






Primary Care Directorate Peer Review Process May 2021

| Getting ready for your visit | Tips |
|--|---|
| <p>The standards in this self-assessment are general standards and they are applicable to all healthcare service</p> | <ul style="list-style-type: none"> <input type="checkbox"/> When answering the question, consider it in the context of primary care for example: <input type="checkbox"/> <i>“This team continually risk assess patients, and update notes, care plans and alerts accordingly”</i> - Here you would be talking about how you identify disease, update records and have patient registers for call and recall or <input type="checkbox"/> <i>“Manager/s know how to access the data needed to monitor our effectiveness as a service”</i> – here you can build on appointments, prescribing, costs, locum use, outcomes, QOF, and also other enhanced services and also patient surveys |
| <p>Data sources</p> | <ul style="list-style-type: none"> • PHE Fingertips • National PCN performance dashboard • NHS Digital GP data dashboard (QOF, access etc) • National Gp patient survey results • Heath watch reports (as part of the health and social care act and creation of CCGs) • Patient Feedback; Trust wide audits; PREM survey, national GP patient survey • Serious Incidents reports, Complains and Compliments, • Outcomes Measures; Reporting Services • Your monthly Practice / Service Pack • In the CQC pre visit – be sure to ask them what data sets they are using, i.e. where they are obtaining them from – this will help you to ensure you are looking at similar data. • Outstanding practices are able to discuss any improvements made and demonstrate how and why. • Outstanding practices will be able to take about QI and demonstrate a whole system approach to identify and making improvements • Outstanding practices will have reviewed the national PCN dashboard and we able to consider their own performance against that of their peers in the PCN as a benchmark. |
| <p>Pre CQC-Peer Inspection - Visit Checklist</p> | <ul style="list-style-type: none"> • The practice walk around • Ahead of the walk around – post presentation provide the inspector with a rota of who is on shift (times etc) and their role • If you wanted to really go the extra mile you would include a photo and biography to highlight length of service, specific skills and experience – safe the inspector making enquiries by making it easy for them • Check all corridors are clear • Tidied away items • Equipment checked • Fridges checked • Fire edits are unmarked • Everybody has a name badge on |
| <p>More key pointers</p> | <ul style="list-style-type: none"> • Make sure you give clear examples, provide accurate and up to date evidence such as policies, schedule and minutes of the meetings, and other data such patient experience measures, PPG minutes, etc. • Please refer to the CQC primary care Directorate handbook • Please refer to the Primary Care Directorate Handbook • Please ensure you have a well worked up and understood offer against the 6 population groups • Outstanding practices are able to discuss any improvements made and demonstrate how and why; Please don't get to showcase why you do what you do • Outstanding practices will be able to take about QI and demonstrate a whole system approach to identify and making improvements; |

| Peer-to-peer review | |
|---|---|
| Opening presentation | <ul style="list-style-type: none"> • Clear statement of purpose • Showcase performance against 5 questions in relation to 6 population groups; National GP patient survey a and their outcomes and action plans • Post presentation provide the inspector with a rota of who is on shift (times etc) and their role |
| Outstanding practice is good at telling you why they are outstanding and demonstrating this | <ul style="list-style-type: none"> • Outstanding practices have a full induction pack for staff which includes the policies, procedures, line management and governance structure; sets out the mandatory training for the role and any other training • All your policies will have easy access icon on all computers and all staff will know where to find them; • Make sure you give clear examples, provide accurate and up to date evidence such as policies, schedule and minutes of the meetings, and other data such patient experience measures, PPG minutes, etc. |
| Questions you will be asked on the day | <ul style="list-style-type: none"> • Make sure you share key questions with your team and ensure they feel confident to give responses |
| More hints and tips | <ul style="list-style-type: none"> • Nigel's surgery: Tips and myth busters for GP practices |
| Evidence to obtain from the service you are inspecting in advance | <ul style="list-style-type: none"> • Practice Leaflet – is this up to date? Does this list the right team members? Is it available in various different languages? • Complaints process – is this up to date and accurate? • Please review the practice website for ease, up to date information such as opening hours – check these are correct with the team on the day • Practices recent performance pack • QI packs – anything the practice is doing with regards to QI • Services Locum / Agency / Bank induction pack • Incident log for the previous 12 months • Complaints and Compliments for the previous 12 months • National GP patient survey action plan (most recent one published) • Mandatory and statutory compliance information • 20/21 QOF performance |

