Care Quality Commission

Inspection Evidence Table

Wivenhoe Medical Centre (1-4632751644)

Inspection date: 26 March 2019

Date of data download: 24 March 2019

Overall rating: add overall rating here: Good

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

Safe   Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
- We saw safeguarding training had been provided to staff at the level needed for their role. - The staff, could identify the lead at the practice and the process used to raise a concern. - We found polices were regularly reviewed and accessible to staff.	

Safeguarding	Y/N/Partial
• One of the GPs working at the practice was the local clinical commission group (CCG) lead for child and vulnerable adults safeguarding.	

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

- On the day of the inspection we looked at the records of three members of staff, they had all received the necessary checks required.
- The practice told us relevant staff attended safeguarding meetings.
- All staff trained as chaperones at the practice had received a DBS check.
- We were told clinicians had excellent communication links with local social care managers, health visitors, and school nurses when needed.

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person.	Y
Date of last inspection/test:	March 18
There was a record of equipment calibration.	Y
Date of last calibration:	Jan 19
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks.	Y
Date of last check:	Oct 18
There was a log of fire drills.	Y
Date of last drill:	20/03/2019
There was a record of fire alarm checks.	Y
Date of last check:	weekly 20/03/2019
There was a record of fire training for staff.	Y
Date of last training:	All within last 12 months
There were fire marshals.	Y
A fire risk assessment had been completed.	Y
Date of completion:	03/12/2018
Actions from fire risk assessment were identified and completed.	Y

- Action seen from the fire risk assessment was to sign post the location of the room where oxygen was stored.

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out.	Y
Date of last assessment:	01/02/2019
Health and safety risk assessments had been carried out and appropriate actions taken.	Y
Date of last assessment:	01/02/2019
• An action seen from the health and safety risk assessment was to remind staff not to leave cardboard boxes lying around at the practice.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit:	March 2019
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
• The infection control policy met local and national guideline. • We saw recent hand washing audits.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
• Staff were aware of the symptoms of sepsis. National pathways to identify and assess patients with presumed sepsis were seen in treatment rooms and at reception to enable staff to support patients. • Sustainability and cover for staff absences and busy periods was provided by staff that were	

multiskilled.
- Staff had access to equipment under their desks and on their computer desktops and knew how to raise the alarm if an emergency occurred.
- We saw clinical waste was stored securely and was locked away outside and spillage kits were available to deal with possible bio-hazard events.

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
- We saw evidence confirming referrals were timely, monitored to reduce delays and 'two-week wait' referrals had been followed up to ensure people received their appointments and treatment. - On the day of inspection, we saw there was no delay in the management of test results and they were all seen and acted on daily.	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2018 to 31/12/2018) (NHS Business Service Authority - NHSBSA)	0.87	1.05	0.91	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). (01/01/2018 to 31/12/2018) (NHSBSA)	14.5%	11.2%	8.7%	Variation (negative)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2018 to 31/12/2018) (NHSBSA)	5.44	5.56	5.60	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/07/2018 to 31/12/2018) (NHSBSA)	1.84	2.63	2.13	No statistical variation

- The practice told us that the local medicines management team were supporting them with a work plan to reduce the number antibacterial medicine prescribed.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y

Medicines management	Y/N/Partial
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
- Prescriptions were locked away securely and tracked through the practice to monitor their safe use. - We saw checks were made to keep people safe when a prescription was being collected. - Temperature control was monitored daily to maintain medicine safety in the fridges and the room where they were securely stored.	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	11
Number of events that required action:	11
The practice monitored their significant incidents annually and produced a report showing, recurring themes, areas of concern and actions taken.	

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

Event	Specific action taken
Incident Out of date drugs in cupboard (received from Pharmacy) Issue caused Patients injection to be delayed.	Communication to all staff informed that medication received from pharmacy must be checked prior to being stored in cupboards or fridges.
Incident Practice received Serious Incident notification Issue caused GP failed to undertake oxygen saturations on baby and did not send baby into hospital via ambulance	Practice to purchase age appropriate pulse oximeter. Infants with breathing difficulties to be transferred to hospital by ambulance. Crib sheet 'Recognising the Sick Child' given to each practitioner for review. Dr booked onto child health study day.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
We saw safety alerts were discussed during clinical meetings and searches were carried out to ensure patients received safe care and treatment.	

Effective   Rating: add rating here: 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.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
Access to current evidence-based clinical guidelines was available to clinicians on their computer desktops. Patient records checked showed annual long-term conditions and mental health review management was monitored to ensure patient outcomes improved.	

