

Care Quality Commission

Inspection Evidence Table

Dr G Wilkinson & Partners (1-537824456)

Inspection date: 5 March 2019

Date of data download: 19 February 2019

Overall rating: outstanding

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.

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.	Y
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
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:	

Safeguarding	Y/N/Partial
<ul style="list-style-type: none"> The safeguarding lead had an effective system in place for monitoring and reviewing both children and adults on the safeguarding and vulnerable adults register. The safeguarding lead was trained to level five and was also the lead for the CCG. The practice had systems in place to support patients and their families who were at risk from domestic violence and worked with other local agencies to support patients holding appointments at the surgery where appropriate. Staff had received training in relation to domestic violence and we noted alerts were placed within patients records where necessary. 	

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

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: November 2018	Y
There was a record of equipment calibration. Date of last calibration: August 2018	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: January 2019	Y
There was a log of fire drills. Date of last drill: Carried out bi-annually, last drill carried out 29/1/19	Y
There was a record of fire alarm checks. Date of last check: January 2019	Y
There was a record of fire training for staff. Date of last training: on going, completed as part of induction.	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: Part of practice health and safety risk assessment carried out in November 2018	Y

Actions from fire risk assessment were identified and completed.	Y
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Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: Part of practice health and safety risk assessment carried out in November 2018	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: November 2018	Y

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met/not 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: November 2018	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y

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
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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

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)	0.90	1.03	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)	10.5%	8.7%	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	6.32	4.86	5.64	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) <small>(NHSBSA)</small>				
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) <small>(NHSBSA)</small>	2.89	3.25	2.22	No statistical variation
<ul style="list-style-type: none"> The practice introduced C-reactive Protein (CRP) tests in March 2016, these showed immediate results of blood tests which indicated if there were any bacterial infections present, in order to prevent inappropriate prescribing. This resulted in a reduction in antibiotic prescribing within the practice. Subject to funding the practice planned to continue using CRP test to support good antibiotic stewardship. The practice also used the Tameside and Glossop antibiotic prescribing app and Greater Manchester Medicines Management Group (GMMM) website which have also assisted in appropriate prescribing and a reduction in antibiotic prescribing. 				

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.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient	Y

Medicines management	Y/N/Partial
outcomes and reduce the risk of adverse events and antimicrobial resistance.	
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
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 regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> One of the GP partners worked with a group of reception and administration staff to provide additional training to form a prescribing team. Staff were provided with a detailed medicines management handbook and standard operating procedures to follow. The prescribing team was overseen by one of the lead GPs and since the team was established they noted a decreased workload for GPs, better communication and improvements in following up patients with long term conditions. The practice was supported by a specialist CCG pharmacist. Prescribing was overseen by GPs. The pharmacists followed effective protocols and supported the practice by carrying out regular reviews of medication and addressed the risks surrounding polypharmacy, particularly in those patients with multiple co-morbidities. The CCG pharmacists also supported the GPs in reviewing patients living within residential and nursing homes. 	

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:	11
Number of events that required action:	All significant events had actions documented and details of when completed.

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

Event	Specific action taken
Breach of confidentiality	Unintentional disclosure during consultation. Investigation took place and learning shared with all staff. Additional alerts added to patients notes as a reminder to staff to be conscious of people present when seeing a looked after child.
Needlestick injury	Action taken in line with policy. Additional training provided

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We saw examples of actions taken from recent alerts, for example, Sodium Valproate. Records of alerts and investigation outcomes were stored centrally so they were accessible to staff. Alerts were reviewed and discussed at clinical meetings. 	

Effective

Rating: outstanding

The practice was rated as outstanding for providing effective services because:

There were innovative approaches to providing effective person-centred care and the practice worked with specialist and other health and social care professionals to help improve outcomes for patients.

The practice had identified areas where outcomes for patients could be improved and had taken steps to address them.

These outstanding areas benefitted all population groups and so we rated all population groups as outstanding.

