

Care Quality Commission

Inspection Evidence Table

The Thornton Practice (1-548298772)

Inspection date: 25th October 2018

Date of data download: 16 October 2018

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

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.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs).	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
Systems were in place to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for their role.	Yes
The provider had regular discussions with health visitors, school nurses, community midwives, social workers etc. to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">We noted that minutes of monthly safeguarding meetings evidenced in depth discussions around vulnerable patients, actions, timescales and staff responsible were clearly visible. In addition to monthly meetings, safeguarding was a standing agenda item on weekly meetings so that any cases that had arisen could be discussed and disseminated. One GP was safeguarding lead for	

adults, one for children and the lead nurse was a deputy for all safeguarding matters.

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who required medical indemnity insurance had it in place.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had a comprehensive recruitment policy and procedure, however some information had not been collected and retained as required, for example medical declarations from staff to confirm they were physically and mentally able to undertake their roles. We were unable to confirm that dates that some interviews had taken place or the names of the interviewers as they had not been recorded. One file contained only one employment reference when the practice policy stated that two should be taken. We noted that Disclosure and Barring Service (DBS) certificates had been retained in recruitment files, when best practice is for individuals to retain them and employers record that they had been checked. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.) Soon after the inspection we received evidence that changes had been implemented to improve recruitment processes. For example, DBS certificates were being returned to the staff, medical declarations were being collected and retained. The practice manager had also undertaken to record dates of interviews and identity checks, we were assured that these improvements were now being put in place. 	
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: 25 th March 2018	Yes
There was a record of equipment calibration. Date of last calibration: 18 th October 2018	Yes
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals.	Yes
Fire procedure in place.	Yes
There was a record of fire extinguisher checks. Date of last check: October 2018	Yes
There was a log of fire drills. Date of last drill: 23 th May 2018	Yes
There was a record of fire alarm checks. Date of last check: 25 th October 2018	Yes

There was a record of fire training for staff. Date of last training: 22 nd August 2018	Yes
There were fire marshals in place.	Yes
A fire risk assessment had been completed. Date of completion: 22 nd March 2018	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> On the day of the inspection, the fire alarms were tested in error a day early, we noted that the response from the fire marshals on duty was speedy and efficient. Evacuation procedures were begun until it was established it was a test of the alarm systems. 	
Health and safety Premises/security risk assessment carried out. Date of last assessment: 12 th October 2018	Yes
Health and safety risk assessment and actions Date of last assessment: 12 th October 2018	Yes
Explanation of any answers and additional evidence:	

Infection control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Infection risk assessment and policy in place	Yes
Staff had received effective training on infection control.	Yes
Date of last infection control audit: 20 th December 2017	Yes
The provider had acted on any issues identified in infection control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes

Risks to patients

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

Question	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
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.	Yes
There was a process in the practice for urgent clinician review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the provider assessed and monitored the impact on safety.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice operated a “Buddy” arrangement where each member of staff had a corresponding member of staff who could perform their role. The system was used to organise annual leave and cover for unexpected absences. The practice had sufficient resilience to cover any additional absences. • All staff had received additional training in recognising the symptoms of sepsis and what action they should take. We noted that staff discussed emergency procedures for acute illness during practice meetings, led by one of the GPs. • All requests for home visits were triaged by the on-call GP and discussed at a daily lunchtime meeting with the other GPs and clinical staff. This resulted in the knowledge of all clinicians being available to assist in making appropriate decisions about home visits to patients. 	

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.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
The provider demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Test results and referrals were all managed electronically and included in a spreadsheet. The data was checked on a regular basis to ensure all referrals were appropriate and actioned. Any abnormal or concerning test results were actioned by one of the clinicians in a timely manner. • The practice operated electronic sharing of information by way of GP to GP registration and by community sharing of patient data (Practice to Practice). 	

Appropriate and safe use of medicines

The provider ensured the safe use of medicines.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) NHS Business Service Authority – NHSBSA)	0.89	1.01	0.95	Comparable with other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2017 to 30/06/2018) (NHSBSA)	4.0%	7.3%	8.7%	Variation (positive)

Medicines management	Y/N/Partial
The provider 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.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	Yes
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Yes
Patients were appropriately informed when unlicensed or off-label medicines were prescribed.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Partial
The practice had arrangements to monitor the stock levels and expiry dates of	Yes

emergency medicines/medical gases.	
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
Patients' health was monitored in relation to the use of medicines and followed up on appropriately.	Yes

Explanation of any answers and additional evidence:

- The practice had a dedicated prescribing team with a dedicated telephone line for patients, the team was led by a pharmacist. All requests for prescriptions were reviewed to assess their appropriateness. The team maintained a list of patients who may present a risk related to the prescribing of medicines. Prescribing was underpinned by a comprehensive and bespoke prescribing policy which was reviewed and updated as required and at least annually.
- In relation to the monitoring of high risk medicines the practice used a template to ensure consistency and safety. The system ensured that an "in date" normal blood test result was present before a prescription could be issued.
- The practice had examined and managed its anti-microbial prescribing effectively and was performing at a high level when compared with other practices both locally and nationally. The Thornton Practice was the highest achiever in relation to antibiotic prescribing on the CCG (Clinical Commissioning Group) consisting of 21 practices.
- The practice maintained a policy of not routinely prescribing psychotropic medicines to patients with learning disabilities and would only consider doing so in consultation with the learning disabilities team, any such prescribing was reviewed regularly and in line with national guidance.
- The practice had emergency medicines to cover most medical situations that might arise, each consulting room had a kit to deal with anaphylactic shock (Anaphylaxis is a severe, potentially life-threatening allergic reaction which causes immune systems to release a flood of chemicals that can cause shock, blood pressure drops suddenly and airways narrow, blocking breathing). The "Cardiac medication box" was located in the public waiting area in an unlocked cupboard. One of the lead GPs told us that they had discussed at length which medicines to keep and where, in case of emergencies, this had not been documented, we were told that a documented risk assessment of the content and location of all emergency medicines would be completed.

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.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes

There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months.	14
Number of events that required action	14
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Staff were encouraged to raise any areas of concern relating to safety. The identification and analysis of significant events was clear, honest and open. There was a strong appetite to learn from events and explore and implement any possible learning and improvement. The spreadsheet on which all significant events were recorded was comprehensive and easy to read and analyse for trends. The process was underpinned by a comprehensive significant event policy and protocol, both of which were regularly reviewed. 	

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

Event	Specific action taken
Delayed diagnosis of lung cancer. Picture looked consistent with cardiac cause so delay to a chest X-ray.	Learning for clinicians - The practice discussed the matter at length and concluded the following learning: Consideration of non-cardiac causes of raised Jugular Venous Pressure; consider chest R-ray earlier in any patient with cardiac symptoms; consider chest X-ray in any life-long smoker with chest symptoms. The patient was an infrequent attender and the issue might have been picked up if the practice had chased the patient more vigorously to attend for an annual medication review.
Significant fire at the branch surgery. A newly purchased and PAT tested printer had caught fire causing extensive damage and several months disruption to activity at the branch location, causing patients to have to attend the main surgery a mile away.	A formal fire inspection was completed and scheduled for re-assessment. Additional fire precautions were installed at the Carleton branch. Additional training was provided from fire service to all practice staff. The practice's disaster recovery plan proved itself to be fit for purpose and effective.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understand how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Safety alerts were sent to an appropriate member of staff to be assessed and dealt with. The practice did not maintain a management oversight of these alerts and relied on the individual allocated the alert to deal with it effectively. This process was underpinned by a safety alerts policy which was regularly reviewed. The practice manager told us they intended to introduce a spreadsheet to record all safety alerts and any action taken in relation to those which were applicable to the practice. 	

Effective

Rating: Outstanding

Please note: QOF data relates to 2016/17 unless otherwise indicated

Effective needs assessment, care and treatment

Peoples' needs were assessed, and care and treatment delivered in line with current legislation, standards and evidence-based guidance.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Clinicians could access national guidance via "GP Net", an electronic portal providing current best practice and guidance. Each GP had an area of special interest or expertise on which they could provide advice and guidance to other staff. 	

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) (NHSBSA)	0.50	0.67	0.83	Comparable with other practices

Older people

Population group rating: Outstanding

Findings
<ul style="list-style-type: none"> Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication. 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.
- An initiative, led by one of the practice GPs to improve care and treatment for the elderly living in care homes led to improved and consistent care for those patients and a 30% reduction in overall costs to the NHS when rolled out to the remaining practices within Fylde and Wyre.
- New processes introduced to identified older patients led to the identification of any safeguarding concerns and early clinical review of known or new chronic diseases. Medication reconciliations were completed by the practice's medicine management team on receipt of discharge and any amendments documented and shared with the dispensing pharmacy.

People with long-term conditions

Population group rating: **Good**

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice could demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice's performance on quality indicators for long term conditions was generally in line with local and national averages apart from those relating to diabetes and hypertension which were below the local and national averages.
- Indicators relating to diabetes were significantly below the local and national averages. The practice told us that they had improved significantly in this area, we checked the QOF results for 2017/18 which were published the day after the inspection and saw that the practice was now achieving comparable rates to the national and local averages at 82% as compared with the figure from 2016/17 of 63%.
- Indicators relating to hypertension were below the local and national averages at 73%, the practice told us they had improved in this area, we checked the QOF results published the day after the inspection and saw this figure had risen to 83% and was now comparable to local and national averages.

