

Care Quality Commission

Inspection Evidence Table

Dr K M Emerson & Partners (1-543644798)

Inspection date: 24 June 2019

Date of data download: 23 June 2019

Overall rating: Outstanding

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

Safe

Rating: Good

We did not check whether this practice was providing safe services because our monitoring of the practice indicated no significant change since the last inspection. The rating from the last inspection has been carried forward.

Effective

Rating: Good

The practice was previously rated outstanding for providing effective services. At this inspection we found the practice did not have arrangements in place to supervise a nurse prescriber and that exception rates from published data were above average. Consequently, the practice is now rated good for providing effective services.

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
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	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 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
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> All GPs received online updates of clinical guidelines. New guidelines were discussed at clinical team meetings to review the impact on providing care and treatment and to achieve consistency in understanding and applying the guidelines to patient care and treatment. There were systems in place to review patients care and treatment using a recall system or by clinicians booking appointments for patients for review. Prescribing was reviewed by using alerts on patient records and restricting length of prescribing if patients did not attend for their review. 	

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) (01/04/2018 to 31/03/2019) <small>(NHSBSA)</small>	0.16	0.52	0.77	Significant Variation (positive)

Older people

Population group rating: Good

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 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. The practice carried out structured annual medication reviews for older patients. Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. Health checks, including frailty assessments, were offered to patients over 75 years of age. Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

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.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- 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.
- The practice provided data for 2018/19 QOF. This had yet to be verified and published. It showed that the practice continued to achieve 100% of the QOF indicators for care, treatment and review of patients with long term medical conditions.

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) <small>(QOF)</small>	85.2%	79.2%	78.8%	No statistical variation
Exception rate (number of exceptions).	20.8% (71)	13.8%	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) <small>(QOF)</small>	87.6%	78.0%	77.7%	Tending towards variation (positive)
Exception rate (number of exceptions).	7.9% (27)	10.7%	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>	78.0%	82.5%	80.1%	No statistical variation
Exception rate (number of exceptions).	16.1% (55)	13.5%	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>	81.8%	76.9%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.5% (10)	5.6%	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) <small>(QOF)</small>	90.8%	90.6%	89.7%	No statistical variation
Exception rate (number of exceptions).	3.2% (4)	11.1%	11.5%	N/A

Any additional evidence or comments

- GPs had used data from the QOF results of previous years to maintain a closer review of exception reporting and operate a more stringent recall programme. We noted that management of QOF was a team effort led by GPs whilst nursing and administrative staff undertook operation of the recall system to encourage patients to attend for the review of their conditions.
- The data we reviewed also showed a reduction in exception rates (removal of patients from monitoring measures) between 2017/18 and 2018/19. For example, the number of patients diagnosed with diabetes removed from monitoring had fallen from 103 in 2017/18 to 87 in 2018/19.

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>	84.4%	82.8%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.2% (29)	4.2%	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) <small>(QOF)</small>	93.2%	90.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	10.4% (22)	7.8%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

- Prevention of illness was a high priority for the practice. Childhood immunisation uptake rates met the contractual targets.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- 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.
- 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.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
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) <small>(NHS England)</small>	55	55	100.0%	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) <small>(NHS England)</small>	75	79	94.9%	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) <small>(NHS England)</small>	76	79	96.2%	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) <small>(NHS England)</small>	74	79	93.7%	Met 90% minimum (no variation)

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Any additional evidence or comments

- The uptake of childhood immunisations was in line with, or better than, the World Health Organisation targets. If families failed to attend for immunisation staff would contact them to remind them of the benefits of immunisation and rebook an appointment for them. In cases where there was repeated failure to attend and failure to respond to reminders clinical staff would review the situation and consider referral to health visitors for follow up.

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. 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.

- There was an automated health check machine available for patients to check their height, weight and blood pressure. This printed out results which were handed to staff. There was a protocol in place to ensure that results requiring follow up were made available, promptly, for GPs to take relevant action. We saw five patients use this facility during the inspection day.
- Cervical cancer screening rates, from published data, were below the target of 80%, but were above local and national averages. The practice promoted the benefits of cancer screening and hosted the breast screening mobile service annually.