|  SAFE |  EFFECTIVE |  CARING |  RESPONSIVE |  WELL-LED |
|--|--|---|---|--|
| By safe, we mean people are prevented from abuse* and avoidable harm. Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse. | By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. | By caring, we mean that the service involves and treats people with compassion, kindness, dignity and respect. | By responsive we mean that services meet peoples' needs. | By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high quality and person-centred care, supports learning and innovation, and promotes an open and fair culture. |
| What does OUTSTANDING look like? | | | | |
| People are protected by a strong comprehensive safety system, and a focus on openness, transparency and learning when things go wrong. | Outcomes for people who use services are consistently better than expected when compared with other similar services. | People are truly respected and valued as individuals and are empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service. | Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care. | The leadership, governance and culture are used to drive and improve the delivery of high quality person-centred care. |

Our primary care directorate 'whys'

| Domain | Why |
|--------------------------|---|
| Is it safe? | <p>People seek health care for many different reasons, in the simplest terms people come to us for help and to feel safe. We are lucky enough to work in one of the most highly regarded organisations in the world, an organisation that makes people feel safe. We have a responsibility to ensure we understand our processes and can be assured they are as safe as they can be. People trust us to keep them safe and we have a responsibility to ensure that trust is not misplaced</p> |
| Is it effective? | <p>Providing effective care to people should help individuals achieve good clinical outcomes, maintain a good quality of life and achieve to goals that matter to them. The effective care should be based on the best, most up to date evidence. The care we provide and the outcomes we are aiming for should be decided in partnership with each individual person we are working with.</p> <p>Our patients rightly expect to receive care that is based on clear guidelines and supported by effective processes in line with national standards. It is right that patients can expect to receive care that is comparable with our peers, this reduces inequalities.</p> <p>Our staff need to be trained appropriately to be able to deliver this care and must work in partnership with other organisations.</p> |
| Is it caring? | <p>At a time in their lives when they are seeking help, our patients can feel vulnerable. It is a gift to be working in a role that allows us to help others. If we would wish to be treated with kindness, respect and compassion this is absolutely how we should be treating every person we serve. We should do everything in our power to ensure people are treated with the same dignity and compassion we would wish for ourselves and our loved ones.</p> <p>Part of treating people with care is taking every opportunity to enable people to lead their own healthcare and make their own decisions</p> |
| Is it responsive? | <p>If we would want to receive care that is personalised to our needs, that responds to the difficulties we are experiencing and that takes account of our choices then this is the care we should be working to provide for the people we serve.</p> |
| Is it well led? | <p>Working in a team that strives to provide the best care to the people we serve can be really challenging. To work well as a team, we need talented leadership, to help us develop a vision for all the work we do, a plan and a strategy to bring that vision to life for our patients.</p> <p>We must create environments where staff feel that they, and their contributions, are valued and respected. To understand the part we play we need to have a clear understanding of our individual roles and responsibilities. If we are able to do all of this, we will have the framework we need to be delivering the very best care we can. We will also have everything we need to be able to learn from the care we deliver and safely manage risks</p> |

Safe: Safety systems and processes

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

| Questions – Safeguarding | Who to direct questions to | Yes / no / partial | <ul style="list-style-type: none"> • Did staff who you spoke to know WHY this area was important? • Did staff know where to find evidence • Did you see evidence? • Did staff know whom to contact? | Assessment (Outstanding, Good, RI or inadequate) |
|--|----------------------------|--------------------|---|--|
| There was a lead member of staff for safeguarding processes and procedures. | | | | |
| Safeguarding systems, processes and practices were developed, implemented and communicated to staff. | | | | |
| There were policies covering adult and child safeguarding. | | | | |
| Policies and procedures were monitored, reviewed and updated. | | | | |
| Policies were accessible to all staff. | | | | |
| Clinicians and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs). | | | | |
| There was active and appropriate engagement in local safeguarding processes. | | | | |
| There were systems to identify vulnerable patients on record. | | | | |
| There was a risk register of specific patients. | | | | |
| Disclosure and Barring Service (DBS) checks were undertaken where required. | | | | |
| Staff who acted as chaperones were trained for their role. | | | | |
| 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. | | | | |