Diabetes Indicators

Indicator	Practice performance	CCG average	England average	England comparison
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The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	69.5%	84.1%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.9% (27)	11.9%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	71.6%	80.9%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.5% (17)	7.8%	9.3%	

Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	62.7%	82.1%	80.1%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.4% (37)	17.3%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	75.1%	75.9%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.3% (10)	7.8%	7.7%	
Indicator	Practice	CCG average	England average	England comparison

The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	87.4%	91.2%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.0% (25)	9.0%	11.4%	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2016 to 31/03/2017) (QOF)	72.8%	83.4%	83.4%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.3% (27)	3.1%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2016 to 31/03/2017) (QOF)	82.8%	87.6%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.6% (9)	8.5%	8.2%	

Findings
<ul style="list-style-type: none"> Childhood immunisation uptake rates above the target percentage of 90% or above. The practice had achieved 98% of children aged one with 5:1 vaccinations, this was significantly above the national and local target. We checked the data for 2017/18 and the practice had maintained its very high performance. The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)(i.e. three doses of DTaP/IPV/Hib) (01/04/2016 to 31/03/2017)(NHS England)	88	90	97.8%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	87	88	98.9%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	86	88	97.7%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	87	88	98.9%	Met 95% WHO based target (significant variation positive)

Any additional evidence or comments
<ul style="list-style-type: none"> The practice provided a dedicated area including toys for children attending for their first flu nasal vaccination. Child-friendly materials including posters and stickers, to create a friendly environment were provided. The practice recognised the difficulties in connecting with this group and used an interactive two-way messaging service either through SMS or data messaging. For example: Text messages

to women to inform them first cervical smear invite was due. Also a service where smoking status was collected and automatic replies to patients who confirm smoker status signposting to “Quit Squad”. SMS (short messaging service) rather than letter sent to patients asking to contact practice who could reply by SMS for convenience during ‘Out of Hours’.

- The practice undertook weekly clinical searches for recall for pertussis vaccine after 16 weeks of pregnancy.
- Flu vaccine were offered to pregnant women at any trimester within the flu season.
- Searches and cross-checks with Community Services (Midwives) were undertaken to check the practice were aware of all pregnant women both for vaccination recall and to ensure new-born babies were registered with the practice.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice’s uptake for cervical screening was comparable to CCG and national averages.
- The practice’s uptake for breast and bowel cancer screening was in line the national average.
- 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 40-74 (1892 had been offered and 850 had been completed). There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

Cancer Indicators

Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	74.9%	77.0%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	77.4%	74.3%	70.3%	Comparable with other practices
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	63.5%	62.8%	54.6%	Comparable with other practices
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	54.5%	74.6%	71.2%	N/A
Number of new cancer cases treated (Detection)	41.7%	47.5%	51.6%	Comparable with other

rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)				practices
Any additional evidence or comments				
<ul style="list-style-type: none"> The practice engaged in the BCSP (bowel screening to prevent cancer) initiative, the most recent initiative was conducted by the practice in February 2018 and aimed to target patients at risk who had not responded to traditional requests to attend the practice for screening. In the BCSP initiative patients were sent kits to undertake their own screening. In the February initiative 42 patients were invited to take part, of which 50% completed the test. The results identified one patient (6%) with a positive result which led to further investigation, 17 patients had a negative result. The practice employed an experienced, (retired Practice Nurse with over 30 years' experience of practice nursing) as a health advisor specifically to deliver the Health Promotion service. Uptake in the six months prior to the employment of the Health Advisor (Apr to October 2017) was 130 NHS Health Checks. Since commencing the proactive recall, this number has increased to 405 and 416 in the consecutive six-month periods following the start of our proactive recall program. The practice had implemented a system to support working age patients with acute presentations of illness or for a routine follow up appointment. Patient advisors recorded information to pass to the GP for action. If a patient needed to be spoken to then an offer of a telephone consultation at a convenient time was made (offered over lunchtime where the patient may have free time at work). 				

People whose circumstances make them vulnerable

Population group rating: Good

Findings
<ul style="list-style-type: none"> End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Currently there were no homeless or travellers on the patient register. The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule. The practice made clinical rooms available for partner agencies who could offer support to vulnerable patients including: CAMHS (Child & Adolescent Mental Health Worker), cognitive behaviour therapists (CBT), Early Intervention Service (North Spoke Team), Lancashire Wellbeing Service, Carers Service (N Compass Counsellors), Chartered Psychologist & Registered Clinical Psychologists, RNLD (Community Learning Disability Nurse) Staff and members of the patient participation group (PPG) had undertaken "Dementia Friends" training so that they could understand the non-clinical needs of patients with dementia, what obstacles they may face in everyday tasks and how they could adapt to support them. The practice had been recognised as "dementia friendly". The practice had provided long appointments and interpreter services for those patients who were seeking asylum. The practice worked with the neighbourhood care team (NCT). They referred vulnerable or complex patients with difficult social circumstances using excessive practice resources. These

patients were provided with a health & wellbeing service and, following an in-depth assessment, could be referred to health, social and community providers. The NCT attended a monthly meeting at the practice so they could share outcomes or issues and jointly agree a management plan for patients. Discussions around potential patients prior to referral were also held at this meeting.

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

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- 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.
- 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. Staff and PPG members could assist with this as they had received training.
- The practice offered annual health checks to patients with a learning disability.
- All practice staff had received training in mental health awareness.
- The practice's performance on quality indicators for mental health was comparable to local and national averages.

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	83.8%	91.8%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.9% (10)	17.5%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	86.8%	92.3%	90.7%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.5% (8)	11.2%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	85.3%	86.8%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.0% (4)	8.0%	6.8%	

Any additional evidence or comments
<ul style="list-style-type: none"> The practice maintained a register of patients fulfilling the following criteria: housebound, dementia, severe and enduring mental health illness, looked after children, children on the protection register, learning disability, patients identified as at risk of hospital admission, vulnerable adults.