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)	78.9%	71.1%	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)	80.7%	73.4%	69.9%	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)	66.7%	57.1%	54.4%	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)	85.7%	78.8%	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)	56.6%	59.9%	51.9%	No statistical variation

Any additional evidence or comments

- The practice actively promoted cancer screening. There were systems in place to follow up patients that did not take part in screening programmes. The practice held updated data that identified the screening rate for patients eligible for the cervical cancer screening programme had reached the national 80% target.

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- 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 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 young patients diagnosed with a learning disability at local residential homes.
- The practice offered health checks to adults with a learning disability. An audit of uptake of these checks identified that young patients under the age of eligibility for the health checks had been included on the register. This resulted in all but one of the eligible patients receiving a health check in the last year. Clinical studies have shown this group of patients are more likely to develop health problems. Annual health checks help in identifying any health problems and offering early treatment or advice to prevent health problems arising. The practice tailored the check to meet the patient's individual circumstances and provided information about the check in easy read format. This offered more opportunity for the patient to understand what the health check entailed and the benefits of receiving a health check.
- There was a strong focus on providing support for carers. Staff were knowledgeable about the services available locally for carers and supported carers to access these services. A local directory produced in conjunction with a patient identified clubs and services available for carers.
- The practice undertook an audit of compliance with the wishes of patients receiving end of life care. They worked with the patient, their carers, the local nursing home and other health agencies to support and educate them in providing the patient with assistance to die at their preferred place of death. The last audit showed that 83% of patients who expressed a wish to die at home did so when compared to a national outcome of 49% achieving their preferred place of death. There was also a correlation with data that showed a reduction in deaths in hospital for this group of patients registered with the practice.

**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.
- Same day and longer appointments were offered when required.
- 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 organised and ran a local event to raise awareness of dementia. It supported and housed follow up workshops for groups of patients dealing with dementia. The practice worked with a patient to produce a dementia support leaflet.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

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) <small>(QOF)</small>	95.3%	91.3%	89.5%	No statistical variation
Exception rate (number of exceptions).	5.9% (4)	9.0%	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) <small>(QOF)</small>	93.8%	89.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	4.4% (3)	8.1%	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) <small>(QOF)</small>	86.8%	84.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	2.8% (3)	5.0%	6.6%	N/A

Any additional evidence or comments

- The practice had identified higher than average exception rates in indicators for care of patients diagnosed with diabetes and depression. Work had been undertaken to identify the cause and take action. Latest data showed a reduction in exception rates. For example, the number of patients removed from diabetes monitoring had fallen from 103 to 87 and the exception rate for patients diagnosed with depression had fallen to 1%.

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)	558.8	549.8	537.5
Overall QOF score (as a percentage of maximum)	100.0%	98.4%	96.2%
Overall QOF exception reporting (all domains)	4.0%	5.6%	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
Quality improvement activity was targeted at the areas where there were concerns.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

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

- The practice undertook a wide-ranging quality improvement programme including clinical audits.
- An audit of patients providing urine samples that revealed blood in the urine resulted in a redesign of the test forms to ensure appropriate follow up tests for these patients were carried out in a timely manner.
- Audit of the health checks for patients with long term mental health problems resulted in both an increase in health checks being completed and an improvement in the QOF indicators for completing all aspects of the check. For example, recording alcohol consumption for this group of patients.
- Prescribing benchmarking data was regularly reviewed and a computer programme to identify

when prescribing deviated from guidelines was in use.

- The practice was active in clinical research. One of the GPs also worked as a primary care research fellow at a London teaching hospital There was evidence of recruitment of patients into a wide range of research projects.