Safe: Recruitment Systems

| Questions | Who to direct questions to | Yes / no / partial | <ul style="list-style-type: none"> • Did staff who you spoke to know WHY this area was important? • Did staff know where to find evidence • Did you see evidence? • Did staff know whom to contact? | Assessment (Outstanding, Good, RI or inadequate) |
|--|----------------------------|--------------------|---|--|
| Recruitment checks were carried out in accordance with regulations (including for agency staff and locums). All documents provided are in date and a local copy is available | | | | |
| Photographs – there was a photograph available of all locum / agency staff | | | | |
| There was a locum induction pack specific to site that was in date | | | | |
| Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role. | | | | |
| There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored. | | | | |
| Staff had any necessary medical indemnity insurance which was in date | | | | |
| Staff carrying out NHS work has necessary medical indemnity insurance which was in date | | | | |
| The practice held copies of the PCN ARRS roles recruitment compliance documents and certificates of training | | | | |

Safe: Safety systems and records and Health and Safety

| Questions | Date of last test or training | Who to direct questions to | Yes / no / partial | <ul style="list-style-type: none"> • Did staff who you spoke to know WHY this area was important? • Did staff know where to find evidence • Did you see evidence? • Did staff know whom to contact? | Assessment (Outstanding, Good, RI or inadequate) |
|---|-------------------------------|----------------------------|--------------------|---|--|
| There was a record of portable appliance testing or visual inspection by a competent person. | | | | | |
| There was a record of equipment calibration. | | | | | |
| There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals. | | | | | |
| There was a fire procedure. | | | | | |
| There was a record of fire extinguisher checks. | | | | | |
| There was a log of fire drills. | | | | | |
| There was a record of fire alarm checks. | | | | | |
| There was a record of fire training for staff. | | | | | |
| There were fire marshals who had been trained and could provide evidence of the training | | | | | |
| A fire risk assessment had been completed. | | | | | |
| Actions from fire risk assessment were identified and completed. | N/A | | | | |
| Premises/security risk assessment had been carried out. | | | | | |
| Health and safety risk assessments had been carried out and appropriate actions taken | | | | | |

Safe: Infection prevention and control

Appropriate standards of cleanliness and hygiene were always met.

| Questions | Who to direct questions to | Yes / no / partial | <ul style="list-style-type: none"> • Did staff who you spoke to know WHY this area was important? • Did staff know where to find evidence • Did you see evidence? • Did staff know whom to contact? | Assessment (Outstanding, Good, RI or inadequate) |
|---|----------------------------|--------------------|---|--|
| There was an infection risk assessment and policy. | | | | |
| Staff had received effective training on infection prevention and control. | | | | |
| Date of last infection prevention and control audit | | | | |
| The practice had acted on any issues identified in infection prevention and control audits. | | | | |
| The arrangements for managing waste and clinical specimens kept people safe. | | | | |
| Is all stock in date? | | | | |
| Are sharps bins in date? | | | | |
| Are fridges clean inside and out? | | | | |

Safe: Risks to patients

There were excellent systems to assess, monitor and manage risks to patient safety.

| Questions | Who to direct questions to | Yes / no / partial | <ul style="list-style-type: none"> • Did staff who you spoke to know WHY this area was important? • Did staff know where to find evidence • Did you see evidence? • Did staff know whom to contact? | Assessment (Outstanding, Good, RI or inadequate) |
|---|----------------------------|--------------------|---|--|
| There was an effective approach to managing staff absences and busy periods. | | | | |
| There was an effective induction system for temporary staff tailored to their role. | | | | |
| Comprehensive risk assessments were carried out for patients. | | | | |
| Risk management plans for patients were developed in line with national guidance. | | | | |
| Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment. | | | | |
| Clinicians knew how to identify and manage patients with severe infections including sepsis. | | | | |
| 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. | | | | |
| There was a process in the practice for urgent clinical review of such patients. | | | | |
| There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency. | | | | |
| There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance. | | | | |
| When there were changes to services or staff the practice assessed and monitored the impact on safety. | | | | |