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.

Question	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice was part of the local primary care network of which one of the GPs was the neighbourhood chair. 	

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	517	550	539
Overall QOF exception reporting (all domains)	2.8%	5.8%	5.7%

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

Improvement activity
<ul style="list-style-type: none"> An audit of antibiotic prescribing to patients with otitis media (a middle ear infection) between May and November 2017 (20 patients 17 children and 3 adults). The audit checked that clinicians were complying with Nice Guidelines (national Institute for care and excellence). The results concluded that overall compliance with Nice Guidelines was 60%, appropriate antibiotic course 29%, self-help and safety netting 10%. These results were discussed in depth at clinical meetings and the following measures introduced; management appropriate for clinical presentation, encourage self-care managing, discuss about illness history and length, provide patients with information leaflet, delayed/ back up antibiotic given with advice how to access. A re-audit is scheduled for February 2019. The practice is now performing as the highest achiever in relation to antimicrobial stewardship in the CCG (clinical commissioning group). <p>The practice developed a quality improvement dashboard which had a data feed from a variety of sources and produced charts to monitor performance on areas such as: number of patient calls abandoned, on call appointments, “docman” (docman is an electronic workflow system) filing and referrals by clinicians. The referral by clinician’s data revealed that one of the locum GPs was referring excessively (three times as much as any other clinician at the practice), this was addressed in September 2018 and additional training and advice provided in order to reduce unnecessary referrals to secondary care, ongoing monitoring was in place.</p>

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
For patients who accessed the practice’s digital service there were clear and effective processes to make referrals to other services.	Yes
Explanation of any answers and additional evidence:	

- We noted that clinical supervision was regular and well received. The advanced nurse practitioner benefitted from regular two weekly tutorials with one of the senior GPs.
- The practice had trialled a newly qualified “Physician Associate”, as an additional non-prescribing resource (a physician associate (formerly known as Physician Assistant) is a rapidly growing healthcare role in the UK, working alongside doctors in hospitals and in GP surgeries. Physician associates support doctors in the diagnosis and management of patients. Feedback from the physician associate was very positive for the five months they worked at the Thornton Practice, before leaving due to having a baby. They said that the practice was well managed and a positive, friendly place to work. They found all the staff welcoming and open minded about the role of physician associate and what it could offer the practice. The practice was keen to utilise the role in the future when possible.
- A comprehensive training plan was in place, this was constantly updated and amended following staff appraisals. Some entries on the staff training matrix were not consistent with the dates on training certificates.
- In February 2018 the practice had undertaken a detailed SWOT (strengths, weaknesses, opportunities and threats) analysis on the nursing team and as a result reallocated roles and responsibilities and recruited additional staff to better meet the demand and patient needs.

Coordinating care and treatment

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

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

	Y/N/Partial
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a co-ordinated way when different teams, services or organisations were involved.	Yes
The practice had regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register were discussed.	Yes

Explanation of any answers and additional evidence:

- Chronic disease management meetings were held regularly to ensure that opportunities to review patients with long term conditions was maximised, for example by having a strategy around sending text messages, letters and calls to patients. The practice also regularly reviewed which staff were conducting reviews and whether this was the most effective use of resources.
- Palliative care meetings took place monthly and were attended by clinicians, administration staff and representatives from the community palliative care team. Meeting minutes were clear and unambiguous.
- Monthly nurse’s meetings were held and well attended, minutes of these meetings were clear

and well documented. Subjects under regular discussion included: clinical best practice and new initiatives, changes to working, prescribing, palliative care and improvements to internal processes.

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 be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice worked hard to help patients lead healthier lives and were involved in a number of initiatives to do this, including: local council health and wellbeing groups, local community support groups, Fleetwood Town community trust (a community project that aims to provide socially inclusive community, health and education engagement programmes), CCG and national health campaigns. The practice manager produced a regular newsletter for the neighbourhood "Wellbeing in the Wyre integrated network" (WIN)). The newsletter gave information on: managing patient expectation relating to medicines available on prescription, self-care week and a list of upcoming health initiatives and events available locally and nationally. In June 2018 the practice, led by the PPG undertook a joint initiative with the countryside ranger called "BioBlitz" as the theme for a stand at a local summer family event. The idea of the initiative was to combine education and art activities for children with a healthy eating campaign, whilst at the same time promoting the benefits of a PPGs, exercise and health screening. The event was well attended and we were told very popular. The link was between pollination and healthy eating (fruit and vegetables). The stand was strategically placed next to the Lancashire Bee Society stand. The practice PPG managed to obtain large donations from local supermarkets of fresh fruit and vegetables, the practice organised for art and crafts supplies for the children to make/colour/draw lunch bags for them to then take a piece of fruit/vegetable home with them. Concurrently there was an attempt at a CCG world record to have the most people simultaneously exercising. A GP from the practice offered pulse and blood pressure checks to visitors. If any anomalies were found then the individual was referred with the reading back to their individual practice for a blood pressure review. 	

