

Care Quality Commission

Inspection Evidence Table

Newtown Surgery (1-565493061)

Inspection date: 4 March 2019

Date of data download: 19 February 2019

Overall rating: Good

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

Safe Improvement

Rating:

Requires

We rated the practice as requires improvement for providing safe services because:

We found glucogel was held in the practice and could be given for diabetic patients, we found some of the Gluogel had expired in November 2018 and we found some Glucogel that was within its expiry date at the Newtown site. We found adrenaline that had expired in September 2018 at the Caister site. There was also in date adrenaline. Both of these medicines were removed immediately, and the practice told us they would review their systems for the checking of emergency medicines. The practice did not stock atropine which is recommended for practices that fit coils. The practice ordered the medicine on the day of inspection. At all sites, the practice kept Glucogel in the emergency kit and it was not refrigerated, and the date of when it was taken out of the fridge was not recorded, or the new expiry date in line with manufacturers guidelines. After the inspection, the practice provided evidence of a reviewed protocol, including second checks and guidance on dating glucagon appropriately when removed from the fridge.

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
There were policies 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	Yes

Safeguarding	Y/N/Partial
for GPs, including locum GPs).	
There was active and appropriate engagement in local safeguarding processes.	Yes
There were systems 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
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence:	
There was a safeguarding lead and deputy in the practice. The safeguarding lead had protected time each week to carry out safeguarding activities. The deputy safeguarding lead attended regular meetings with the local school representatives to ensure low level concerns were identified early.	
The practice had areas of deprivation and participated in multi-agency safeguarding work. The practice employed a Patient Welfare Manager who attended, with GPs, the Early Help Hub which was a council led multidisciplinary team meeting. This meeting helped patients in need of early intervention, and this work had been recognised by external stakeholders. Last year, the practice were asked to provide a GP to sit on the Early Help Hub Steering Committee.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes

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:	Yes December 2017
There was a record of equipment calibration. Date of last calibration:	Yes November 2018
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks.	Yes

Date of last check:	September 2018
There was a log of fire drills. Date of last drill:	Yes February 2019
There was a record of fire alarm checks. Date of last check:	Yes March 2019
There was a record of fire training for staff. Date of last training:	Yes Various dates
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion:	Yes February 2019
Actions from fire risk assessment were identified and completed.	Yes

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Yes February 2019
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes November 2018
Explanation of any answers and additional evidence: The practice completed ongoing health and safety assessments whenever a staff member raised a potential risk with the management team. The practice provided a counselling service to all staff and they told us a number of their team had utilised this service and had reported it to be useful. Personal safety alarms for members of the team were provided when there were visiting patients at home or undertaking outreach work. An alarm, linked directly to the police and CCTV at their branch surgery had been installed to support staff who may deal with challenging patients.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit:	August 2018
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: The practice had scored 97% in their infection prevention and control audit which had been completed by an external company. The practice also completed audits such as uniform and hand washing at regular intervals.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	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 clinical 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 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 practice assessed and monitored the impact on safety.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We spoke with newly qualified staff who reported the induction period was comprehensive and supportive to their needs. New clinical staff to the practice undertook shadow sessions and had continuous, ongoing support throughout their induction. Staff reported they had regular de-brief sessions and immediate access to GPs during consultations. For example, there was always two GPs in the urgent care team, who did not have a list of patients and who supported the rest of the clinical team. There were an additional two GPs that could offer support when demand was high.</p>	

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 practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

Any additional evidence or comments

The practice ensured that safety, quality and performance was managed effectively and had a clinical management reporting system. Weekly checks including those performed by secretarial staff were undertaken to assess such areas as workflow documents, electronic tasks, medication reviews each GP has outstanding. It ensured GPs were managing their workload, to ensure work was completed in a timely manner. The report also included information relating to referrals and medical record summaries.

In addition, GPs had protected time and could if they wished connect remotely and access the clinical system to ensure they kept up to date with their administration work.