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: <ul style="list-style-type: none">• There were GP clinical leads in place for key areas including care of the elderly, dementia, quality improvement and prescribing.• The practice had developed a close working relationship with adult social care colleagues enabling them to jointly improve outcomes for patients and carers.• The practice had worked with an external specialist to improve outcomes for patients including a consultant dermatologist. The dermatology service sees all patients including referrals from other local practices, except for two week wait cancer referrals. This service provided patients with care closer to home and they were often seen within 14 days.	

Prescribing	Practice performance	CCG average	England average	England comparison
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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) <small>(NHSBSA)</small>	0.17	1.05	0.81	Significant Variation (positive)

Older people

Population group rating: outstanding

Findings
<ul style="list-style-type: none"> The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. The practice used the 'Rockwood Clinical Frailty Scale' which helped in completing a full assessment of their physical, mental and social needs. We noted the practice had assessed 130 patients and detailed information of outcomes and care plans were in place for those with severe frailty. 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. Health checks were offered to patients over 75 years of age. The practice participated in weekly multi-disciplinary team (MDT) telephone conference calls with Social Worker, District and Long-Term Conditions Nurses for example. The PPG created a patient leaflet on MDT working and the benefits this can bring to patients. The practice worked closely with colleagues from adult social care (ASC) to support patients and their carers. Derbyshire carers organisation were invited to hold information events in the practice waiting area.

People with long-term conditions

Population group rating: outstanding

Findings
<ul style="list-style-type: none"> 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. Clinicians followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. One of the practice nurses as part of their degree programme looked to improve the detection, diagnosis and treatment for patients with COPD. As a result, 45 patients were identified as at risk of COPD, they were reviewed by a clinician which resulted in 13 patients diagnosed and appropriate treatment initiated at an early stage. Results of learning from this work was shared across the

neighbourhood and a standard operating procedure (SOP) was produced for clinical staff to follow to ensure a consistent approach.

- In 2016 the practice introduced Exhaled Nitric Oxide (FeNO) testing to optimise asthma management for patients led by the advanced nurse practitioner. Since initiating FeNO testing early results showed improved symptom control, reduced exacerbations and hospital admissions. Of the 247 tests audited, they found improved diagnostic accuracy, a reduction in prevalence and reduced prescribed of specific medicines where appropriate. The audit highlighted:
 - 42 undiagnosed asthma patients had a FeNO test taken and 19 (45%) of the total taken were then subsequently diagnosed with asthma and commenced on treatment.
 - 108 (45%) of the patients had their treatment either optimised or commenced in the form of an ICS inhaler
 - 94 (39%) of patients had their treatment unchanged
 - 14 (6%) of patients had a decrease in their treatment

As a result of this work the CCG provided funding for FeNO testing to be rolled out across the CCG.

- The practice held weekly diabetic clinics, where care was co-ordinated planned and reviewed. The diabetes team comprised of a diabetic specialist GP, specialist diabetic practice nurse, health care assistant and administrator. As a result, the practice was ranked second out of 39 other practices in the overall achievements for all eight care processes for diabetes within the CCG, including foot checks (86%) and Cholesterol monitoring (92%).
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- The practice worked with Self-Management UK to provide in-house 6 week support courses for patients with long term conditions. These included recent courses for patients with COPD and chronic pain.
- To avoid unplanned hospital admissions the practice worked with a range of community based services including an urgent care team, children's community nursing team, heart failure nurses, community diabetic service and the community paramedic.
- There was a dedicated link on the practice website for long term conditions which provided comprehensive information for patients on the following topics: - Asthma, cancer, COPD, coronary heart disease, diabetes, mental health, osteoarthritis, pain and strokes.

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)	83.9%	78.4%	78.8%	No statistical variation
Exception rate (number of exceptions).	10.3% (72)	8.7%	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	80.1%	77.2%	77.7%	No statistical variation

months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>				
Exception rate (number of exceptions).	8.6% (60)	6.2%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	87.9%	78.1%	80.1%	No statistical variation
Exception rate (number of exceptions).	24.1%* (168)	11.7%	13.5%	N/A

- The practice provided details of the exception reporting protocol which was in line with guidelines.
- There overall clinical exception rate was 8%, below the England average of 9.8%.
- We noted from data provided by the practice that although exception rate for, 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, was higher than average, this was in line with guidance and monitored by the practice. This careful monitoring ensured patients were not inappropriately being exception reported.

