

Care Quality Commission

Inspection Evidence Table

Taunton Vale Healthcare (1-541987291)

Focused follow-up inspection date: 7 November 2018

Date of data download: 05 November 2018

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

Safe

Recruitment Systems	Y/N
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Explanation of any answers: Following our previous inspection, the practice had implemented an over-arching document that showed staff were vaccinated against infectious diseases, an appropriate risk assessment was in place and vaccination was maintained in line with current Public Health England (PHE) guidance. Previously we found the practice to have limited oversight of mandatory training completion. The practice had worked to ensure most mandatory training was completed and an overarching document was in place.	

Safety Records	Y/N
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Partial
Fire risk assessment Date of completion: April 2018 (updated June 2018)	Y
Additional observations: Following our previous inspection (June 2018) the practice had installed a new fire alarm	

<p>system. Fire alarm testing was completed on a weekly basis and fire drills held six monthly at both sites.</p> <p>There were some gaps with regards to the practices mandatory fire training however the practice managers were focused on completing these.</p> <p>There were no trained fire marshals at the Blackbrook Surgery. We saw the practice had identified and were in the process of training two staff members.</p>	
<p>Health and safety</p> <p>Premises/security risk assessment?</p>	Y
<p>Health and safety risk assessment and actions.</p>	Y
<p>Additional comments: The practice commissioned an external organisation to undertake health and safety audits. Following our previous inspection, the practice had reviewed the safe handling and storage of medical gases including appropriate signage and risk assessments for the control of substances harmful to health (COSHH).</p>	

Infection control	Y/N
<p>Risk assessment, infection control audit and policy in place</p> <p>The practice acted on any issues identified:</p> <p>The practice had reviewed and updated its infection prevention and control (IPC) policy and undertaken an IPC audit which would be repeated annually. Actions as a result of the audit were in the process of being remedied. For example, at Blackbrook Surgery the provider had installed lever taps to clinical areas, new flooring and were in the process of working towards a dirty sink area to effectively dispose of specimens. There were monthly checklists for cleaning of clinical equipment in place.</p>	Y
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	Y
<p>The external clinical waste bin had been secured within the designated area and new foot-operated clinical waste bins purchased. The arrangements for managing waste and clinical specimens kept people safe.</p>	

Medicines Management	Y/N
<p>Prescriptions (pads and computer prescription paper) were kept securely and monitored.</p>	Partial
<p>Previously prescriptions (blank pads and computer prescription paper) were kept in clinical rooms.</p> <p>The practice had undertaken a risk assessment for prescriptions left within unattended clinical rooms. (Clinical rooms were secured when not in use). We were told the cleaner was mostly supervised except for clinical rooms.</p>	

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>Since our previous inspection the practice had implemented an overarching alert system following inspection. We reviewed this and saw they were reviewing all historic alerts produced since January 2018. They had an effective process to review new alerts. The practice could demonstrate that their programme of quality improvement activity included routine reviews of their prescribing, including changes made in response to safety alerts, to ensure that it was in line with current national guidance.</p>	

Effective

Effective needs assessment, care and treatment

The practice was, until April 2018, involved in the Somerset Practice Quality Scheme (SPQS) rather than the national Quality and Outcomes Framework (QOF). (QOF is a system intended to improve the quality of general practice and reward good practice). Under the SPQS framework reporting on some indicators such as some of the QOF data below (which showed a negative variation) were not included meaning the negative variation in achievement shown were not representative of the quality improvement priority areas for the practice at that time.

Following our previous inspection (June 2018) we told the provider they should implement actions to improve national targets (QOF) and clinical management of long term conditions. This was because their performance on quality indicators for long term conditions was mostly below local and national averages and the practice was unable to fully demonstrate quality of care provided. Although an action plan was in place to improve quality indicators they were unable to demonstrate this had been completed for all long-term conditions and mental health indicators.

People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	57.1%	69.9%	78.8%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.4% (19)	7.3%	13.2%	
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 (01/04/2017 to 31/03/2018) (QOF)	49.7%	67.1%	77.7%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.0% (31)	6.1%	9.8%	
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	64.0%	75.3%	80.1%	Variation (negative)

mmol/l or less (01/04/2017 to 31/03/2018) (QOF)				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.4% (50)	10.7%	13.5%	
Any additional evidence				
<p>Since our previous visit the practice had:</p> <ul style="list-style-type: none"> increased maternity leave cover to increase capacity to enable more diabetic reviews to take place employed a pharmacist who undertook medicines reviews improved the recall system for annual reviews including proactive follow-up of those patients who do not attend updated the diabetes review template to ensure an annual review included all quality indicators within the Quality and Outcomes Framework (QOF). <p>We reviewed where the practice was for 2018/19 and saw to date some improvements:</p> <ul style="list-style-type: none"> 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 was 64% 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 was 56%. <p>We saw that the practice had not yet identified all patients who could be excluded from the quality indicators such as those whom prescribing a medicine is not clinically appropriate. (Exception reporting is intended to allow practices to “achieve” quality improvement indicators without being penalised for patient specific clinical circumstances or other reasons beyond the practices control).</p>				