Appropriate and safe use of medicines

The practice had some systems for the appropriate and safe use of medicines, including medicines optimisation, however some of these systems required review to ensure they were operating adequately.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHS Business Service Authority - NHSBSA)</small>	0.90	1.02	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	7.7%	7.4%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection	5.48	5.64	5.64	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
(01/04/2018 to 30/09/2018) <small>(NHSBSA)</small>				
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) <small>(NHSBSA)</small>	2.33	2.28	2.22	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of 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 appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Partial
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were	Yes

Medicines management	Y/N/Partial
regularly checked and fit for use.	
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff we spoke with were positive about the reviews they had by both management and clinical staff. Staff reported they felt fully supported.</p> <p>We reviewed the systems for managing repeat reviews with the pharmacist and found this to be safe.</p> <p>We found Glucogel was held in the practice and could be given for diabetic patients, we found some of the Gluogel had expired in November 2018 and we found some Gluogel that was within its expiry date at the Newtown site. We found adrenaline that had expired in September 2018 at the Caister site. There was also in date adrenaline. Both of these medicines were removed immediately, and the practice told us they would review their systems for the checking of emergency medicines. The practice did not stock atropine which is recommended for practices that fit coils. The practice ordered the medicine on the day of inspection. At all sites, the practice kept Glucogel in the emergency kit and it was not refrigerated, and the date of when it was taken out of the fridge was not recorded, or the new expiry date.</p> <p>After the inspection, the practice provided evidence of a reviewed protocol, including second checks and guidance on dating glucagon appropriately when removed from the fridge.</p> <p>In 2016, the practice had won the CCG Prescriber Award for 'Patient Safety Optimal Review of High Risk Patients'. They were currently in second position for effective prescribing in the CCG performance Dashboard.</p>	

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:	41
Number of events that required action:	41
<p>Explanation of any answers and additional evidence:</p> <p>There was a positive culture of learning from events within the practice. Staff we spoke with were able to recall recent events and actions taken by the practice. Staff reported they felt able to raise events freely, without fear of retribution and saw significant events as learning opportunities.</p>	

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

Event	Specific action taken
Incorrect notes added to patients record due to similar sounding names.	The records were amended to ensure they reflected the correct medical information. The issue was discussed and an alert was added to patient records with similar names. Training needs were identified for staff.
Some test results were found above the pigeon holes and it was unclear if these had been reviewed.	Notes for the patients concerned were reviewed and it was noted the test results had been reviewed. The shelves were cleared and a notice was put on the shelves informing staff not to put anything on top. Boxes were re-marked to 'in' and 'out'.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a clear system for the management of safety alerts. Searches were run and patients were reviewed as appropriate. The practice also had a computer system in place which highlighted any patients at risk. The practice told us they had used the alert system to notify others when patients were attempting to gain medicines from other sources.</p>	

Effective

Rating: Good

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Best practice guidance and other topics were discussed at meetings such as the Friday lunch time for the Urgent Care. There were other meetings such as a weekly practice team and a monthly nursing team meeting and a bi-weekly educational/governance meeting for GPs and allied health professionals.</p>	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	0.38	1.12	0.81	No statistical variation

Older people

Population group rating: Outstanding

Findings
<ul style="list-style-type: none"> The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. The practice utilised an older person's assessment toolkit that had been introduced to focus on general health, activities of daily living and advanced care planning. 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. The practice had led a pilot to identify and care for older patients at risk of rapid decline or crisis. A multidisciplinary team meeting (MDT) was held weekly to discuss patients and support required

and included a lead GP, a community matron, social services care co-ordinator and a social isolation link worker. In the first four months, 37 patients were referred, 14 received support, 13 were still receiving support, nine were being assessed and one patient was declined. The pilot had been extended to another local practice.

- Each care home had a named GP who was supported by a paramedic which had enabled to the practice to respond to urgent need in a timely manner and the practice told us this had helped reduce admissions to hospital from 64 in 2017/18 to 33 in 2018/19.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions were offered 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 in areas such as diabetes and asthma.
- There was a dedicated prescribing team, led by a pharmacist to ensure effective and timely reviews of repeat medicines.
- There was an in-house insulin conversion service. There was also a 'one stop diabetes shop' which was designed as the practice noted patients attending for retinal screening did not always attend their appointment with a nurse. The practice liaised with the retinal screening service to ensure the appointments ran together. The practice also arranged for Slimming World, the diabetic education programme and exercise advisors to be in the waiting room.
- 37 patients attended the diabetes 'one stop shop' day out of the 87 invited; 62% of these patients were recurrent DNAs. Of these, five patients signed up to a diabetes education programme, 14 to slimming world and all patients received a full diabetic health check. This news had been shared nationally on the Public Health England website and between other CCGs and practices.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	75.9%	73.0%	78.8%	No statistical variation
Exception rate (number of exceptions).	26.5% (427)	15.6%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017	70.1%	73.3%	77.7%	No statistical variation

to 31/03/2018) <small>(QOF)</small>				
Exception rate (number of exceptions).	14.4% (232)	10.4%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	78.4%	74.9%	80.1%	No statistical variation
Exception rate (number of exceptions).	19.0% (306)	15.5%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	70.9%	72.2%	76.0%	No statistical variation
Exception rate (number of exceptions).	3.5% (56)	10.2%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	77.5%	86.4%	89.7%	Variation (negative)
Exception rate (number of exceptions).	13.8% (106)	10.5%	11.5%	N/A