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) <small>(QOF)</small>	76.6%	75.1%	76.0%	No statistical variation
Exception rate (number of exceptions).	3.5% (37)	6.4%	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) <small>(QOF)</small>	92.0%	89.5%	89.7%	No statistical variation
Exception rate (number of exceptions).	6.0% (24)	11.2%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension	82.9%	81.8%	82.6%	No statistical

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)				variation
Exception rate (number of exceptions).	2.1% (45)	3.3%	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)	89.1%	89.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	5.2% (13)	5.1%	6.7%	N/A

Families, children and young people

Population group rating: outstanding

Findings

- Childhood immunisation uptake rates were above the World Health Organisation (WHO) targets.
- 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 arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- A family planning clinic was held once a week 5.30 - 7.30pm and included coil and implant fitting. Young people could access services for sexual health and contraception.
- The practice referred to specialist services such as 42nd Street (youth support service), Healthy Young Minds and Glossop Social Services family centre.
- Child protection concerns were discussed at monthly clinical meetings.
- They had a close working relationship with colleagues in social care.

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)	142	145	97.9%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation	134	138	97.1%	Met 95% WHO based target

for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)				(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) (01/04/2017 to 31/03/2018) (NHS England)	134	138	97.1%	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) (01/04/2017 to 31/03/2018) (NHS England)	134	138	97.1%	Met 95% WHO based target (significant variation positive)

Working age people (including those recently retired and students)

Population group rating: outstanding

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 (Provided by the Local Authority health improvement team). There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice appointed a member of the reception team as a cancer champion as a means of improving patient uptake of national screening programmes. Initially they identified patients who had been sent bowel screening kits but not actioned their invitations. These patients were contacted and encouraged to complete the screening kit or were offered a new pack which resulted in more patients completing the kits.
- The practice was involved in a pilot for a local breast cancer pathway where patients contacted the surgery for an appointment with a GP with, for example a new breast lump. Reception staff could then offer a choice of an appointment with a GP or a direct referral to a clinic where they would be seen within two weeks. The scheme had yet to be formally evaluated but we saw evidence of where patients had been directly referred, seen in clinic and provided with diagnosis and treatment started without needing to see a GP first.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	78.9%	72.8%	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)	77.3%	70.0%	70.5%	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)	63.9%	54.9%	55.1%	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)	88.9%	73.0%	70.5%	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)	64.4%	49.8%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: outstanding

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed patients living in a local learning disability care home.
- The practice worked closely with colleagues from adult social care (ASC) to support patients and their carers. Adult Safeguarding concerns were discussed as part of monthly clinical meetings and the practice hosted regular MDT meetings on site for vulnerable patients to co-ordinate care.
- The practice had appointed a learning disability champion, who liaised with patients and carers to arrange health checks and reviews and ensured accessible standards information was gathered at registration to aid communication with patients.

People experiencing poor mental health (including people with dementia)

Population group rating: outstanding

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.

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe. High risk patients were given a crisis plan to access emergency care/treatment or other support.
- The practice could access advice and guidance from a local psychiatrist where required.
- 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.
- All staff had received dementia training.