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.	Y
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.	Partial
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The nurse who was qualified to prescribe was also the lead nurse for care of patients with diabetes. We found their prescribing for patients with diabetes was supervised and formally reviewed. However, their prescribing of other medicines, they were qualified to prescribe, was not audited. Following discussion with the practice about this lack of supervision they took action, within two days of the inspection, to put prescribing supervision in place. • There was evidence of appraisals in place for all staff. Mentoring of salaried GPs was undertaken by the GP partners. Clinical supervision was undertaken for staff undertaking reviews of patients with long term conditions via both one to one meetings and team meetings. For example, the staff involved in care and treatment of patients with diabetes held regular meetings to discuss patient care and the treatments provided. • There were induction programmes in place that were specific to the different staff groups. • All staff had a learning programme in place and achievement of the learning plan was monitored by senior management. Learning opportunities and mandatory training were promoted and followed up in the staff newsletter. For example, we saw reminders issued to complete all necessary training and where to access this training within one of the newsletters we reviewed. 	

- The practice organised three meetings a year for all staff to attend. Refresher training and new training was included within these sessions.

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) <small>(QoF)</small>	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

Explanation of any answers and additional evidence:

- Regular meetings were held to coordinate care with health visitors, district nurse and palliative care nurses. Notes were kept of these meetings for those that could not attend. Professionals from other organisations could access patient records when appropriate to either obtain information to support their role in caring for patients or to update the records with observations, care and treatment they had carried out for practice patients.
- The care and support for patients living in a local nursing home was subject to review and governance. Regular governance meetings were held specifically for the nursing home. The individual needs of the nursing home residents were closely monitored including their end of life care and avoidance of hospital admission. The practice reviewed the emergency admissions from the home between November 2017 and May 2018. This identified 19 emergency admissions to hospital had taken place from the home. GPs worked closely with staff at the home and with the patients registered there to ensure staff knew the residents wishes and were better trained to deal with deterioration in residents health or urgent health conditions. The practice support to the home was reviewed to provide urgent advice and support when this was needed. Subsequently the number of emergency admissions was reduced, by 57%, to eight between May 2018 and October 2018.
- End of life care planning was audited. In particular, preferred place of death of patients was reviewed. The practice worked with patients, relatives, carers and other agencies to provide patients receiving end of life care with sufficient support to die at home if that was their wish. A review of preferred place of death showed that 86% of patients that were receiving palliative care died at their preferred place of death. When the preferred place of death was at home or in a hospice this was achieved for 83% of patients. The latest national data from 2016 showed only 47% of patients receiving end of life care died in their own home or in a hospice.

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
Patients had access to appropriate health assessments and checks.	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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Data we were shown showed that a targeted campaign to increase uptake of flu immunisation had been successful. For example, in 2016/17 the uptake rate for flu immunisation for patients aged over 65 was 80% this had risen to 82% by 2018/19. The uptake rate for patients aged under 65 in at risk groups had risen from 60% in 2016/17 to an average of 64% over the next two years. The practice also identified patients who attended pharmacies to receive their flu immunisations. The achievement we reviewed exceeded the national flu immunisation targets. There was a very strong focus on supporting patients to live healthy lifestyles. The programmes we saw in place during our previous inspection continued and were well supported. For example, the green gym, on your bike, health walks and a cycling club. In addition to these the practice had started a walking football group and hosted several pilates classes every week. Research projects were used to inform the range of activities promoted and initiated by the practice. There was a directory of local classes and groups providing physical and wellbeing activities. This had been produced by a patient with the support of the practice and was available in the waiting room and online. Staff who carried out the NHS health checks retained a supply of the directory to support their encouragement to patients to lead a healthy and active lifestyle. Data from Oxfordshire CCG showed the practice to be the leader in carrying out NHS health checks for their locality and 9th in the county. The practice had a target set to achieve 364 health checks and had completed 406. Such health checks enabled patients to receive advice on improving their health and identify any health problems or diseases at an early stage to initiate care and treatment promptly. 	