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) <small>(QOF)</small>	79.0%	79.9%	82.6%	No statistical variation
Exception rate (number of exceptions).	5.4% (217)	4.9%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are	94.6%	84.1%	90.0%	No statistical variation

currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	13.3% (48)	8.1%	6.7%	N/A

Any additional evidence or comments

- We spoke with the practice about some of their lower achievements for diabetes outcomes and some of their higher exception reporting. The practice was fully aware of their performance and had put extra measures in place to improve their performance. The practice recognised they had a deprived population who did not always attend appointments and did not always understand the importance of attending health checks. The practice had noted patients usually attended retinal screening appointments but did not always attend for health reviews. As a result, the practice liaised with the retinal screening team and held a joint session to improve patient uptake. The practice also utilised opportunistic checks. Leaflets and letters were available in multiple languages for patients that did not have English as a first language.
- The practice had a system in place for exception reporting of patients. Three letters were sent to the patient and then a nurse would call the patient to explain the importance of attending check-ups. If a patient still did not attend, the nurse referred the patient to their registered GP. The GP would then also call the patient. If the patient refused or still did not attend for an appointment, then the patient would be exception reported.
- We viewed unverified data for 2018/19 which showed exception reporting had reduced for diabetes outcomes; however, the QOF year was not complete at the time of our inspection.
- We looked at records of patients that had been exception reported and found they had been appropriately reported.
- We looked at unverified data for 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 which showed the practice had currently achieved 75%. Unverified exception reporting had reduced by 5% at the time of our inspection.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception. The practice displayed posters with tear of slips containing telephone numbers where patients could seek advice for sexual health if they wished in areas such as the patient toilets.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO
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				target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	243	253	96.0%	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) (01/04/2017 to 31/03/2018) (NHS England)	245	269	91.1%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	243	269	90.3%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	245	269	91.1%	Met 90% minimum (no variation)

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. The practice also utilised a 'fit and fun' initiative which signed up 82 patients, 70% of which finished the 8-week course.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	69.0%	74.8%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %)	68.7%	76.1%	70.5%	N/A

(01/04/2017 to 31/03/2018) (PHE)				
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	50.9%	59.2%	55.1%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	57.0%	65.3%	70.5%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	47.9%	46.6%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice had a Homeless Care Service, which included an outreach service at the Salvation Army, street work and multidisciplinary team working based from the local housing trust. Services included immediate access for homeless patients.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances. The practice hosted an in-house drug and alcohol service which included a 'blue folder' clinic to manage patients with drug seeking behaviour.
- The practice had implemented a multidisciplinary team called the High Intensity User Group to review patients that required the use of the service more frequently.
- The practice had completed 47 health checks for patients with a learning disability, out of 151 registered patients. The practice recognised this was an area for improvement and had a plan with the nursing team to improve these going forward. The plan included liaison with the local learning disability specialist nurse, review of appointment times, follow up DNAs and additional training for staff (clinical and non-clinical).

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.

- The practice held group sessions run by the Wellbeing Service for anxiety, depression and sleep issues. There had been a 74% reduction in the prescribing of sleeping tablets and a 58% reduction in the medicine pregabalin (used for patients with anxiety) since the service had started.
- 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. The practice told us they were the highest performer on the CCG performance dashboard and had diagnosis 11.5% of new cases over the set CCG target rate.
- Reception staff were trained as dementia friends.
- The practice had reviewed patients that had passed away in their preferred place of death. 35 patients had a preferred place documented and coded in their records, 32 of which had passed away in their preferred place of death.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	97.2%	86.1%	89.5%	No statistical variation
Exception rate (number of exceptions).	26.7% (77)	16.5%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	73.0%	85.1%	90.0%	Variation (negative)
Exception rate (number of exceptions).	22.9% (66)	14.3%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	78.7%	80.3%	83.0%	No statistical variation
Exception rate (number of exceptions).	8.2% (16)	8.5%	6.6%	N/A

Any additional evidence or comments

- The practice had recognised their lower performance for some areas of mental health in QOF. To improve their performance, the practice had employed a specialist mental health nurse, who also worked as part of their urgent care team.
- The practice had a system in place for exception reporting of patients. Three letters were sent to the patient and then a nurse would call the patient to explain the importance of attending check-ups. If a patient still did not attend, the nurse referred the patient to their registered GP. The GP would then also call the patient. If the patient refused or still did not attend for an appointment,

then the patient would be exception reported.