Indicator	Practice	CCG	England	England
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		average	average	comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	93.7%	96.2%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.2% (7)	0.6%	0.8%	

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We noted that consent was recorded both in patient notes and on consent forms where appropriate. Consent process were underpinned by a consent policy which was regularly reviewed and updated as required. 	

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.

CQC comments cards	
Total comments cards received	10
Number of CQC comments received which were positive about the service	10
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received

Source	Feedback
Patient interviews	Patients we spoke with on the day of the inspection told us staff were always kind and respectful and that the GPs went the extra mile. We were told reception staff were always helpful in offering advice and signposting to support services available.
Friends and family test	The last six months results of the friends and family feedback indicated that 548 people would be likely or highly likely to recommend the practice and 23 unlikely or extremely unlikely to recommend it. These results are posted on the practice Facebook page.
NHS Choices	We noted there were excellent comments about the level of service and patient care, however there were several negative comments about the lack of care provided by the practice. The practice had responded to each of the comments and sought to resolve any issues identified in the negative feedback.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology has changed in 2018. This means that we cannot be sure whether the change in scores was due to the change in methodology, or was due to a genuine change in patient experience.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12497	243	105	43.2%	0.84%

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)	94.7%	92.5%	89.0%	Comparable with other practices
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)	94.8%	91.2%	87.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	97.4%	96.1%	95.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	85.8%	86.8%	83.8%	Comparable with other practices

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

Date of exercise	Summary of results
Ongoing	The PPG led "listening table" these enabled any patients to informally feedback on anything they would like to highlight. One example provided by the chair of the PPG indicated that patients spoke with at the listening table had highlighted problems with the pharmacy dispensing multiple medicines that had not been ordered. The matter was brought to the attention of the practice manager and a total review of prescribing at the practice was undertaken. As a result, a prescribing team was introduced which proved cost effective and safer. The system was later rolled out to the CCG with a cost saving of £1.6m in the first year. The listening table was also used by patients who wished to seek informal support without speaking to a clinician and were signposted to support groups and social events.

Any additional evidence
<ul style="list-style-type: none"> The practice made good use of social media for communicating with patients and other practices in the locality. Facebook pages were regularly updated with current information and gave patients

the opportunity to make comments both positive and negative, these comments were always followed up by the practice manager. The practice Facebook page had over 500 followers and the local chat group over 12,000 members.

Involvement in decisions about care and treatment

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

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients we spoke with told us that they had plenty of time during consultations, that they felt able to contribute to any decision making and had enough information about choices they might have.

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)	98.0%	95.6%	93.5%	Comparable with other practices

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

Carers	Narrative
Percentage and number of carers identified	The practice had identified 228 patients as carers which represents 2% of the practice. We saw examples of how the practice engaged with the local "Carer's Hub Lancashire" to identify and support carers. We noted that the practice had received very positive feedback from the hub in relation to a recent initiative to

	involve hub staff (and other partner agencies) in flu clinics enabling them to speak with patients, identify carers and offer support where appropriate.
How the practice supports carers	The practice offered free flu jabs to all carers as well as coffee mornings. Carers were also encouraged to join the local carers association "Encompass."

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes

	Narrative
Arrangements to ensure confidentiality at the reception desk	The reception desk was some distance from the seating area in the waiting room. There was a notice at the reception desk informing patients that if they required additional confidentiality this could be accommodated and they should inform reception staff.

Source	Feedback
Interviews with patients	Patients we spoke with on the day of the inspection told us that both reception and clinical staff were very careful not to discuss confidential matters within the hearing of other patients. They said that they always felt that their personal information was safe.

Responsive

Rating: Outstanding

Responding to and meeting people's needs

The practice took account of peoples' needs and choices so that people received personalised care that was responsive to their needs.

	Y/N/Partial
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
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.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> All consultation rooms at the practice were on the ground floor and provision had been made for wheelchair users. The PPG "listening table" members had received multiple requests from patients relating to releasing more advanced bookable appointments, this was fed back to the management team who increased the number of advanced appointments available. The practice used innovative means to promote flu campaigns for example: 'Flu Fighters' at large local supermarket, where for the last two years the Patient Participation Group has run an event at the local Morrison's supermarket promoting the flu programme and flu clinic dates. The key objective of the event to promote the prevention programme and to try and engage the population groups that may not be contactable via digital methods. The practice actively used social media to share campaign messages, not only for patients but for relatives of older patients, to promote health campaigns and practice activities. The practices worked closely with the administrators of local Facebook community pages, to allow them to share important health messages beyond their own patient population. The practice had recently obtained access to the local hospital management reporting system which allowed the practice to access live, real-time data for patients in secondary care, including A&E attendees, elective and non-elective inpatients, and provided an update to a patient's status prior to discharge. This meant the practice were aware of patients whilst they are admitted rather than being made aware of them only on receipt of a discharge. This allowed the practice to contribute to care whilst our patients were "in-patients" at the hospital and allowed them to plan for 	

discharge.

- The “listening table” enabled patients to informally feedback on anything they would like to highlight. We saw examples where the provision of service had been changed and improved by suggestions made at the table, for example to the way prescriptions were handled and dispensed.