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>	97.5%	95.0%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.2% (5)	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
Policies for any online services offered were in line with national guidance.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Staff we spoke with had a very clear understanding of how to complete an assessment when they identified a patient may not have the capacity to make a decision about their treatment. Patient feedback on CQC comment cards was consistent in drawing attention to clinical staff giving very clear and comprehensive explanations of treatment. • There were records of training for staff in operating the Mental Capacity Act (2005) to support their application of undertaking mental capacity assessments. • Staff had a comprehensive knowledge of the legal requirements for consent from patients under 16 years of age. • The practice monitored consent to minor surgical procedures and fitting of contraceptive devices. There were also consent protocols in place for accessing medical records and recording of consultations. 	

Caring

Rating: Good

We did not check whether this practice was providing caring services because patient feedback and monitoring indicated no change since the last inspection. The rating from the last inspection has been carried forward.

Responsive

Rating: Outstanding

We did not check whether this practice was providing responsive services because patient feedback and monitoring indicated no change since the last inspection. The rating from the last inspection has been carried forward. Data held by the practice showed the practice to be in the top 60 practices in England from the results of the 2018 national GP patient survey.

Well-led

Rating: Outstanding

The practice has maintained a rating of outstanding because the leadership and governance promoted the sustainability of high quality patient centred care.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Leaders had developed, in conjunction with staff and patients a clear business strategy. The strategy placed compassionate, high quality and sustainable care at the centre of everything the practice did.• Staff reported that they felt well led and part of a team. There was strong collaboration and support across all teams and a common focus on improving the quality of care and people's experiences• Leadership development was embedded within the practice and in the strategy for the practice. This was evident in the practice developing trainee GPs into salaried GPs and providing ongoing	

development for the salaried GPs. For example, a salaried GP had been appointed in advance to replace a GP partner who was retiring at the end of June 2019. Salaried GPs with potential to become partners had been identified and given lead roles within the governance structure to develop their management skills.

- Where services in the area were not supporting the high quality care expected by leaders at the practice they led work with others to improve these services and seek alternative arrangements when these were available. For example, when problems arose with provision of physiotherapy services in the locality practices worked together to encourage improvement.
- The development of primary care network (groups of practices working together in a formal arrangement) had already identified that local provision of physiotherapy may be required to achieve the improvement of service needed for patients.
- Staff said the leadership team proactively asked for their feedback and suggestions about the way the service was delivered.

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Leaders had worked closely with a neighbouring CCG to ensure a smooth handover of approximately 1,000 patients from a practice in that CCG that was closing. Staffing arrangements had been adjusted to accommodate the rapid growth in registered patients. For example, leaders had identified that the records for incoming patients did not identify that medicine reviews had been carried out. An additional clinical pharmacist had been employed to carry out and record medicine reviews for newly registered patients who were prescribed repeat medicines. An additional GP had also been recruited to provide more clinical sessions to meet the needs of the incoming patients. • The practice had been extensively remodelled in the last year to accommodate the influx of new patients. The creation of two additional GP consulting rooms along with another flexible use clinical room had been designed to cope with both the 1,000 patient increase from the closing practice but also accommodate further increase in the number of registered patients into the future. There were several housing developments underway in the area and more planned in the near future. • Leaders identified that an increase in patient numbers could place parking and access to the practice under pressure. They worked with the patient participation group to run a survey of parking to identify if the practice car park was being used by drivers not using the health centre. 	

Initial findings indicated that parking on site was being used appropriately. However, the partners and management had commenced exploring alternative parking nearby in case this was needed in the future.

- The current usage of appointments was kept under review. Adjustments to the number of appointments available were made to keep the waiting time for a pre-bookable appointment under two weeks,
- A computer programme to monitor usage of appointments had been purchased and was due for installation in July 2019. The practice identified the need to monitor usage of appointments with the nursing team because the increase in patient numbers may place pressure on these appointments. Data would be used to remodel practice staffing levels if this was required.
- There was a clear strategy to keep patients informed of changes taking place at the practice. Regular newsletters were published, and the local parish newsletter carried similar information. The samples of practice newsletter we reviewed contained clear information about developments in the practice including how the practice was expanding to take on new patients, how clinics and services were being reorganised and new staff recruited. There was clear information about how to book appointments and how the practice intended to maintain continuity of care for patients wishing to see their preferred GP.
- Services were governed and managed to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care.