- Unverified data for 2018/19 showed the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months had improved to 79% and exception reporting had reduced.
- The overall exception reporting had reduced for unverified data from 2018/19; however, the QOF year was not complete at the time of our inspection.

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	536.0	524.7	537.5
Overall QOF exception reporting (all domains)	8.2%	6.2%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes

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

The practice had a list of 13 audits that were planned to be completed in 2019. The practice used internal information such as internal peer review, and external information, such as patient safety alerts to drive which audits would be completed and to make improvements within the practice.

Any additional evidence or comments

- The practice had completed a four-cycle audit on the prescribing of an anxiety medicine. The practice had reviewed all patients on the medicine and had completed training at a GP meeting on appropriate prescribing and monitoring. The practice also had communication with secondary care regarding the practice policy and there was discussion at Prescribing Leads meetings. The practice also liaised with local pharmacies. The practice identified all patients prescribed pregabalin on repeat and distributed the patients to a named doctor. The second cycle found a 26% reduction after six months. Cycle three found a 46% reduction at 12 months and cycle four found a 58% reduction at 24 months.
- The practice had completed a four-cycle audit on the prescribing of sleeping tablets. The practice had initiated a four-step approach to reducing prescribing which included:
 1. Training of clinic staff: presentation at education meeting on the risks of long term use and how to safely reduce or stop prescribing.
 2. Identifying patients prescribed sleeping tablets on repeat and distributing list to named doctor.
 3. The named doctor reviews their patient records and continues prescribing if under the supervision and instruction of secondary care or if under palliative care.

4. Those considered suitable for stopping to be given a final prescription to wean off, a leaflet on good sleep hygiene, and an invitation to monthly sleeping clinics held in the practice.

The first cycle found a 63% reduction after two months. The second cycle found a 68% reduction at three months. The third cycle found a 73% reduction at and the fourth found a further slight reduction of 74%.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	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
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: The practice had only employed one Health Care Assistant since 2015. This member of staff had progressed within the practice and was currently undertaking their NVQ, including the completion of the care certificate.	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
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 coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	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: The practice liaised regularly with other organisations, including district nurses, community matrons, homeless shelters and charities, local food banks and support groups. This enabled the practice to deliver personalised and tailored care to the patient population.	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	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.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence: The practice held several health events for patients, including on advance care planning, dementia, general health and diabetes.	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	92.9%	94.1%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.5% (33)	0.6%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	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

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: The practice recognised there was a large community within their patient population who did not have English as a first language. There were signs in the waiting room in different languages and staff showed good awareness of the management of patients with different cultural backgrounds.	

CQC comments cards	
Total comments cards received.	41
Number of CQC comments received which were positive about the service.	38
Number of comments cards received which were mixed about the service.	Three
Number of CQC comments received which were negative about the service.	Zero

Source	Feedback
Healthwatch Norfolk	The practice had received four out of five stars based on eight reviews for Newtown Surgery. They had received 3.5 stars based on seven reviews for the Caister site and 3.5 stars based on reviews for the Lighthouse site. Comments included: <ul style="list-style-type: none"> • “The staff are always lovely. Very happy, all good.” (Newtown site) • “My doctor is wonderful” (Caister site) • “I’m on medication for mental health and the doctor is really kind to me and helps me to manage my dosage.” (Lighthouse site)
NHS Choices	The practice had received one review on NHS Choices for Newtown Surgery which rated the practice as five stars. There were 14 reviews for the Lighthouse site, rating the surgery as three stars overall. There were no comments for the Caister site. Comments included: <ul style="list-style-type: none"> • “They have taken over my GP care brilliantly. They understand how I am, the help I need, the biggest thing is, they know me!” (Newtown site) • “Every time I see my GP she is superb and I am very glad to have transferred to The Lighthouse Medical Centre” (Lighthouse site)
CQC comment cards	Several comment cards noted the kindness of all of the staff within the practice. For example:

- “I get very good respect.”
- “My GP is wonderful, calm, friendly and empathetic.”
- “Nurses give a good and efficient service, very helpful and convenient.”