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 (01/04/2017 to 31/03/2018) (QOF)	36.7%	61.2%	76.0%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.5% (12)	6.9%	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 (01/04/2017 to 31/03/2018) (QOF)	22.7%	68.5%	89.7%	Significant Variation (negative)

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate
	2.3% (8)	7.1%	11.5%

Any additional evidence

Since our previous visit the practice had updated the respiratory review template to ensure an annual review included all quality indicators. They had found not all patients had received appropriate coding of a review which meant these required updating retrospectively. There was a plan in place for proactive follow-up of those patients who do not attend which included telephone reviews.

We reviewed where the practice was for 2018/19 and saw to date there had been some improvements:

- 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 was 60%
- The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness was 56%.

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)	60.8%	76.0%	82.6%	Significant Variation (negative)

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate
	3.2% (55)	3.6%	4.2%

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 (01/04/2017 to 31/03/2018) (QOF)	86.0%	86.3%	90.0%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate
	0.6% (1)	3.8%	6.7%

Any additional evidence

The practice had updated their hypertension protocol and review templates to include all quality indicators.

We reviewed where the practice was for 2018/19 and saw to date and saw some improvements:

The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 65%.

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	69.1%	74.2%	72.1%	Comparable with other practices
<p>The practice was below the 80% Public Health England target for cervical screening. We looked at 2018/19 QOF data to see where they were which was 77% achievement to date. The practice has a registered population of 61 female patients (aged 25-64 years) with a severe learning disability. For these patients the practice had identified that cervical screening was not appropriate. They undertook opportunistic cervical screening during contraceptive reviews. For those patients referred to secondary care (colposcopy) the practice followed up on patients who did not attend.</p>				

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	2.7%	39.1%	89.5%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.6% (4)	6.6%	12.7%	
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 (01/04/2017 to 31/03/2018) (QOF)	23.0%	47.8%	90.0%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.0% (3)	6.0%	10.5%	
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 (01/04/2017 to 31/03/2018) (QOF)	0.0%	51.7%	83.0%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.5% (8)	6.9%	6.6%	
Any additional evidence				
<p>Previously under the Somerset Practice Quality Scheme. Quality improvement for mental health indicators was managed and monitored differently and appropriate coding for these patients was under review. In addition, the practice had started to provide clinical care at the local homelessness service there had been an increase in patients with a mental health diagnosis. This group of patients had difficulty attending mental health reviews due to their circumstances. The practice, to address this, undertook opportunistic reviews for this patient group and undertook recalls of those who did not attend. They had a health care assistant who had undertaken additional mental health training to run reviews.</p> <p>For patients living with dementia, one nurse practitioner had started undertaking reviews. The practice was in the process of reviewing the coding in-place for dementia to ensure all reviews had received appropriate coding. To date they had reviewed coding for 92 of the 112 patients on their register, all of which had a treatment escalation plan in place. They had set up a recall system for care plan reviews.</p> <p>We reviewed where the practice was for 2018/19 and saw to date some improvements:</p> <ul style="list-style-type: none"> • The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record was 10% • The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded was 40% • The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review was 30% <p>The practice was able to demonstrate mental health reviews had taken place however the patient record system was not recording the reviews. This had been raised with the system provider.</p>				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	-	-	-
Overall QOF exception reporting (all domains)	2.2%	4.0%	5.8%

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes,	72.5%	89.6%	95.1%	Significant Variation (negative)

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)				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.2% (36)	1.1%	0.8%	
Any additional evidence				
We reviewed where the practice was for 2018/19 and saw to date the practice had improved the recording of a smoking status in these patients.				

Examples that demonstrate that the practice has a culture of high-quality sustainable care
<ul style="list-style-type: none"> • The practice informed us it was recruiting two practice nurses one of which was undertaking a diabetes diploma. One existing practice nurse was currently undertaking the diabetes diploma course to improve the knowledge and skills for diabetes management within the service. • The lead nurse had been given additional responsibility for the management of patients with a long-term condition. • Monthly teaching sessions for paramedics for Quality, Innovation, Productivity and Prevention in healthcare (QIPP) to enable them to review their clinical practice and identify where making changes will lead to better care for patients • Prescribing medicines courses for the paramedics to improve patient access to treatment. • Since our inspection (June 2018) the practice had implemented an annual audit cycle (a formal system to identify audits and/or document actions) which included re-audits. • From 2019 the practice has set aside protected time for quality improvement work for salaried GPs and one GP was taking on a quality improvement lead role for the practice in order to improve the quality of care.

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](#)).