Safe: Information to deliver safe care and treatment

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

| Questions | Who to direct questions to | Yes / no / partial | <ul style="list-style-type: none"> • Did staff who you spoke to know WHY this area was important? • Did staff know where to find evidence • Did you see evidence? • Did staff know whom to contact? | Assessment (Outstanding, Good, RI or inadequate) |
|---|----------------------------|--------------------|---|--|
| Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation. | | | | |
| There was a system for processing information relating to new patients including the summarising of new patient notes. | | | | |
| There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. | | | | |
| Referral letters contained specific information to allow appropriate and timely referrals. | | | | |
| Referrals to specialist services were documented. | | | | |
| There was a system to monitor delays in referrals. | | | | |
| There was a documented approach to the management of test results and this was managed in a timely manner. | | | | |
| 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. | | | | |

Safe: 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) | Practice to enter | Can Nicola Find | 0.94 | |
| 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) | Practice to enter | Can Nicola Find | 8.7% | |
| Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) (NHSBSA) | Practice to enter | Can Nicola Find | 5.64 | |
| Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) (NHSBSA) | Practice to enter | Can Nicola Find | 2.22 | |

Safe: Appropriate and safe use of medicines

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

| Questions - Medicines Management | Who to direct questions to | Yes / no / partial | <ul style="list-style-type: none"> • Did staff who you spoke to know WHY this area was important? • Did staff know where to find evidence • Did you see evidence? • Did staff know whom to contact? | Assessment (Outstanding, Good, RI or inadequate) |
|--|-----------------------------------|---------------------------|---|---|
| The practice ensured medicines were stored safely and securely with access restricted to authorised staff. | | | | |
| Blank prescriptions were kept securely and their use monitored in line with national guidance | | | | |
| Clinicians signed in and out blank prescriptions | | | | |
| All printers had prescription locks on them | | | | |
| Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions). | | | | |
| There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines. | | | | |
| 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. | | | | |
| 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. | | | | |
| The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength). | | | | |
| There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer | | | | |
| The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance. | | | | |
| 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. | | | | |
| The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases. | | | | |
| There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use. | | | | |
| Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective. | | | | |

Safe: Track record on safety and lessons learned and improvements made

The practice was not always able to demonstrate that they learned and made improvements when things went wrong

| Questions | Who to direct questions to | Yes / no / partial | <ul style="list-style-type: none"> • Did staff who you spoke to know WHY this area was important? • Did staff know where to find evidence • Did you see evidence? • Did staff know whom to contact? | Assessment (Outstanding, Good, RI or inadequate) |
|---|----------------------------|--------------------|---|--|
| The practice monitored and reviewed safety using information from a variety of sources. | | | | |
| Staff knew how to identify and report concerns, safety incidents and near misses. | | | | |
| There was a system for recording and acting on significant events. | | | | |
| Staff understood how to raise concerns and report incidents both internally and externally. | | | | |
| There was evidence of learning and dissemination of information. | | | | |
| Number of events recorded in last 12 months: | | | | |
| Number of events that required action: | | | | |

Example of significant events recorded and actions by the practice.

| Event | Specific action taken |
|-------|-----------------------|
| | |

Safe: Safety Alerts

| Questions | Who to direct questions to | Yes / no / partial | <ul style="list-style-type: none"> • Did staff who you spoke to know WHY this area was important? • Did staff know where to find evidence • Did you see evidence? • Did staff know whom to contact? | Assessment (Outstanding, Good, RI or inadequate) |
|---|----------------------------|--------------------|---|--|
| There was a system for recording and acting on safety alerts. | | | | |
| Staff understood how to deal with alerts | | | | |
| There was a named lead for safety alerts | | | | |

Effective: 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

| Questions | Who to direct questions to | Yes / no / partial | <ul style="list-style-type: none"> Did staff who you spoke to know WHY this area was important? Did staff know where to find evidence Did you see evidence? Did staff know whom to contact? | Assessment (Outstanding, Good, RI or inadequate) |
|--|----------------------------|--------------------|---|--|
| The practice had systems and processes to keep clinicians up to date with current evidence-based practice. | | | | |
| Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. | | | | |
| We saw no evidence of discrimination when staff made care and treatment decisions. | | | | |
| Patients' treatment was regularly reviewed and updated. | | | | |
| There were appropriate referral pathways were in place to make sure that patients' needs were addressed. | | | | |
| Patients were told when they needed to seek further help and what to do if their condition deteriorated. | | | | |

| Prescribing | Practice performance | CCG average | England average | England comparison |
|--|----------------------|-------------|-----------------|--------------------|
| Average daily quantity of Hypnotics prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHSBSA) | | 0.81 | 0.81 | |