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
25102	283	96	33.9%	0.38%

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)	92.1%	89.3%	89.0%	No statistical variation
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)	90.1%	88.5%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	97.3%	96.3%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	84.3%	84.2%	83.8%	No statistical variation

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

Any additional evidence
The practice had completed surveys on the Caister and Newtown sites in September 2018. The

questionnaires showed:

The Caister site (based on nine questionnaires):

- 100% of patients responded positively to the question how satisfied are you that you received a prompt service by the receptionist?
- 100% of patients responded positively to the question how satisfied are you that you were dealt with in a polite and attentive manner?
- 88% of patients responded positively to the question how satisfied are you that your receptionist dealt with you with a positive 'can do' attitude?
- Overall, 89% of patients found the receptionists helpful and 11% answered that they did not know to this question.

The Newtown site (based on 13 questionnaires):

- 100% of patients responded positively to the question how satisfied are you that you received a prompt service by the receptionist?
- 86% of patients responded positively to the question how satisfied are you that you were dealt with in a polite and attentive manner? 14% of patients did not know when asked this question.
- 86% of patients responded positively to the question how satisfied are you that your receptionist dealt with you with a positive 'can do' attitude? 14% of patients did not know when asked this question.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given. A member of staff was trained in British Sign Language and a poster in reception alerts patients to this receptionist should they wish to communicate with them.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

Source	Feedback
Healthwatch Norfolk	<p>Comments on all of the sites included:</p> <ul style="list-style-type: none"> • “Sometimes it runs late but I do not mind because the GP really listens.” (Newtown site) • “The GP was great in helping sort paperwork for my long-term condition and nothing was too much trouble.” (Caister site). • “They listen and don't judge. My doctor explains everything thoroughly and doesn't just prescribe pills. She is wonderful and I can't praise her enough.” (Lighthouse site).
NHS Choices	<p>Comments on the sites included:</p> <ul style="list-style-type: none"> • “After discussion and examination, the GP referred me to the hospital for additional treatment. I wish to express my thanks for the care and treatment given by this doctor and the team at the Lighthouse Medical Centre. I could not

CQC comment cards	<p>have received any better or faster treatment anywhere.” (Lighthouse site)</p> <p>Comments included:</p> <ul style="list-style-type: none"> • “Always kept in the loop and have my treatment explained clearly.” • “The doctor is understanding, listens and encourages me and genuinely cares about the patients.” • “I was happy that someone took the time to talk with me and understand my problems.”
Life Connectors	<p>The practice had life connectors at each site who were able to refer patients to local charities, groups and external agencies. The practice had 140 agencies they could refer to. The practice had run a pilot for this role which was successful and had been rolled out across the CCG and recognised nationally. The practice were able to give examples where this had been positive in securing housing, reducing emergency calls and reducing social isolation for patients.</p>

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	94.7%	94.0%	93.5%	No statistical variation

	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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had staff that were multilingual and could assist patients who did not have English as a first language to book appointments. There was also a translator on site every Wednesday and Friday morning and the staff had access to phone translation if required.</p>	

Carers	Narrative5
Percentage and number of carers identified.	The practice had identified 71 patients as carers, which was approximately 0.2% of the practice population. The practice told us they would review the low carers numbers.
How the practice supported carers.	The practice had held educational events where carers forums and groups had attended. The practice recognised the number of carers on their list was lower than expected and reported they would review this.

How the practice supported recently bereaved patients.	The practice offered individualised care for recently bereaved patients. The practice was able to give examples where a patient had been upset in the practice and requested specific equipment that the practice could not source through usual means. The practice worked with the patient and found their partner had passed away recently. The practice was able to purchase the equipment via alternative means and referred the patient for bereavement counselling.
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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
There were arrangements to ensure confidentiality at the reception desk.	Yes

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
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

Any additional evidence

The practice provided continuity of care by directing requests for appointments firstly with the named GP or to allied health professional for example physician associate who also saw the GPs patients under their supervision in order to give patient easy access to them.

At the Lighthouse branch site a weekly session held by DIAL, the local debt and benefit advice service was held, this enabled patients who wanted advice were able to access this easily.