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) (01/01/2018 to 31/12/2018) (NHSBSA)	0.70	1.22	0.79	No statistical variation

Older people	Population group rating: Good
Findings	

- The practice identified 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 provided senior health checks, a shingles immunisation programme, pneumonia and flu campaigns for this population group.
- Chronic disease management was undertaken by home visits when appropriate.
- A strong relationship had been developed with the local palliative care and hospice teams who met quarterly to discuss patients on the practice end of life register.
- The practice followed up on older patients discharged from hospital to ensure 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.

People with long-term conditions	Population group rating: Good

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and social care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services.
- 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.
- The practice worked with the local diabetic team to improve diabetic patient's outcomes.
- The practice had two specialist wound care nurses who offer wound care along with other clinical areas.
- 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)	80.9%	76.7%	78.8%	No statistical variation
Exception rate (number of exceptions).	10.0% (33)	6.8%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	93.8%	76.5%	77.7%	Variation (positive)
Exception rate (number of exceptions).	3.3% (11)	5.0%	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) (QOF)	92.6%	79.2%	80.1%	Variation (positive)
Exception rate (number of exceptions).	30.2% (100)	8.5%	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) (QOF)	70.7%	74.1%	76.0%	No statistical variation
Exception rate (number of exceptions).	0.6% (3)	4.6%	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) (QOF)	91.3%	87.3%	89.7%	No statistical variation
Exception rate (number of exceptions).	1.9% (2)	9.8%	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) (QOF)	89.6%	81.6%	82.6%	Variation (positive)
Exception rate (number of exceptions).	1.8% (22)	2.7%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	96.4%	88.6%	90.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	6.1% (9)	4.7%	6.7%	N/A

Any additional evidence or comments

We asked the practice to explain the high exception rate of 30% for 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). We checked the unverified data for the period 2018/19 and found that exception reporting had reduced to 10%. The practice had achieved the improvement by working with their local diabetes team to improve the care given to patients with diabetes.

Families, children and young people	Population group rating: Good

Findings

- Childhood immunisation uptake rates were above 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 which included students from the local university.
- There were three doctors trained in minor surgery and five experienced nurses able to provide a comprehensive minor injuries service. The practice felt this was important in a relatively rural setting.
- The practice team worked closely with the local maternity services and fully support the work of the midwives to provide exemplary antenatal and post-natal care.
- One of the female GPs was trained to fit long acting reversible contraceptive devices and one of the nurses was trained in sexual health to deliver basic contraception advice and treatment.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) ((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	76	78	97.4%	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)	83	87	95.4%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	83	87	95.4%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	85	87	97.7%	Met 95% WHO based target (significant variation positive)

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.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. The practice reported they had a higher than average uptake for these checks and were keen to continue to develop the health promotion for this population group. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- As members of a group GP practices called 'Colte' their patients were able to access extended access appointments delivered Monday to Friday until 8 pm and Saturday and Sunday mornings. Clinicians working for Colte could access all the patient clinical records at the practice.
- They have a direct access referral route for physio triage and onward planning that work in the practice building on Monday afternoons and Friday mornings.

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)	75.2%	74.3%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	79.9%	70.8%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	63.6%	56.4%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	81.6%	66.4%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	43.5%	56.1%	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 considered the needs of those whose circumstances may make them vulnerable. Palliative care meetings were well supported by local hospice staff, GPs, district nurses, and nurses at the practice on a quarterly basis.
- The practice had identified people living in vulnerable circumstances including homeless people, travellers and those with a learning disability, by coding them on the computer system. This allowed staff to meet the needs of people when offering appointments and other treatment support.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed vulnerable patients at local residential homes.
- All practice staff members had received up-to-date online training to safeguard vulnerable adults and children.
- A GP at the practice was the lead within the CCG for safeguarding, this provided excellent insight to raise awareness of safeguarding issues.
- They also had a diligent care-advisor who could provide specific non-clinical needs to support patients from this population group, they worked closely with the clinical team to feedback on progress and developments.

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

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe and were referred to the local crisis team.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected, opportunistic screening, a blood test, and an appropriate referral for to the local memory clinic was provided.
- All staff had received dementia training in the last 12 months.
- The practice used a direct referral route to 'Health in Mind' for patients experiencing mild to severe levels of common mental health problems including depression, panic disorder, obsessive compulsive disorder, phobias etc., without the need for patients to first see a GP. A 'Health in Mind' clinician held a clinic at the practice for those patients who had been referred.