Effective: 6 Population Groups

| Population Group | What the practice offer was | Where was this evidenced? Leaflet, website, had the practice involved patients in developing the offer? |
|---|-----------------------------|--|
| Older people | | |
| People with long-term conditions | | |
| Families, children and young people | | |
| Working-age people | | |
| People whose circumstances make them vulnerable | | |
| People experiencing poor mental health | | |

| 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) | Can NH populate | Can NH populate | 78.8% | |
| Exception rate (number of exceptions). | Can NH populate | Can NH populate | 13.2% | N/A |
| The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF) | Can NH populate | Can NH populate | 77.7% | |
| Exception rate (number of exceptions). | Can NH populate | Can NH populate | 9.8% | N/A |
| 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) | Can NH populate | Can NH populate | 80.1% | |
| Exception rate (number of exceptions). | Can NH populate | Can NH populate | 13.5% | N/A |

| Other long-term conditions | Practice | CCG average | England average | England comparison |
|--|-----------------|-----------------|-----------------|--------------------|
| The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF) | Can NH populate | Can NH populate | 76.0% | |
| Exception rate (number of exceptions). | Can NH populate | Can NH populate | 7.7% | |
| 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) | Can NH populate | Can NH populate | 89.7% | |
| Exception rate (number of exceptions). | Can NH populate | Can NH populate | 11.5% | |

| Indicator | Practice | CCG average | England average | England comparison |
|---|-----------------|-----------------|-----------------|--------------------|
| The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF) | Can NH populate | Can NH populate | 82.6% | |
| Exception rate (number of exceptions). | Can NH populate | Can NH populate | 4.2% | |
| 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) | Can NH populate | Can NH populate | 90.0% | |
| Exception rate (number of exceptions). | Can NH populate | Can NH populate | 6.7% | |

| 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) | Can NH populate | Can NH populate | Can NH populate | Did this meet the Met 95% WHO based target |
| The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England) | Can NH populate | Can NH populate | Can NH populate | Did this meet the Met 95% WHO based target |
| The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England) | Can NH populate | Can NH populate | Can NH populate | Did this meet the Met 95% WHO based target |
| The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England) | Can NH populate | Can NH populate | Can NH populate | Did this meet the Met 95% WHO based target |

| 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 | Can NH populate | Can NH populate | 71.7% | |
| 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) | Can NH populate | Can NH populate | | |
| Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE) | Can NH populate | Can NH populate | 70.0% | N/A |

| | | | | |
|--|-----------------|-----------------|-------|-----|
| Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2017 to 31/03/2018) (PHE) | Can NH populate | Can NH populate | 54.5% | N/A |
| The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE) | Can NH populate | Can NH populate | 70.2% | N/A |
| Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE) | Can NH populate | Can NH populate | 51.9% | |

| Mental Health Indicators | Practice | CCG average | England average | England comparison |
|--|----------|-------------|-----------------|--------------------|
| The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF) | | | 89.5% | |
| Exception rate (number of exceptions). | | | 12.7% | N/A |
| The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF) | | | 90.0% | |
| Exception rate (number of exceptions). | | | 10.5% | N/A |
| The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF) | | | 83.0% | |
| Exception rate (number of exceptions). | | | 6.6% | N/A |

Effective: 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 score | CCG Average | England Average | Discussion |
|---|----------------|-------------|-----------------|------------|
| Overall QOF score (out of maximum 559) | | | 537.5 | |
| Overall QOF exception reporting (all domains) | | | 5.8% | |

| Questions | Who to direct questions to | Yes / no / partial | <ul style="list-style-type: none"> Did staff who you spoke to know WHY this area was important? Did staff know where to find evidence Did you see evidence? | Assessment (Outstanding, Good, RI or inadequate) |
|---|----------------------------|--------------------|--|--|
| Clinicians took part in national and local quality improvement initiatives | | | | |
| The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements. | | | | |