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) <small>(QOF)</small>	94.8%	90.9%	89.5%	No statistical variation
Exception rate (number of exceptions).	11.5% (10)	11.2%	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) <small>(QOF)</small>	90.0%	89.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	8.0% (7)	9.1%	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) <small>(QOF)</small>	76.3%	83.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.4% (4)	6.1%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	557.9	535.6	537.5
Overall QOF exception reporting (all domains)	4.3%	4.8%	5.8%

	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

<p>Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. Learning from audits was presented to staff during team meetings to discuss and share learning. Audits completed included:</p> <ul style="list-style-type: none"> • Disease-Modifying Anti-Rheumatic Drugs' (DMARDs) monitoring requirements met and DMARDs Shared Care Protocols utilised. Good practice was shown, patients were being accurately monitored according to guidance. Areas of improvement included, standard protocol development and assigning monitoring leads. • Lung cancer audit showed all two week wait referrals followed guidelines. • Safe prescribing of two common antidepressants audit showed the practice were prescribing in line with guidance and changes were made in response to safety alerts.
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Effective staffing

The practice was able 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:	

There was a strong focus on continuous learning and improvement at all levels of the organisation. For example, the practice employed and trained several apprentices. Several of the apprentices had remained working at the practice and had gone on to participate in additional training. Health care assistants and nursing staff had been supported to gain additional qualifications for example Advanced nurse practitioner degrees. The practice was also a training practice for GPs and medical students.

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 services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice worked closely with colleagues from Adult Social Care (ASC) to support patients and their carers. We noted at any one time the practice was engaged jointly in coordinating the care of around 50 patients. There was evidence of good team working, for example there were quick mobile and email links with ASC and the community specialist paramedic. The practice had a bypass telephone line to allow quick access to the practice from social services, district nurses, Macmillan nurses and paramedics allowing for seamless referrals and joined up working to improve outcomes for patients. We were provided with numerous examples of joined up working with ASC and community services especially in relation to end of life care where joint working was crucial but also examples of working together to improve patients physical, emotional and social well-being, such as, co-ordinating a multi-disciplinary response where patients were frequent users of out of hours and emergency services. Working with the patients concerned to identify causes and solutions. Coordinating and improving end of life care was a key performance indicator for the practice. Close working relationships with, Social Services, Macmillan Nurse, The Bureau and District Nurses to improve not only care at end of life but also, social prescribing, reduced hospital admissions and quicker discharges from hospital as well as improvement in bereavement support. End of life care and treatment was co-ordinated and monitored using a detailed clinical tool (A Gold Standards Framework (GSF) database) which was accessible to all relevant parties and this information was used to coordinate and review care. The practice told us the tool helped to prompt areas that should be discussed at each stage of a patient's journey and key areas were discussed as a multidisciplinary team (MDT). The tool also identified how many patients were not known to any community teams other than the GP. To enable improved joint working for patients at the end of life they devised a holistic questionnaire to explore patient's current needs and all 	

was added to the clinical tool.

- As a result of this work the practice had improved their palliative care register with 0.72% of the practice population having care and treatment monitored. We also noted from data provided by the practice 67% of patients were able to have care provided in their place of choice at the end of life, for example at home or in a hospice.

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:	
<ul style="list-style-type: none"> • The practice worked closely with The Bureau (Glossop's Voluntary & Community Network who work to support people to stay physically and socially active, improve mental wellbeing and live independently for longer) in relation to social prescribing. The practice engaged in monthly multidisciplinary social prescribing meetings. Data provided by the practice showed 56 social referrals had been to The Bureau following the introduction of a formal referral system, accessible via the clinical IT system for all staff. • The PPG with the support of the practice held health education days for patients, most recently they held 'how to cope with ageing' event. • The practice had worked with the PPG to devise a letter for patients, waiting room display and Facebook post. They also worked with the Greater Manchester Bowel Movement (GMBM) service to devise a reminder slip to give to patients. • The practice had a Facebook page which they utilised for health promotion, for example Glossop park run, Leap 4 Life, e-cigarettes and child safety online. The Patient participation group had also produced a video which they planned to show in the waiting area to promote social prescribing and promote local support groups. They were also looking at how they could utilise space in the waiting area to have more health promotion information displayed. 	

