribing was in line with local prescribing guidelines when treating urinary tract infections.</p> <p>The findings demonstrated they had reduced their prescribing ratio from greater than 2 to 0.3 within this audit cycle when compared with the CCG average of 1.82 and England average of 1.04. This was in line with the local prescribing guideline target of less than 0.65.</p>
Use of Proton Pump Inhibitors (PPI) which are medicines which reduce the amount of acid made by your stomach in combination with Clopidogrel (An antiplatelet medicine which reduces the risk of blood clots forming).	<p>In May 2009, the EU Committee for Medicinal products for Human Use (CHMP) concluded that the use of any PPIs with Clopidogrel should be avoided unless considered essential. Studies had shown that PPIs could reduce the maximum response achievable of the medicine Clopidogrel. In 2010 the Medicines and Healthcare Regulatory Agency (MHRA) updated this advice, issuing a recommendation that the PPIs Omeprazole and Esomeprazole specifically, should not be co-prescribed with Clopidogrel.</p> <p>The practice had set the standard that no patient should be prescribed both Clopidogrel and Omeprazole/Esomeprazole. The audit demonstrated that the practice had achieved the standard set. Of the patients identified in the first and second audit cycles all had had their medication reviewed and updated.</p>
Caesarean section wound Infections	<p>An audit took place between October 2017 to March 2018 as the nursing team In November/December 2017 found they were seeing a higher than usual number of female patients with infected wounds following caesarean section.</p> <p>The practice completed a follow up audit between 1 January 2018 and 31 March 2018 and found there was a 37.5% improvement in patient outcomes. The practice reported that feedback was that there had been changes made in the suturing procedure with additional glove changes.</p>

Any additional evidence

The practice completed various audits as part of an ongoing quality improvement audit programme. These included for example:

- Recording of failed telephone consultations
- Cold Chain vaccination storage audit
- Changes for a better future
- New Oral Anticoagulant (NOAC) monitoring and dosing
- Anti-coagulation monitoring clinic costing audit
- Physiotherapy referrals
- Minor surgery
- Three cycle audits completed on the monitoring of renal function when spironolactone is

prescribed in combination with ace inhibitor or angiotensin II receptor blocker

Improvement methods and skills were available and used across the organisation, and staff empowered to lead and deliver change. Safe innovation was celebrated. There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care. For example, included the workforce audits completed in 2017 and more recently the nursing team submitted a ten-point action plan as described by the Chief Nursing officer NHS England in July 2017 to recognise and develop roles that general practice nurses have which transform care and help develop the plan to make the NHS fit for the future. This plan included discussion for a nurse associate role, training in immunisation for another practice nurse and succession planning.

Practice nurse individuals as well as the practice had achieved several awards from NHS Health Education England, including, Practice Nurse Mentor/ Educator of the Year 2016, New Practice Nurse of the Year 2016, General Practice Nurse Student of the Year 2017.

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 comparable, 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 comparable 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)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
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.

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:

<http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **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. ([See NHS Choices for more details](#)).