Effective staffing

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

| Questions | Who to direct questions to | Yes / no / partial | <ul style="list-style-type: none"> • Did staff who you spoke to know WHY this area was important? • Did staff know where to find evidence • Did you see evidence? | Assessment (Outstanding, Good, RI or inadequate) |
|--|----------------------------|--------------------|--|--|
| 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. | | | | |
| Did GPs where necessary along with Pharmacists attend regular vaccine and immunisations update training | | | | |
| The learning and development needs of staff were assessed. | | | | |
| The practice had a programme of learning and development. | | | | |
| Staff had protected time for learning and development. | | | | |
| There was an induction programme for new staff. | | | | |
| 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. | | | | |
| The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates. | | | | |
| There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable. | | | | |

Effective: Coordinating care and treatment

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

| Questions | Who to direct questions to | Yes / no / partial | <ul style="list-style-type: none"> • Did staff who you spoke to know WHY this area was important? • Did staff know where to find evidence • Did you see evidence? | Assessment (Outstanding, Good, RI or inadequate) |
|--|----------------------------|--------------------|--|--|
| The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed | | | | |
| 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. | | | | |
| Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved. | | | | |
| Patients received consistent, coordinated, person-centred care when they moved between services. | | | | |

Effective: Helping patients to live healthier lives

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

| Questions | Who to direct questions to | Yes / no / partial | <ul style="list-style-type: none"> Did staff who you spoke to know WHY this area was important? Did staff know where to find evidence Did you see evidence? | Assessment (Outstanding, Good, RI or inadequate) |
|---|----------------------------|--------------------|--|--|
| 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. | | | | |
| Staff encouraged and supported patients to be involved in monitoring and managing their own health. | | | | |
| Staff discussed changes to care or treatment with patients and their carers as necessary. | | | | |
| The practice had a carers register with at least 2% of its list registered as carers | | | | |
| The practice had an offer for carers | | | | |
| The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity. | | | | |

| Smoking Indicators | Practice | CCG average | England average | England comparison |
|--|----------|-------------|-----------------|--------------------|
| The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF) | | | | |
| Exception rate (number of exceptions). | | | 0.8% | |

Effective: Consent to care and treatment

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

| Questions | Who to direct questions to | Yes / no / partial | <ul style="list-style-type: none"> • Did staff who you spoke to know WHY this area was important? • Did staff know where to find evidence • Did you see evidence? | Assessment (Outstanding, Good, RI or inadequate) |
|--|----------------------------|--------------------|--|--|
| Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented. | | | | |
| Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. | | | | |
| The practice monitored the process for seeking consent appropriately. | | | | |

Caring: Kindness, respect and compassion

Staff **treated/ did not treat** patients with kindness, respect and compassion.

Feedback from patients was **positive/ negative** about the way staff treated people

| Questions | Who to direct questions to | Yes / no / partial | <ul style="list-style-type: none">• Did staff who you spoke to know WHY this area was important?• Did staff know where to find evidence• Did you see evidence? | Assessment (Outstanding, Good, RI or inadequate) |
|---|----------------------------|--------------------|--|--|
| Staff understood and respected the personal, cultural, social and religious needs of patients. | | | | |
| Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition. | | | | |

Caring: Involvement in decisions about care and treatment

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

| Questions | Who to direct questions to | Yes / no / partial | <ul style="list-style-type: none"> • Did staff who you spoke to know WHY this area was important? • Did staff know where to find evidence • Did you see evidence? | Assessment (Outstanding, Good, RI or inadequate) |
|---|----------------------------|--------------------|--|--|
| Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given. | | | | |
| Staff helped patients and their carers find further information and access community and advocacy services. | | | | |
| Interpretation services were available for patients who did not have English as a first language. | | | | |
| Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations. | | | | |
| Information leaflets were available in other languages and in easy read format. | | | | |
| Information about support groups was available on the practice website. | | | | |

Caring: Privacy and dignity

The practice respected patients' privacy and dignity.

| Questions | Who to direct questions to | Yes / no / partial | <ul style="list-style-type: none"> • Did staff who you spoke to know WHY this area was important? • Did staff know where to find evidence • Did you see evidence? | Assessment (Outstanding, Good, RI or inadequate) |
|--|----------------------------|--------------------|--|--|
| Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. | | | | |
| Consultation and treatment room doors were closed during consultations. | | | | |
| A private room was available if patients were distressed or wanted to discuss sensitive issues. | | | | |
| Bereaved patients were offered an appointment at a flexible time and were signposted to support services | | | | |
| There were arrangements to ensure confidentiality at the reception desk. | | | | |