Practice Opening Times

Day	Time
Opening times: Newtown Surgery	
Monday	8am-6.30pm
Tuesday	8am-6.30pm
Wednesday	8am-6.30pm
Thursday	8am-6.30pm
Friday	8am-6.30pm
Opening times: The Lighthouse	
Monday	8.30am-6.30pm
Tuesday	8.30am-6.30pm
Wednesday	8.30am-8pm
Thursday	8.30am-8pm
Friday	8.30am-8pm
Saturday	8.30am-12pm
Sunday	8.30am-12pm
Opening times: Caister Surgery	

Monday	8.30am-6pm
Tuesday	8.30am-6pm
Wednesday	8.30am-6pm
Thursday	8.30am-6pm
Friday	8.30am-6pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
25102	283	96	33.9%	0.38%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	95.2%	95.5%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> All patients had a named GP who supported them in whatever setting they lived, which included patients in local care homes. The practice held weekly meetings with the care homes and the Clinical Commissioning Group (CCG) had adopted their operating model for the enhanced care home service. Before allocating GPs to care homes, 8 patients had passed away, seven of which were in hospital. Since operating the new model, there had been a further eight deaths, however seven of these patients passed away in the care home. The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues. The practice provided GP support to the Out of Hospital Team which looked after older patients in 'beds with care' at a local care home.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> Patients with multiple conditions had their needs reviewed in one appointment. The practice offered Sunday morning phlebotomy appointments. The practice held Tai Chi for patients with chronic pain, led by a qualified instructor and a GP. Patients attended a 12-week course. Of those that completed the course in August 2018, 66% of patients reported improved symptoms. The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues. Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services, including the community matron and Macmillan nurses. The diabetic Lead Nurse Practitioner provided open access for patients to contact with any

concerns. The practice could evidence that patients had been admitted to hospital over the weekend as a result of this.

Families, children and young people

Population group rating: Good

Findings

- Additional nurse appointments were available until 8pm on Wednesday, Thursday and Fridays for school age children so that they did not need to miss school. There were also weekend clinics available.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- A full range of contraceptive and sexual health services were offered.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, online booking and telephone appointments with named GPs were available.
- The practice was open until 8pm on a Wednesday, Thursday and Friday. Appointments were available Saturday and Sunday morning.
- The practice provided extended hours appointments for their patients and for patient of other practices. Patients were able to book appointments for routine tests such as phlebotomy, cervical screening and chronic disease monitoring.
- The practice held stop smoking clinics and had been approached by the County Council to lead work with them on smoking reduction.
- The practice utilised social media as a communication method for patients.
- A 'screening task force' had been set up with dedicated staff contacting non-responders or non-attenders.

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 and those with a learning disability. The practice were members of the Faculty of Homeless Health and Inclusion. GPs attended the Living Well winter homeless service. The practice had arranged a multidisciplinary event for World Homeless Day, including dental care, opticians and hairdressers. Feedback from the local housing trust regarding the level of input from the GP practice was positive.
- The practice had 81 homeless patients on their practice list. The practice had helped to find

housing for 20 patients and were working with agencies to get a further 18 re-housed. Some of these patients were in prison, however the practice kept them on their list to actively follow up once released.

- The practice held regular events to gain money for 'kip bags' which included items such as sleeping bags and a toothbrush and had purchased 22 of these for the Salvation Army.
- The practice regularly campaigned in the local community to raise awareness for the local foodbank and were a foodbank collection point.
- The practice had established in-house Hepatitis C clinics and TB clinics which were also open to patients outside of the practice list. For the Hepatitis C clinic, 28 patients had attended, 18 of which had been discussed at a specialist meeting, ten had been started on treatment and six had finished treatment. The remaining patients were awaiting starting treatment or had not engaged.
- There were Living Well social prescribers at all sites to signpost patients.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice held a Christmas Stocking campaign where patients and staff brought toys for children and essential items for people in need. The practice originally donated 200 stockings and due to the success, were able to fill another 250.
- The practice had a system whereby if a patient presents as homeless, a member of staff is allocated to fully assess their needs and signpost them to a clinician if required, offer food vouchers and assist with emergency accommodation and housing needs.
- GPs attended the 'Talk Away Take Away' project held at Age Concern for vulnerable patients, homeless patients and patients with social isolation and loneliness.
- The practice held a 'start my week' campaign which identified 12 people over the age of 50 who did not belong to an activity or group to make friends and become more active. The outcomes were positive for patients recently bereaved, carers and visually impaired patients joining groups. The practice facilitated this by visiting the local library with the group to identify groups in the local areas, such as walking football, crafts, singing groups and others.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. Reception staff were trained as dementia friends. The practice had held an event in October 2018 for 'Dementia and Advance Care Planning'.
- The practice posted videos on social media and podcasts on mental health awareness for men, which had been produced with a Patient Participation Group member.
- The lead GP for mental health within the practice and had given a talk to the public and local organisations on dementia care pathways and the importance of diagnosis.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- The practice held a 'start my week' campaign which identified 12 people over the age of 50 who did not belong to an activity or group to make friends and become more active. One member of this group had dementia and had joined a local group as a result of the campaign.
- The practice employed a mental health nurse in the urgent care team.
- The practice hosted several well-being events for people with poor mental health, including ones for sleep issues and a 'memory joggers' event for patients with dementia.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	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
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had implemented an urgent care team (UCT) to manage the high demand for appointments. The team consisted of GPs, physician associates, paramedics and nurses, including a mental health nurse. The practice had also invested in call monitoring software so they could regularly review the incoming call data, abandoned calls, average wait time and other indicators. Feedback was given to reception staff. Patients we spoke to on the day of inspection were positive about accessing the service and the UCT. We received three comment cards that stated there were sometimes long waits to get through on the phone.</p> <p>Home visit requests were accessed by the patient's own GP to ensure decision re urgency of need for attention is made by the clinician who knows the patient best.</p>	