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	95.5%	95.1%	95.1%	No statistical variation

(01/04/2017 to 31/03/2018) <small>(QOF)</small>				
Exception rate (number of exceptions).	0.4% (15)	0.5%	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

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: Staff treated patients with kindness, respect and compassion and we saw numerous initiatives where staff worked with patients and within the local community. They were able to demonstrate a strong, visible, person-centred culture and the determination and creativity to overcome obstacles to delivering care, especially to vulnerable and older patients for example: <ul style="list-style-type: none">• Staff understood patients' personal, cultural, social and religious needs.• The practice's GP patient survey results were above local and national averages for questions relating to kindness, respect and compassion.• The practice had received the Pride in Practice Gold award from the Lesbian, Gay, Bisexual and Transgender (LGBT) Foundation.• In response to feedback from a patient, staff participated in autism friendly training and purchased resources which would support patients with autism when they attended the practice.• The practice promoted and worked with Tameside Armed Services Community (TASC) to support and identify patients who were ex-service personnel.	

CQC comments cards	
Total comments cards received.	8
Number of CQC comments received which were positive about the service.	8
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC comment cards, friends and family test.	<ul style="list-style-type: none"> All patients commented that they found the service at the practice to be very good and all staff were caring, friendly and helpful. Patients said that they felt involved in their care and treatment. Patients also commented that they were treated with respect, dignity and kindness. Patients found it was easy to access an appointment Feedback from the Friends and Family test (FFT) was positive and the majority (average 90%) of patients would recommend the practice.

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
13554	257	107	41.6%	0.79%

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)	77.6%	87.2%	89.0%	Variation (negative)
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)	77.7%	86.5%	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)	95.9%	94.5%	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)	85.9%	81.2%	83.8%	No statistical variation

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

Any additional evidence

The PPG carried out satisfaction surveys with patients on an annual basis. In the 2017 survey, following feedback they focused on making changes to reception and the appointment system, results were still being analysed. The survey was completed by 946 (7%) patients. The results showed:

- Many patients felt telephone access could be improved and as a result the practice appointed two additional full-time reception staff and continued to work with patients to sign up for online access.

The practice also carried out satisfaction surveys, for example with patients who attend for minor surgery or family planning. We noted from the most recent family planning satisfaction survey, 100% said the clinicians made them feel comfortable, 100% said they had confidence in the clinician's knowledge and skills and 100% would recommend the service.

Involvement in decisions about care and treatment

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

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

Source	Feedback
Interviews with patients.	We spoke with five patients who were members of the patient participation group. They all told us of the person-centred care and treatment they received and they valued the ethos of the practice and how they embraced social prescribing and supporting patients holistically.

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%	92.9%	93.5%	No statistical variation

	Y/N/Partial
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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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. The practice wherever possible also ensured reviews and consultation for vulnerable patients were carried out by the same GP to establish a relationship and understanding of patient's additional needs. • The practice had a Facebook page which they shared information about local and national support organisations. 	

Carers	Narrative
Percentage and number of carers identified.	5% (672) recorded as a carer. 3% recorded as having a carer.
How the practice supported carers.	<p>The practice identified patients who were carers and all new patients were asked about this as part of the registration process. The practice's computer system alerted GPs if a patient was also a carer, including young carers.</p> <p>The practice had a dedicated carer's champion who regularly liaised with Derbyshire Carers Association (DCA) and we saw information for carers was readily available in the waiting area which was up to date and there was information on the practice website. DCA also routinely attended the practice, for example during the winter flu campaign they provided training for staff and awareness sessions for patients and assisted the practice in identifying carers and provided them with the relevant support and information carers need.</p>
How the practice supported recently bereaved patients.	Staff told us that if families had experienced bereavement, the GP best known to the family contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Staff would also send a bereavement pack out to relatives where appropriate.