Practice Opening Times 08:00 – 18:00	
Day	Time
Appointments available: GPs	
Monday	08:30 – 12:00 and 14:30 – 18:00
Tuesday	08:30 – 12:00 and 14:30 – 18:00
Wednesday	08:30 – 12:00 and 14:30 – 18:00
Thursday	08:30 – 12:00 and 14:30 – 18:00
Friday	08:30 – 12:00 and 14:30 – 18:00
Day	Time
Appointments available: Nurses	
Monday	08:30 – 18:00
Tuesday	08:30 – 18:00
Wednesday	08:30 – 18:00
Thursday	08:30 – 18:00
Friday	08:30 – 18:00

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12497	243	105	43.2%	0.84%

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)	99.4%	96.1%	94.8%	Variation (positive)

Any additional evidence or comments

- The practice did not offer extended access appointments directly from the surgery (other than for flu vaccinations). However, they were a member of Fylde & Wyre CCG and worked collaboratively as a group to signpost patients towards the extended access appointments that were offered by local commissioned providers. Patients could access evening and weekend appointments at three sites across the locality based at Fleetwood, Blackpool and Freckleton (between 3 and 10 miles away).

Findings

- All patients were treated by named GPs who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme. There was one local care home which the GP visited to meet those patients' needs.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurses also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice had engaged with other neighborhood practices to improve care in local care homes for the elderly (Wyre integrated network (WIN) care home team), whilst attempting to make savings, reduce hospital admissions and out of hours activity. One of the practice GPs was the lead for a project to create a single service for care home patients. The service was piloted with practice patients who resided in care homes. The pilot delivered a stakeholder engagement plan and engaged with all local care homes across the neighbourhood in order design and implement the "Care Home Service" to all patients. The services offered included: clinical triage, holistic assessment, advanced care planning, monthly ward rounds, medication reviews and chronic disease annual reviews. We were shown data that supported improved outcomes for elderly patients and reduced costs. The service evidenced that Out of hours GP contacts, attendance at A&E and hospital admissions had been reduced by over 30% since this team was established. Following the 12-month pilot project services have been commissioned and rolled out across the whole of the Fylde and Wyre CCG.
- For the last two years the practice had invited outside agencies to have stands at the Saturday walk-in flu clinics to promote screening campaigns, Health and Wellbeing initiatives, local council wellbeing events. Representatives included: Active Lives Campaigns - YMCA "Your Move", local council 'Care and Repair' services, Lancashire Wellbeing Service, Just Good Friends (a local charity supporting older residents for friendship groups and reduce social isolation), NHS Digital campaigns (NHS ORB and patient access and My GP App), carers services such as N-Compass, the NHS falls Service, local council volunteering service representatives, FYi (a local online directory for signposting to social prescribing events with the Fylde, Wyre and Blackpool areas), the bowel screening service. We saw feedback from the falls service, community engagement team and carers hub indicating they had managed to identify additional patients who could be at risk, who they could now assist and support.
- The practice administration team contacted all elderly patients within three working days of receiving a discharge following a non-elective admission. This aimed to ensure any unmet needs were identified and addressed prior to any escalation that may result in a readmission. Examples of needs included: domiciliary support for example, home aids if not supplied, early signposting or engagement of the neighbourhood care team and health and wellbeing workers, and any follow up referrals following initial home visit from these services. The practice worked closely with partners to support patients to stay in their own homes including: rapid response, community IV team (a team who can provide intravenous antibiotic medicines), community matrons, the CCG

extensive care service and the enhanced primary care team/neighbourhood care team. The enhanced primary care team consists of health and wellbeing workers and specialist nursing teams. They visit patients within their own homes to complete a full assessment of their holistic needs. They would signpost or engage appropriate services depending on the patient needs. We were provided with a number of examples where these interventions had made a significant and positive impact on patient's health and wellbeing.

Population groups - People with long-term conditions Population group rating: Outstanding

Findings

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice identified in 2016, there was an opportunity to improve the way in which they managed the recall system for older patients and those with long term conditions. The issues identified were: patients being asked to attend multiple times for different conditions, staff using inappropriate/inefficient data capture templates in clinical system causing additional rework required on management information, significant costs with too many staff involved and too many touch points in the process causing inefficiencies and unnecessary risks to the system and high exception reporting. Following the review, the practice implemented a clearly defined recall processes using business intelligence and quality management information. This was supported with the recruitment of a business analyst to help make best use of clinical and business intelligence data, a nurse manager and a lead patient advisor/care coordinator responsible for the overall management of the recall system, processes and reporting to management.
- The practice reviewed its approach to the identification and treatment of patients with diabetes, staff with requisite skills were employed and new systems introduced, leading to much improved performance in the treatment and management of diabetes.

Population groups – Families, children and young people Population group rating: Outstanding

Findings

- 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 under the age of 18 were offered a same day appointment when necessary.
- The practice used innovative methods to engage with children and families. The practice and the PPG identified that it was difficult to engage with this population group. Local primary schools were contacted to scope interest in a collaborative project to promote health. The result was a promotion of healthy eating and wellbeing at primary school aged children and young people called "Healthy Hero's Art Project". This led to a local school winning a media award "Blackpool Gazette Health and Wellbeing Award". The initiative was repeated in 2018 with resulting art work

being displayed within the practice waiting room.