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)	73.9%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	73.0%	70.0%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	65.0%	64.2%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	79.7%	77.3%	74.4%	No statistical variation

Any additional evidence or comments

The practice had completed surveys on the Caister and Newtown sites in September 2018. The questionnaires showed:

The Caister site (based on nine questionnaires):

- 83% of patients found it easy or fairly easy to get through to the practice by phone.

The Newtown site (based on 13 questionnaires):

- 100% of patients found it easy or fairly easy to get through to the practice by phone.

As a result of the survey, the practice completed the following actions:

- Analysed the number of calls taken and identified a need for extra staff. The practice recruited new call centre staff to meet the demand, focussing on the busiest times of the day.
- The practice made changes to the reception staff rota to ensure they had the maximum number of personnel at the busiest times.
- The practice looked at data to ensure staff were meeting the call centre key performance indicators and gave extra support where necessary.
- The practice listened to the phone greeting and were able to remove out-of-date information such as the name of a GP who had retired three months earlier. This reduced the length of greeting by ten seconds.

Source	Feedback
Healthwatch Norfolk	The practice had received four out of five stars based on eight reviews for Newtown Surgery. They had received 3.5 stars based on seven reviews for the Caister site and 3.5 stars based on 21 reviews for the Lighthouse site. Comments included: <ul style="list-style-type: none"> • Mixed views on waiting times for appointments, however positive comments on the staff at the Newtown site. • Mixed views on the ease of getting an appointment at the Caister site, however comments did include patients could be seen at another site. • Positive comments regarding the ease of getting an appointment in recent comments for the Lighthouse site.
NHS Choices	The practice had received one review on NHS Choices for Newtown Surgery which rated the practice as five stars. There were 14 reviews for the Lighthouse site, rating the surgery as three stars overall. There were no comments for the Caister site. Comments included: <ul style="list-style-type: none"> • “Whilst on holiday I needed to see a doctor. The receptionist was very nice and helpful and booked me an appointment almost immediately to see a Doctor. I have to say the GP was very caring and kind and a credit to her profession.”

Listening and learning from concerns and complaints

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

Complaints

Number of complaints received in the last year.	31
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Number of complaints we examined.	Three
Number of complaints we examined that were satisfactorily handled in a timely way.	Three
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	Zero

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had received 17 compliments in the past 12 months, eight of which were from external agencies and nine from patients. Three GPs had protected time to attend a complaints and significant event panel. which regular reviewed complaints and significant events and led to the implementation of any learning to improve the quality of care provided. The practice fed these back to staff to ensure morale was kept high and good practice was celebrated.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient requested a home visit, but this was not completed.	The practice reviewed and updated the home visit protocol and discussed the event with the reception staff to ensure learning was shared.
Patient on incorrect diabetes medicine.	Doctor reviewed and updated patient record and a meeting was held with the patient to discuss the event. The diabetes protocol was reviewed and updated.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	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, including a succession plan.	Yes
Explanation of any answers and additional evidence: The practice had a clear, five-year plan which addressed and was in line with the NHS five year forward view. The practice invested in students and created a learning environment, where the views of staff were considered and utilised to drive the practice forward. The practice had taken the lead to use NHS initiatives such as Time for Care and Productive General Practice to help to bring practices together. The practice had also had other practices visit to view how their urgent care team worked.	

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 to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
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
Explanation of any answers and additional evidence: The statement of purpose, which included the practice vision, was available on the practice website: <ul style="list-style-type: none"> • “To work in partnership with our patients to provide the best possible sustainable health care.” • “To make a positive contribution to the wider medical community, including a commitment to high quality medical education.” The values of the practice were: <ul style="list-style-type: none"> • Quality • Value • Involvement • Responsibility • Improvement As the provider had merged recently with another practice, they planned to review the purpose and	

vision to ensure it was appropriate for all sites and staff.