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)	78.7%	84.5%	89.5%	No statistical variation
Exception rate (number of exceptions).	4.1% (2)	7.9%	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)	87.5%	84.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	2.0% (1)	6.0%	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)	94.8%	80.4%	83.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	6.5% (4)	8.0%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	548.8	525.4	537.5
Overall QOF exception reporting (all domains)	3.4%	4.3%	5.8%

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

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

We saw long term audits of diabetic patients to improve patient outcomes over a period of nine years.
- Audit of HbA1c and BP measurements in diabetic patients. This showed they had maintained the improvement in HbA1c results and maintained good BP control. This confirmed their new model of diabetes care continued to benefit diabetic patients.

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.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	N/A
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
There were no healthcare assistants working at the practice	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
- There was a weight management programme delivered on a weekly basis from the practice premises. This service was voluntarily delivered by members of the practice patient participation group (PPG) with support from Anglia Community Enterprise (ACE) who had overall responsibility for the service. - Smoking cessation was referred to pharmacists locally that provided this service. - Non-medical, social and benefit needs were provided by the GP Care Advisor attached to the practice.	

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) (QOF)	96.9%	95.6%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.2% (3)	0.7%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Treatment templates on the practice clinical system indicated consent given by patients.	

Caring   Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
The practice used 'the big word' translation service when required.	

CQC comments cards	
Total comments cards received.	6
Number of CQC comments received which were positive about the service.	6
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comments cards	Very efficient and friendly practice, staff are responsive, polite and professional.
	Absolutely brilliant very caring and considerate.
	I've always had prompt care and been treated with dignity and respect.

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
8564	232	107	46.1%	1.25%

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)	85.5%	85.7%	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)	86.3%	84.3%	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)	91.3%	94.2%	95.6%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	85.1%	79.1%	83.8%	No statistical variation

Involvement in decisions about care and treatment

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

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

Source	Feedback
Interviews with patients.	1st patient told us they received an urgent appointment on the day. All the GPs are good, and particularly like the ability to email the GP.
	2nd and 3rd patient told us that they had struggled to get an appointment with a GP. They also told us that the only reason they got an appointment today was because it was urgent.
	4th patient told us very good practice not had trouble getting an appointment, feels they are cared for in a safe environment.
	5th patient told us they had needed to ring several times to get the specific GP they wanted. They also said they thought the waiting area was most informative.

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)	94.4%	92.2%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	On request
Information about support groups was available on the practice website.	Y
The practice uses 'Language line' for those patients that do not have English as their first language. A member of staff showed us the process used to access the service.	

Carers	Narrative
Percentage and number of carers identified.	1.07% 92 carers
How the practice supported carers.	Information leaflets in the waiting room and the GP care advisor services.
How the practice supported recently bereaved patients.	The practice manager contacts the relatives when appropriate to provide information and support.

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.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Patients were asked to stand back if there was a queue for the reception desk. Paperwork, prescriptions and pathology forms waiting to be collected were located away from the desk to ensure they could not be seen. There was signage at the reception desk to offer a private place to discuss sensitive issues.	

Responsive   Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
The practice piloted and hosted two self-referral services for their patients 'Physio Direct' and	

Practice Opening Times	
Day	**Time**
Opening times:	
Monday	8am - 6.30 pm
Tuesday	8am - 6.30 pm
Wednesday	8am - 6.30 pm
Thursday	8am - 6.30 pm
Friday	8am - 6.30 pm
Wivenhoe medical centre was a member the 'Colte Partnership' group of practices which offers an extended hours service of appointments up to 8 pm on weekdays, and Saturday and Sunday mornings.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8564	232	107	46.1%	1.25%

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)	91.0%	93.9%	94.8%	No statistical variation

Any additional evidence or comments
The practice showed us their 'Responding to patient feedback' document. This collated feedback that had been received from many different sources to understand and act on patient views. The practice

responded to the learning from this feedback with a number of actions over the last year.

Older people	Population group rating: Good
Findings	

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- Older people in care homes were visited when required.

People with long-term conditions	Population group rating: Good
Findings	

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people	Population group rating: Good
Findings	

- Appointments were available before and after school hours so that school age children did not miss schooling.
- 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.
- Young people could access services for sexual health and contraception.

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.
- Patients could book or cancel appointments online, order repeat medication without the need to attend the surgery, and contact the practice via email.
- As a member the 'Colte Partnership' group of practices, patients can be offered an extended hours service with appointments up to 8pm on weekdays, and Saturday and Sunday mornings.

People whose circumstances make them vulnerable	Population group rating: Good
Findings	

- The practice had identified patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

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

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- The staff had received training from the CCG and the practice was considered 'Dementia friendly'.