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.	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
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice had a clear and comprehensive performance management process embedded in the staff handbook. We were told the process had not been used in the last two years. • Review of responses to complaints and significant events identified that the practice had a 	

system in place to comply with the duty of candour.

- The six members of staff we spoke with told us they felt able to raise ideas and concerns with management or partners at any time. They were also aware that if they had any concerns they felt unable to discuss they had access to a speak up guardian at a neighbouring practice. This arrangement was reciprocal with the neighbouring practice and was encouraged by the CCG.
- Staff said they felt proud to work at the practice and were committed to offering the best service they could for the registered patients. Patient feedback we received from CQC comment cards and patients we met confirmed that staff focused on the needs of the patient and did everything they could to provide sensitive and responsive care. For example, moving appointments to enable patients to see their preferred GP.
- The staff training programme included training in equality and diversity for all.
- The sample of significant event reports we reviewed showed that the practice conducted a thorough review of such events and action was taken to reduce the likelihood of similar events occurring in the future. Patients affected by such events received a full explanation of the action taken. Learning from significant events was shared widely with staff.

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

Source	Feedback
Staff interviews	When staff identified that there was duplication in reviewing summarising of records they raised this with leaders. A system was put in place to spot check the work of the summarisers by one of the partners. This reduced the risk of duplication and enabled audit of the quality of the work of the non-clinical staff entering data into patient records.
Staff interviews	We were told the partners and management had a focus on the wellbeing of staff and were very approachable if staff wished to raise any concerns. We were also told that the team briefing and staff meeting structure enabled two-way communication. For example, all staff we spoke with were clear on the vision and strategy of the practice to offer high quality patient centred care that was sustainable during a period of practice expansion.

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Leaders kept governance processes and structures under review. Lead roles were allocated to support development of salaried GPs and team leaders. 	

- Team meeting structures ensured staff received information relevant to their roles and were able to raise concerns or ideas easily. The team meeting structure was supported by a comprehensive staff newsletter produced bi-monthly. The newsletter detailed all relevant information about the practice developments, staff changes, upcoming training and updates on any issues discussed at team meetings. A whole team approach to training was evident with the practice organising regular afternoon training events for all staff.
- Staff appraisals included a review of staff job descriptions, roles and responsibilities to ensure these were up to date and reflected additional skills or responsibilities attained by staff.
- There were clear processes for working with other organisations. Information was shared appropriately with other health, social care and voluntary agencies with appropriate consent obtained before doing so. Links with commissioners were strong with regular meetings undertaken with the CCG, local GP federation and the newly formed primary care network.
- All clinicians met daily to discuss work prioritisation and vulnerable patients as well as difficult cases and current events. Key community team members including the community matron and district nurses were welcome to join the daily work prioritisation meetings.
- Governance processes in place within the practice were extended to the management of patients living at the local nursing home. There were records of governance reviews of the service provided to this home.

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Leaders had systems and processes in place to monitor clinical and organisational performance. When clinical audit identified improvements could be achieved the expected outcomes were clearly recorded and reviewed. • There was a comprehensive programme of risk management in place. Environmental and fire risks were reviewed at least annually and more frequently when changes were made to the premises. Risks to patient care were discussed at clinical meetings and individual risks flagged on patient records. • There were records of the discussions relating to expansion of the practice and the risks that may arise from increasing patient numbers. It was evident that the practice took action on such risk by 	

their actions in creating more clinical rooms and recruiting more staff.

- The practice identified the risk of patients registering from the closing practice without electronic patient records. Arrangements were put in place to enable incoming patient records, that were not in electronic format, to be scanned and summarised promptly. The decision was reached to reduce risk and avoid delay in full records being available to support care and treatment.
- The risk of new patients registering from the closing practice without a documented review of their medicines was also identified. The practice employed additional clinical pharmacist time and had a system in place to invite the patient without a medicine review to see the clinical pharmacist as soon as possible.