Population groups – Working age people (including those recently retired and students)
Population group rating: Outstanding

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.

People whose circumstances make them vulnerable **Population group rating: Outstanding**

Findings

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

Population groups - People experiencing poor mental health (including people with dementia)
Population group rating: Outstanding

Findings

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led regular mental health and dementia appointments for those patients identified. Patients who failed to attend were proactively followed up by a phone call.
- Practice staff and PPG members were dementia trained.

Timely access to the service

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

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	66.4%	76.6%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the	80.8%	74.6%	68.6%	Comparable with other

Indicator	Practice	CCG average	England average	England comparison
overall experience of making an appointment (01/01/2018 to 31/03/2018)				practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	59.7%	68.7%	65.9%	Comparable with other practices
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)	83.7%	79.2%	74.4%	Comparable with other practices

Any additional evidence or comments
<ul style="list-style-type: none"> The practice had started to develop a new process where a dedicated GP reviewed all non-elective discharge summaries with the coding team to identify patients at risk of readmission. However due to the fire at the branch surgery (Carleton), and the practice being put under business continuity measures, this pilot project was currently on hold.

Examples of feedback received from patients:

Source	Feedback
Patient interviews	Patients we spoke with told us it was usually very easy to obtain and appointment and that reception staff were very accommodating.

Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	36
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	2

	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: <ul style="list-style-type: none"> There was a comprehensive complaints policy and procedure. The complaints we examined 	

had been recorded, responded to and investigated in a proportionate and appropriate manner. We noted that complaints were regularly discussed at practice meetings and daily discussions. The practice reviewed its complaints to identify trends and learning. The practice were keen to capture all types of complaints, whether formal or informal.

Well-led

Rating: Outstanding

Leadership capacity and capability

Leaders had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme in place, including a succession plan.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We looked at the practice business development plan for 2018 to 2020 and saw it was comprehensive and clear, covering the following areas; leadership, senior management team, governance and societal responsibility, review of previous years, strategy, customer management, knowledge management and workforce engagement. Staff we spoke to were complimentary about the leadership at the practice. We were told that the leaders were approachable, supportive and inclusive. Staff told us this made them feel motivated. Staff reported that they felt well led and part of a team. There was strong collaboration and support across all teams and a common focus on improving the quality of care and people's experiences. Staff met regularly to discuss any issues or complex cases and to offer and receive peer support. One of the lead GPs had recently been made an honorary fellow of the University of Lancaster. other GPs at the practice had lead roles in the CCG and neighbourhood teams. 	

Vision and strategy

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

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

external partners.	
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice vision was; “to be a proactive, caring, responsive primary care service that: provides a consistent high quality of care, has empowered and involved patients and staff, a highly skilled, high performing team, use management information and business intelligence, everyone understands that every contact with a patient is an opportunity to care, is part of a large team internally and externally, influences the health of the local population, makes the best use of all resources available.” • The practice had reviewed and planned its delivery of care utilising the “Future Models of Care” strategy. This had involved a review of current and future demand both in the short and long term, consideration of the best methods to meet demand and the structure of the assets and staff to best meet that demand. To do this the practice had employed and experienced business manager with skills in project and change management. The practice had changed its skill set and employee profile, recruiting a prescribing team, introducing and recruiting “patient advisors” and having the staff become part of the process for the ensuing change. Staff told us this gave them ownership of the practice vision and values as well as high levels of motivation. • Regular monthly partner meetings were held, agendas and minutes of meetings demonstrated that the leadership took a structured and detailed approach to achieving its aims and objectives and ensuring patient safety, staff welfare and effective systems and processes. • Weekly management meetings were held to discuss and progress operational matters, this included corporate governance and finance, HR issues, strategic partnerships, business plan and communications. • Practice management and partner GPs engaged with a variety of management programmes including the “productive general practice programme”, “general practice improving leaders programme” and “partnership/business and risk management programme.” 	

Culture

The practice had a culture of 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
The practice’s speaking up policies were in line with the NHSI National Raising Issues Policy.	Y

Explanation of any answers and additional evidence:

- Quarterly “Whole Team” meetings were held, these were well structured and included content aimed at improvement at all levels. We looked at the meeting held in May 2018 and saw it included; employee training, patient access, emergency drugs and resuscitation training, fire training and training specific to administration staff.
- Staff were aware of the practice “Whistleblowing” policy and how to raise concerns.
- We were shown an example of a staff member whose values and behaviours had been inconsistent with those of the practice and how their underperformance had been managed.
- Management were aware of their duty of candour and there was a comprehensive policy to underpin this.

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

Source	Feedback
Culture of care survey February 2018	Twenty staff had taken part in an anonymous survey of a variety of aspects of working at the practice including: team working, management, resources, roles, values, empowerment and engagement. The results of the survey were analysed by the practice management team and actions were put in place to address concerns or suggestions. For example, staff stated they wished to have improved communication, a new communication strategy was introduced with nominated points of contact, weekly emails and quarterly closures of the practice to facilitate full team meetings.