Privacy and dignity

The practice respected always respect 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	Y

issues.	
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence: The waiting area was located away from the reception desk and all incoming calls were answered in the back office to maintain confidentiality. A private room was available and staff were conscious of not discussing or disclosing personal information at reception.	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice provided early morning and evening appointments • Non- urgent pre- bookable appointments were available daily. • Urgent on the day appoints were also available should they be required for children or vulnerable patients. • Patients could access appointments with a GP, Nurse or HCA at a local seven-day access hub at evenings and weekends. • The practice was actively involved in multi-disciplinary working with the neighbourhood team (which included district nurses, mental health services and a representative from social services) They formally reviewed the care and treatment of vulnerable patients agreeing care and treatment plans. • In 2017 the practice introduced an on call assist role for the HCA. The role aimed to improve patient experience and maximise the time GPs had during consultations by ensuring observations and tests were carried out and results available before the patient went in to see the GP. • The practice provided minor surgery for patients across Tameside and Glossop and funded their own in-house ultrasound service accessed by 985 patients in 2018/19. They also funded in house echocardiography with 154 patients benefiting from the service. • The practice provided a minor injuries service with an aim to provide the treatment direct to the presenting patient rather than referring on to the A&E for their management. Data provided by the practice showed of 227 patients were triaged as part of the scheme of which 165 were provided with treatment for example wounds dressed, examination by a clinician and advice provided or referred directly for x-ray rather than going through accident and emergency. • The practice and PPG were proactive in encouraging patients to sign up to have full online access to their medical records and help drop in sessions in the waiting area to help patients sign up. We saw to date the practice had 27% of patients registered for full online access to their medical records. • The practice had a text messaging facility in place where clinicians could text patients' results when expressed consent has been given. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	7:15am - 6:00pm
Tuesday, Wednesday and Friday	8:00am - 6:00pm
Thursday	8:00am – 8:00pm
Appointments available:	
Monday	7:15am - 6:00pm
Tuesday, Wednesday and Friday	8:00am - 6:00pm
Thursday	8:00am – 8:00pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
13554	257	107	41.6%	0.79%

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)	90.9%	93.5%	94.8%	No statistical variation

Older people

Population group rating: good

Findings
<ul style="list-style-type: none"> All patients had a named GP who supported them in whatever setting they lived. The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues. In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred. There was a medicines delivery service for housebound patients.

People with long-term conditions

Population group rating: good

Findings
<ul style="list-style-type: none"> Patients with multiple conditions had their needs reviewed in one appointment. The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues. Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: good

Findings

- Appointments were available outside of core school hours so children 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

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.
- The practice provided a range of services in-house such as minor surgery, dermatology, ultra sound, minor injuries and echocardiography.
- The practice was open until from 7:15am on a Monday and until 8pm on a Thursday. Appointments were available evenings and weekends via the local extended hours scheme.

People whose circumstances make them vulnerable

Population group rating: good

Findings

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence: The practice had recently audited their appointment system and revised it following feedback from staff, patients and the PPG. The new system was supported by patient advisor training for reception staff, more provision for continuity of care and more pre-bookable appointments. Initial evaluation of the new system showed less patients were having to call back the following day as they could pre-book next day appointments, more patients were disclosing the reason for their appointment with reception staff enabling them to be directed to a more appropriate service and more patients were able to see their GP of choice.	

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)	75.4%	N/A	70.3%	No statistical variation
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)	75.5%	64.0%	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)	72.5%	61.7%	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)	86.4%	69.1%	74.4%	No statistical variation

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.	10
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
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: We noted all complaints were appropriately investigated in a timely manner and learning shared with staff and the wider organisation as appropriate. The practice carried out an annual review of comments and feedback to identify patterns and trends.	

Well-led

Rating: Outstanding

The practice was rated as outstanding for providing well-led services because:

The practice with support from the patient participation group (PPG), was proactive in their approach to gathering feedback from people who use services and took action considering feedback.

There was a systematic approach to working with others to improve outcomes for patients and systems had been devised to ensure strong collaborations supported patients and their carers. For example, End of life care and treatment was coordinated and monitored using a detailed clinical tool.

There was a strategy and supporting objectives in place for quality improvement across the organisation which was led by one of the GP partners.