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
Explanation of any answers and additional evidence:	
The management team spoke positively of the culture within the practice and the care they were able to deliver. There had been changes within the structure of the teams due to mergers, however staff reported they had been fully informed about these mergers and felt they were able to fully engage with the management team. Staff felt confident to be able to make suggestions about the practice and there were examples where these suggestions had been adopted. For example, the practice had adopted a new clinical formulary for the prescribing of palliative care medicines after it was suggested by a GP.	

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

Source	Feedback
Staff interviews	All staff we spoke with commented positively and highly of the culture within the practice. The staff base was generally stable, apart from the mergers of practices. Staff reported the management team were approachable and many staff worked across more than once site. One staff member reported this had improved further the strong team foundations as no team became isolated in their work. Staff were proud of the practice as a place to work and told us they took pride and accountability in their work.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes

Managing risks, issues and performance

There were some clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes 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.	Partial
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
<p>Explanation of any answers and additional evidence: Generally, the practice managed risk well. There were several risk assessments, covering issues such as health and safety, infection prevention and control and fire. We found there was a system in place for monitoring the expiry dates of emergency medicines, however we found this was not always effective as we found some out of date medicines. The practice reported they would review the system and make improvements.</p>	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	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 included making statutory notifications understood what this entails.	Yes
<p>Explanation of any answers and additional evidence: The practice regularly reviewed information from external bodies, such as the Clinical Commissioning Group (CCG) and used this to inform internal processes such as audits.</p>	

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 practice 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> <p>The practice worked closely with the Clinical Commissioning Group and several other external groups to improve the quality of care for patients. The practice had held several health events for patients which involved complex working with groups such as homeless charities, Age UK, dementia charities and several others, aided by the PPG. The practice also has a Service Development Group which involves the public and staff in driving high quality care. The Group has representation from all staff areas and the PPG. It has led the work undertaken in the Time for Care and Productive General Practice programmes. The provider had taken over four practices in the last five and a half years and had been successful in maintaining patient satisfaction, in line with local and national averages, as well as actively recruiting new staff.</p>	

Feedback from Patient Participation Group.

Feedback
<p>We viewed Patient Participation Group (PPG) meeting minutes and saw there was an open approach to informing the PPG about changes within the practice, including staff training and improved access schemes in the local community.</p> <p>We spoke with four members of the PPG who informed us they felt a part of the practice and were kept up to date with changes within the practice. The PPG were invited to help the surgery complete surveys and had been vital in setting up health awareness events. The group spoke very positively about the practice and their adaptability to change.</p>

Any additional evidence
<p>The practice had worked closely with the PPG to implement changes within the practice. For example:</p> <ul style="list-style-type: none"> • The PPG had asked about the support offered by the practice for patients with dementia. The practice reviewed the processes in place and offered 'dementia friends' training for the PPG and reception staff. • There was a suggestion in the PPG box for higher chairs for elderly patients in the waiting room. The practice risk assessed this and decided it would pose an increased risk for children. However, the practice did ensure they replaced chairs so they all had arms to assist with patients' independence. • The PPG had assisted in the planning and carrying out of health awareness events for dementia and end of life planning. The PPG were also asked for their views on what health events the practice should host. For example, the practice had hosted: <ul style="list-style-type: none"> ○ Health and social care community group engagement (57 attendees) ○ Two Great Yarmouth Care working together events (total of 141 attendees) ○ Carers event (did not record attendees) ○ Health, wellbeing and activity event (did not record attendees) ○ Adult social care and early intervention (42 attendees) ○ Care homes and care providers (69 attendees) ○ Gambling awareness

Continuous improvement and innovation

There was evidence of 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

Examples of continuous learning and improvement

The practice had a positive culture of continuous learning and development. For example, the practice was supporting staff to develop and take prescribing courses and NVQs. The practice had taken on six apprentices who were now in full employment at the practice and promoted a culture of developing staff within the practice. For example, the practice had promoted four receptionists to healthcare assistant or phlebotomy positions, another to reception supervisor and one to secretary. The practice had reviewed where performance for QOF was lower than average and implemented plans to address this, as well as close working with other agencies to improve access to care.

The practice had worked with the local homeless population and charities to improve the care for homeless patients. The practice was a member of the Faculty for Homeless and Inclusion Health. They attend the annual conference in order to continue to learn from national and international expertise.

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 no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England

- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.