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 in place which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes

Explanation of any answers and additional evidence:

- Governance at the practice was broadly split into four areas with a lead GP responsible for each area, these included; corporate governance and finance, business development, HR/operations and quality assurance/regulation.
- Staff we spoke with were clear on the leadership structure, policies and how their role contributed to the practice vision.
- All clinicians attended the weekly meeting which was the forum at which significant events analysis, complaints, compliments, new policies and procedures were discussed as well as feedback from courses attended and clinical cases were reviewed.
- Communication was effective and organised through structured, minuted meetings, emails and newsletters.

- All clinicians met daily to discuss work prioritisation, home visits and vulnerable patients as well as difficult cases and current events.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Practice leaders had improved and further established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

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 in place which were regularly reviewed and improved.	Yes
There were processes in place to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • There was a comprehensive business plan in place to ensure the future of the practice, this had been developed in line with sound business planning and having regard to the changing topography of healthcare and demographics. • The practice had experienced three serious incidents in the last twelve months, a fire, a flood and a computer virus. On each occasion the disaster recovery plan and business continuity plan had assisted in maintaining service and care to patients. We were told how staff members went above and beyond what should be expected in overcoming the problems created by the events. • The provider had undertaken a number of risk assessments relevant to the provision of clinical care, including infection control and premises risk assessments. Recommendations from risk assessments had been actioned. • Dashboards created by the practice enabled management to maintain a live overview of performance. 	

Appropriate and accurate information

The practice acted on appropriate and accurate information.

	Y/N/Partial

Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities include making statutory notifications understand what this entails.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The leadership team emailed a bulletin to all staff every week, the purpose of this was to keep all the team up to date on any current issues, disseminate any learnings from complaints and incidents, to give positive feedback for good work and to inform staff about social events. Staff told us that this was very helpful and informative. • Templates had been developed and embedded within the service. These were developed and maintained by clinical leads. Single point of entry that ensured all clinicians were using up to date agreed templates. This helped to reduce the variability in using read codes as well as improving the safety of work carried out by new members of staff, clinical trainees and locums. It promoted uniformity of record keeping with all clinicians knowing where to find the correct information. • The practice had developed a “Management Report Dashboard”, giving a live date feed and summary of how the practice was performing in relation to a variety of areas including: patient calls for appointments, patient calls for prescribing, appointment numbers, numbers of patients signposted to same day health centre, patients signposted to pharmacy plus, secretarial workload and levels of referrals. 	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The provider worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had worked closely with the PPG when it merged with a smaller practice two years ago. The PPG were involved with the business and financial planning as well as the logistics of the practice management. The chair of the PPG told us the practice management team had been very open and consultative in all decision making around the merger. We were told that the PPG were consulted on job descriptions for new staff in the new structure and what telephony system should be procured. • Staff told us that they felt very much included in the team and the vision of the practice and managers were keen to seek their opinions on the way the practice delivered care. • Patients had a variety of means of engaging with the practice all of which were effective: social media, PPG listening tables, text messages, emails and complaints/comments. • Staff feedback highlighted a strong team with a positive supporting ethos. • Staff said the leadership team proactively asked for their feedback and suggestions about the way the service was delivered. 	

- The practice produced a quarterly practice newsletter with updates on practice news, health promotion and staff changes.

Feedback from Patient Participation Group

Feedback

At the previous inspection in 2014, there had been no PPG in place, soon after the inspection one was established and this had become a very active and influential group with 12 core members and 45 others who were the “virtual group” (most often communicated by email). The PPG had become so successful that it was the winner of the CCG PPG of the year 2017 and 2018. The practice PPG was runner up (of 7,000 entrants) in the national PPG of the year run by the national association of PPGs (NAPPG).

The PPG had been given a budget by the practice to undertake its work and the chair told us that the practice leaders had been very supportive in any venture they undertook or led on, for example “healthy heroes”, “BioBlitz” and flu clinics. We were told that PPG members were also invited to the practice Christmas function.

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	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice had recognised the need to continually change and improve, to enable this they had recently applied for additional funding to support in removing duplication in operating procedures, aligning and integrating organisational structures, introducing new technologies, reviewing roles and promoting cultural change within patients and staff. Change management methodology had been used by the practice to support management and staff in dealing with change. 	

Examples of continuous learning and improvement

- As part of the practice’s strategy around inclusion, they had been working with the Downs-Syndrome Association to offer work experience and potential future employment. We saw feedback from the society acknowledging the work undertaken by the practice and evidence of a recent work placement having taken place which had greatly benefited the individual undertaking the placement and the practice itself.
- The practice had engaged with another nearby practice for a joint “away day”, the day included external speakers including the CCG and practice leaders, we saw that information was provided to staff on new models of care, management profiles and how to maximise appraisals with “SMART” (specific, measurable, achievable, realistic and time bounded) objectives.

- The practice held Practice Protected Learning Time sessions with all staff together in the same location, these were diarised and held quarterly.
- All staff receive individualised training opportunities which are discussed at their appraisals. The practice used this information to inform its overall training plan.

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 practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as comparable, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as comparable to other practices.

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

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

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

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment. ([See NHS Choices for more details](#)).