Timely access to the service

People were able to access care and treatment in a timely way.
National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y

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)	96.7%	N/A	70.3%	Significant Variation (positive)
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)	71.9%	62.3%	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)	66.2%	61.4%	65.9%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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)	74.1%	71.7%	74.4%	No statistical variation

Source	Feedback		
NHS Choices reviews	Telephone access	★★★★☆	based on 6 ratings.
	Appointments	★★★☆☆	based on 6 ratings.
	Dignity and respect	★★★½☆	based on 7 ratings.
	Involvement in decisions	★★★★☆	based on 5 ratings.
	Providing accurate information	★★★★½	based on 6 ratings.

Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	10
Number of complaints we examined.	10
Number of complaints we examined that were satisfactorily handled in a timely way.	10
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
We saw that learning from complaints were discussed with staff.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Father of child emailed complaint regarding delay in issue of medication.	Investigation: It was identified that the delay was due to the way the prescription request was processed by the administration team. Action: Further training was provided to the prescription clerks in respect of timely processing of requests. Learning: In agreement with father medication added to repeat dispensing regime.

Father of previously registered patient emailed practice to formally complain about the GPs not issuing medication for his son following his visit to a private consultant.	Investigation: Discussion with the partners. Private patients first prescription issued by consultant and unable to review patient as returning to university. Action: Emailed explanation given why medication not issued due to safety issues with no up to date medical records. Learning: Acknowledgement of response and no further action.

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.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
• The practice told us their vision was 'To provide patients high quality healthcare'. • The staff understood that although they had gone through a period of instability and lack of GPs the values of the practice remained.	

Culture

The practice had a culture which drove high quality sustainable care / The practice culture did not effectively support high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
Staff told us they could discuss any concerns or issues they had with the GPs or management at the practice, in fact they were encouraged to do so.	

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

Source	Feedback
Staff members	Staff told us they could discuss any concerns or issues they had with the GPs or management at the practice.
	We were told the management and clinicians were all visible daily, supportive and accessible.
	Staff were kept informed and updated with information and changes in processes or procedures regularly during practice meetings. We saw evidence this information was in meeting minutes.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
- The practice had agreements with the services that the practice hosted at the practice. - Review dates within policies and procedures were updated and met current guidelines and legislation.	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
We saw a range of clinical and administrative processes to monitor patient outcomes, and internal administrative processes to understand performance and recognise where improvements could be made.	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Staff told us performance was reviewed during their appraisals.	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
- Staff members told us they were encouraged to be involved with planning and improving services at the practice. - Several external healthcare providers were hosted by the practice to provide additional healthcare provision. These services gave practice patients the opportunity to access alternative healthcare without the need to travel to a specialist clinic or hospital.	

Feedback from Patient Participation Group.

Feedback
- The practice patient participation group (PPG) had quarterly meetings with the practice staff. The meeting minutes could be viewed on the practice website.   - Meeting minutes showed the PPG were kept informed of anything taking place at the practice that may affect patients.   - Members of the PPG involved in the weight matters meetings, held on Thursdays between 4pm and 5pm reported they were well supported with more people attending every week.

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.	Y
Learning was shared effectively and used to make improvements.	Y

Examples of continuous learning and improvement
• Although, they practice had been unsuccessful recruiting a further GP, they made the decision to recruit alternative clinicians for patients to access for their healthcare needs. This initiative had been successful in recruiting an additional practice matron (ANP) to support the current team of two practice ANPs. These ANPs prescribed, and managed minor illness at the practice. • Reception staff were trained in 'Care Navigation' delivered by the local clinical commissioning group (CCG) to safely triage patients to alternative clinicians. • The practice delivered a pilot programme for physiotherapy triage. Patients accessed the 'in house physiotherapy triage' directly, without the need to book through the practice reception or referral by a clinician. Data analysed monthly to review the number of patients seen by the physiotherapists showed an additional 24 appointments had been freed up weekly since this initiative started. • Mental Health services delivered by 'Health in Mind', was provided from the practice premises. Reception staff triage patients contacting the surgery and with their consent, could refer patients directly to this service without clinician referral. • Data collated from the annual significant event review and patient complaints, highlighted a theme of difficulties/errors occurring when patients requested medication via the practice website. It was agreed to encourage patients to register for the 'patient access service' to reduce transcribing errors. This was actioned November 2018 for all patients requesting their repeat medication via the practice website with clear instructions on the new process.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤-3
Variation (positive)	>-3 and ≤-2
Tending towards variation (positive)	>-2 and ≤-1.5
No statistical variation	<1.5 and >-1.5
Tending towards variation (negative)	≥1.5 and <2
Variation (negative)	≥2 and <3
Significant variation (negative)	≥3

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.