Leadership capacity and capability

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

	Y/N/Partial	
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y	
They had identified the actions necessary to address these challenges.	Y	
Staff reported that leaders were visible and approachable.	Y	
There was a leadership development programme, including a succession plan.	Y	
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice had a leadership team with shared values and led by example and motivated staff. They understood the challenges and were addressing them. The practice had a realistic and innovative strategy and supporting business plans to achieve priorities.• The principal partners had the skills and experience to run the practice.• There were opportunities for all staff to develop in their roles and be autonomous in their roles; with appropriate oversight and support from the GPs and managers.• There was a strong emphasis on working with other organisations and the patient participation group to improve patient's health and well-being.• There was a range of regular meetings which included clinical and quality improvement meetings.• Staff said that the leadership inspired them to deliver the best care and motivated them to succeed. They told us there was good collaboration across all staff to support patients to have good care and treatment.• There was a focus on quality improvement led by one of the GP partners. Each GP partner took a lead in areas such as staffing, end of life care and neighbourhood working.		

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice developed its vision, values and strategy jointly with patients, staff and external partners. There was a strong culture of improving outcomes for patients across the practice and this was reflected in their aims and objective. <ul style="list-style-type: none"> ○ For example, one GP was the neighbourhood lead and we saw innovate practices such as Exhaled Nitric Oxide (FeNO) testing which had been picked up and funded across the CCG area. ○ There was clear evidence of strong relationships and collaborative working with adult social care colleagues initiated by the practice to support patients in the community and improve patient's health and access community services and support where required. They continued to look at ways to support people to stay well and seek out partners in the community to assist patients and their carers. ○ Quality improvement was embedded into the practice ethos and there were robust systems in place to monitor outcomes and benchmark against other similar providers. For example, monitoring and improving antibiotic prescribing and establishing an improved repeat prescribing system. Evaluation of the new repeat prescribing system showed improved communication between administrative staff and GPs and a reduced GP workload. 	

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	Y

Concerns (Whistleblowing) Policy.

Explanation of any answers and additional evidence:

- The practice focused on the needs of patients. We saw the staff, partners and PPG had a shared purpose, to deliver positive outcomes for patients and encourage collaborative working and self-care.
 - There was a culture of quality improvement led by one of the GP partners. We saw evidence of a wide range of audits being carried out and learning shared as well as evaluating new systems and processes, technologies and innovative ways of working. All quality improvement programmes had clearly defined aims and objectives, for example: End of life care, COPD prevalence and increasing the uptake of screening and immunisations. Outcomes and achievements were clearly documented, we saw for example, from the work to improve the reception and appointment system there was a reduction in GP workload by analysing appointment requests received by the reception team and implementing care navigation to ensure the right care with the right person, freeing up five GP sessions between January 2016 and January 2017. These changes had also improved patient experience and they found patients were no longer having to call back as their queries were being addressed.
- The practice actively engaged with the Clinical Commissioning Group. One of the GP partners was the neighbourhood lead and worked to support initiatives to improve patient's outcomes across the neighbourhood as well as patients registered at the practice. The practice routinely engaged in new ways of working and welcomed other professionals into the surgery to support patients.
- The practice explored opportunities to provide patients with care closer to home and funded in house services such as ultrasound and echocardiography as well as providing a minor injuries service. The practice routinely carried out patient's satisfaction surveys linked to these additional services and results showed patients, overall were very satisfied with the care and treatment received. For example, in January 2019 98% would recommend the ultrasound service and 100% would recommend echocardiography.
- The practice employed a diverse mix of clinical staff to meet the changing needs of the patient population and embraced the development of staff in their role. Staff provided us with numerous examples of development opportunities since working at the practice and told us they felt supported in their role.
- The practice had a strong community focus and this was evident in their work with local organisations, such as Derbyshire carers, Cross roads and The Bureau.
- The practice worked with the patient participation group to look at ways to gather feedback and to support the practice in increasing the number of patients signing up for online access. The PPG carried out a patient satisfaction survey on behalf of the practice every, one to two years.
- The practice embraced learning and was a training practice for trainee GPs and medical students. A weekly peer support group was in place for trainees with one of the GP trainers to support learning and share knowledge. We also saw the practice had received three quality teaching awards for their work with trainee GPs.
- The practice looked to award staff for their work and commitment to team work and patient care. Staff could nominate colleagues and certificates were awarded to staff to acknowledge their positive contribution.