Caring: National GP Patient Survey (January 2020)

| Practice population size | Surveys sent out | Surveys returned | Survey Response rate% | % of practice population |
|--------------------------|------------------|------------------|-----------------------|--------------------------|
| | | | | |

| 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 | | | | |
| 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 | | | | |
| 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 | | | | |
| The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice | | | | |
| 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 | | | | |
| 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 | | | | |
| The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment | | | | |
| The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times | | | | |
| The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered | | | | |

Responsive: Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs

| Questions | Who to direct questions to | Yes / no / partial | <ul style="list-style-type: none"> • Did staff who you spoke to know WHY this area was important? • Did staff know where to find evidence • Did you see evidence? | Assessment (Outstanding, Good, RI or inadequate) |
|--|----------------------------|--------------------|--|--|
| The importance of flexibility, informed choice and continuity of care was reflected in the services provided. | | | | |
| The facilities and premises were appropriate for the services being delivered. | | | | |
| The practice made reasonable adjustments when patients found it hard to access services. | | | | |
| 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. | | | | |
| Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. | | | | |

Responsive: Timely access to the service

People were able to access care and treatment in a timely way.

| Questions | Who to direct questions to | Yes / no / partial | <ul style="list-style-type: none">• Did staff who you spoke to know WHY this area was important?• Did staff know where to find evidence• Did you see evidence? | Assessment (Outstanding, Good, RI or inadequate) |
|--|-----------------------------------|---------------------------|--|---|
| Patients with urgent needs had their care prioritised. | | | | |
| The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. | | | | |
| Appointments, care and treatment were only cancelled or delayed when absolutely necessary. | | | | |
| There was a policy in place which staff followed whenever there was short notice sickness or leave to ensure appointments were not cancelled | | | | |

Responsive: Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care

| | |
|--|--|
| Number of complaints received in the last year. | |
| Number of complaints we examined. | |
| Number of complaints we examined that were satisfactorily handled in a timely way. | |
| Number of complaints referred to the Parliamentary and Health Service Ombudsman. | |

Examples of learning from complaints.

| Complaint | Specific action taken |
|-----------|-----------------------|
| | |

| Questions | Who to direct questions to | Yes / no / partial | <ul style="list-style-type: none"> Did staff who you spoke to know WHY this area was important? Did staff know where to find evidence Did you see evidence? | Assessment (Outstanding, Good, RI or inadequate) |
|---|----------------------------|--------------------|--|--|
| Information about how to complain was readily available. | | | | |
| There was evidence that complaints were used to drive continuous improvement. | | | | |

Well Led: Leadership capacity and capability**There was compassionate, inclusive and effective leadership at all levels**

| Questions | Who to direct questions to | Yes / no / partial | <ul style="list-style-type: none">• Did staff who you spoke to know WHY this area was important?• Did staff know where to find evidence• Did you see evidence? | Assessment (Outstanding, Good, RI or inadequate) |
|---|-----------------------------------|---------------------------|--|---|
| Leaders demonstrated that they understood the challenges to quality and sustainability. | | | | |
| They had identified the actions necessary to address these challenges. | | | | |
| Staff reported that leaders were visible and approachable. | | | | |
| There was a leadership development programme, including a succession plan. | | | | |

Well Led: Vision and strategy

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

| Questions | Who to direct questions to | Yes / no / partial | <ul style="list-style-type: none"> • Did staff who you spoke to know WHY this area was important? • Did staff know where to find evidence • Did you see evidence? | Assessment (Outstanding, Good, RI or inadequate) |
|--|----------------------------|--------------------|--|--|
| The practice had a clear vision and set of values that prioritised quality and sustainability. | | | | |
| The practice had a set of priorities for 21/22 and had a system for monitoring and discussing their progress | | | | |
| There was a realistic strategy to achieve their priorities. | | | | |
| The vision, values and strategy were developed in collaboration with staff, patients and external partners. | | | | |
| Staff knew and understood the vision, values and strategy and their role in achieving them. | | | | |
| Progress against delivery of the strategy was monitored. | | | | |

Well Led: Culture

The practice had a culture which drove high quality sustainable care

| Questions | Who to direct questions to | Yes / no / partial | <ul style="list-style-type: none"> • Did staff who you spoke to know WHY this area was important? • Did staff know where to find evidence • Did you see evidence? | Assessment (Outstanding, Good, RI or inadequate) |
|---|----------------------------|--------------------|--|--|
| There were arrangements to deal with any behaviour inconsistent with the vision and values. | | | | |
| Staff reported that they felt able to raise concerns without fear of retribution. | | | | |
| There was a strong emphasis on the safety and well-being of staff. | | | | |
| There were systems to ensure compliance with the requirements of the duty of candour. | | | | |
| The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy. | | | | |

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

| Source | Feedback |
|--------|----------|
| | |

Well led: Governance arrangements

The overall governance arrangements always effective.

| Questions | Who to direct questions to | Yes / no / partial | <ul style="list-style-type: none">• Did staff who you spoke to know WHY this area was important?• Did staff know where to find evidence• Did you see evidence? | Assessment (Outstanding, Good, RI or inadequate) |
|---|----------------------------|--------------------|--|--|
| There were governance structures and systems which were regularly reviewed. | | | | |
| Staff were clear about their roles and responsibilities. | | | | |
| There were appropriate governance arrangements with third parties. | | | | |

Well Led: Managing risks, issues and performance

There were excellent processes for managing risks, issues and performance.

| Questions | Who to direct questions to | Yes / no / partial | <ul style="list-style-type: none"> • Did staff who you spoke to know WHY this area was important? • Did staff know where to find evidence • Did you see evidence? | Assessment (Outstanding, Good, RI or inadequate) |
|--|----------------------------|--------------------|--|--|
| There were comprehensive assurance systems which were regularly reviewed and improved. | | | | |
| There were processes to manage performance. | | | | |
| There was a system for identifying and acting on patient safety alerts was effective | | | | |
| There was a systematic programme of clinical and internal audit. | | | | |
| There were effective arrangements for identifying, managing and mitigating risks. | | | | |
| Recruitment checks were carried out including on locum and bank staffing | | | | |
| A major incident plan was in place. | | | | |
| Staff were trained in preparation for major incidents. | | | | |
| When considering service developments or changes, the impact on quality and sustainability was assessed. | | | | |

Well Led: Appropriate and accurate information

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

| Questions | Who to direct questions to | Yes / no / partial | <ul style="list-style-type: none"> • Did staff who you spoke to know WHY this area was important? • Did staff know where to find evidence • Did you see evidence? | Assessment (Outstanding, Good, RI or inadequate) |
|--|----------------------------|--------------------|--|--|
| Staff used data to adjust and improve performance | | | | |
| Staff regularly review service performance | | | | |
| Staff together regularly reviewed a range of performance information | | | | |
| Various staff members could inform the inspectors of the current performance of the services and actions being undertaken to improve performance | | | | |
| Performance information was used to hold staff and management to account. | | | | |
| Our inspection indicated that information was accurate, valid, reliable and timely. | | | | |
| There were effective arrangements for identifying, managing and mitigating risks. | | | | |
| Staff whose responsibilities included making statutory notifications understood what this entails. | | | | |

Well Led: 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

| Questions | Who to direct questions to | Yes / no / partial | <ul style="list-style-type: none">• Did staff who you spoke to know WHY this area was important?• Did staff know where to find evidence• Did you see evidence? | Assessment (Outstanding, Good, RI or inadequate) |
|--|----------------------------|--------------------|--|--|
| Patient views were acted on to improve services and culture. | | | | |
| Staff views were reflected in the planning and delivery of services. | | | | |
| The practice worked with stakeholders to build a shared view of challenges and of the needs of the population. | | | | |

Well Led: Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation

| Questions | Who to direct questions to | Yes / no / partial | <ul style="list-style-type: none">• Did staff who you spoke to know WHY this area was important?• Did staff know where to find evidence• Did you see evidence? | Assessment (Outstanding, Good, RI or inadequate) |
|--|-----------------------------------|---------------------------|--|---|
| There was a strong focus on continuous learning and improvement. | | | | |
| Learning was shared effectively and used to make improvements. | | | | |
| There was evidence that QI was discussed in team meetings | | | | |
| There was evidence that team members could call on which informed the inspector of improvements which had been made as a result of QI in the service | | | | |