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

Source	Feedback
staff	<ul style="list-style-type: none"> • Staff stated they felt respected, supported and valued. They were proud to work in the practice. • Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed. • They told us there were good positive relationships between staff and teams. • Staff who had been supported to seek additional skill and training told us they felt supported, but some felt that their new skills had yet to be utilised completely.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • There was a comprehensive understanding of the performance at the practice and this was monitored as part of the monthly quality improvement meetings. The practice had also introduced a system which supported them in monitoring and reviewing information in one central place. • There were effective systems and processes in place to identify themes and trends. Appropriate action was taken as a result of complaints and significant events. • There was a range of both clinical and administrative policies, these were easily accessible for all staff and supported the delivery of good quality and sustainable care. There was a range of clinical protocols and templates in place, some developed in response to audits or significant events. • Communication was effective and organised through structured, minuted meetings. • There were clear systems and process in place to ensure care was co-ordinated with other health and social care providers and this was closely monitored, for example end of life care and work with adult social care colleagues to co-ordinate care for vulnerable patients. 	

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

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:	
<ul style="list-style-type: none"> The practice participated in the local The Primary Care Quality Scheme. There was an open culture to learning and quality improvement and shared learning in-house but also across the neighbourhood and CCG. 	

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:	
<p>The practice reviewed all patient feedback on an annual basis to identify any patterns or trends and produced a report which was shared with and discussed with the patient participation group. An action plan was developed considering feedback received.</p> <p>The practice carried out staff surveys with the most recent being among the nursing team.</p>	

There was an active patient participation group (PPG) who met regularly holding formal and informal meetings monthly. The PPG were involved in several initiatives as well as seeking comments and suggestions from other patients. They supported the practice in creating patient friendly letters, created a quarterly newsletter and set up education events for patients. The most recent example being in relation to 'how to cope with ageing' with approximately 30 patients attending.

We spoke with five members of the PPG who told us that they felt valued by the practice and able to make suggestions which the practice, where possible, would address. They shared with us the action plan for 2019 which included working with the practice to improve the waiting area and working with other PPGs in the area to hold health events.

The practice had a range of methods to gather patient feedback. In addition to the National GP survey data, friends and family and responding to comments on NHS choices the PPG also carried out satisfaction surveys with patients on a bi-annual basis.

The practice also used the PPG to carry out evaluations, for example 'mystery shopper' customer service feedback on telephone answering and face to face interaction with the reception team.

The practice shared feedback with the PPG from a variety of sources including complaints, suggestion box, friends and family survey, comments submitted via Healthwatch Derbyshire, Facebook, Google business and NHS choices. The PPG worked with the practice on improvements following feedback and produced "you say, we did" section in the practice newsletter where appropriate.

The practice kept a combined action log from the various methods of feedback which showed the action taken and outcomes in relation to patient feedback.

Feedback from Patient Participation Group.

Feedback

Speaking with members of the PPG during the inspection they told us they felt valued by the practice staff. They valued input from the practice and told us that their views and ideas were acted upon where appropriate.

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:	
<ul style="list-style-type: none"> • There was a focus on continuous learning and improvement at all levels within the practice. • The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. • The practice provided protected learning time for staff and staff had access to support networks locally and told us training was supported and encouraged. All staff received individual training opportunities which were discussed at their appraisals. • The practice continued to work collaboratively with local clusters of GPs within the service delivery footprint. 	

- The practice continued to embrace new tools and technology to improve outcomes for patients such as developing the end of life care tool and for services to more localised and introducing Exhaled Nitric Oxide (FeNO) testing to maximize asthma management.
- The practice had established several new initiatives to support patients and improve patients experience, these included developing a standard operating procedure for a specialist team of reception/admin staff to improve repeat prescribing within the practice. Piloting direct two week wait referrals, for patients requesting appointments related to suspected breast lumps, to sharing learning with others

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)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
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.
- 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.