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

Explanation of any answers and additional evidence:

- Data from the QOF scheme was used to identify where the practice could increase uptake of tests and reviews of patients with long term conditions by reducing the numbers removed from such testing and review. More patients were receiving relevant tests and health reviews as a result.
- Data on uptake of flu immunisations was used to run a targeted campaign to increase uptake and reduce the risk of patients contracting flu.
- Benchmarking data was regularly reviewed. For example, performance in achieving NHS health checks was reviewed and used to inform future performance. The practice was already exceeding the local target for these health checks and had a strategy to maintain and improve this performance.
- Regular audits of high risk medicines were carried out and systems were in place to ensure that patients had regular blood testing and reviews.

The practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Any unusual access was identified and followed up.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The sample of 20 patient records reviewed showed them to be comprehensive, clear and in line with guidance. There was a clear policy in place to deal with any identified unauthorised or unusual access. If a patient was unable to access their own records and nominated a relative or friend to access their records formal consent for such access was required. 	

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
The practice had an active Patient Participation Group.	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice was consistent in working with patients and the local community. The local community regarded the practice as integral part of the community and valued the contribution the practice made to improving the health of the population. For example, the local parish magazine carried a regular health feature. Articles were prepared by a patient at the practice supported by members of the practice team who provided clinical information and guidance as required. Local health education events were organised by the practice and venues were made available by local groups for these to be staged. A recent talk by a partner on the day in the life of a GP was attended by over 100 members of the local community. Health promotion activities were actively pursued and led by members of the practice team. For example, the healthy walks group took inspiration from one of the GPs who was a committed The practice worked with CCG's and other local practices to develop a shared view on challenges to be addressed. For example, taking on approximately 1,000 new patients from a practice that was closing and responding to further housing developments in the surrounding 	

area. Future proofing the practice was evident in recruiting additional GPs and adapting the health centre premises before the increase in patients took place.

- Work was underway with partner practices in the local primary care network to recruit clinical pharmacists to support patient care by undertaking prescribing reviews. There were early indications that additional physiotherapy resources would be sourced to provide a local first line physiotherapy service to reduce delays whilst awaiting appointment after referral and bring the service into the practices. This helped patients avoid lengthy trips to clinics for physiotherapy.
- Minutes of staff meetings and PPG meetings identified that both staff and patients were involved in discussions about future developments and kept informed when such developments took place.
- Whilst patient feedback from the national survey and friends and families test was consistently positive the practice continued to strive to achieve improvement. For example, by expanding the GP team to make more appointments available and greater opportunity for patients to see the GP of their choice.
- The practice reviewed and responded to complaints in a timely and thorough manner. The eight complaints received in the last two years had been dealt with promptly and patients received a clear explanation of the investigation carried out and action taken to address the concern. We did not identify any themes from the complaints summary that would require the practice to review their processes and systems.

Feedback from Patient Participation Group.

Feedback

We met with four members of the patient participation group PPG. They told us:

- The group had recently recruited four new members who were taking an active interest in working with the practice.
- The PPG worked with the practice on patient surveys and had seen improvements carried out following their suggestions and comments. For example, the internal entrance door was automated to improve access for patients with a disability after the PPG brought this issue to the attention of the practice.

Any additional evidence

- The practice endorsed, and supported, the work of a patient volunteer who produced directories for patients on a range of topics. For example, a list of local help resources for patients with dementia and their carers. A directory of services and activities for those who were socially isolated and lonely. This was identified as particularly useful with the higher than average number of patients aged over 65 living in the area.
- The work in producing local directories was recognised by those that produced the local parish newsletter and a regular health section was introduced with contributions from practice staff and the patient that originated the service directories.
- Patient feedback was consistently positive. We received 20 examples of patient feedback from comment cards and patient interviews. All 20 were complimentary of the practice. A total of 10

of the responses referred to care and treatment being provided in a well-managed and efficient way supported by compassionate and caring staff.

- The practice promoted feedback from patients who had used the services provided. Text messages were sent after appointments asking if patients would recommend the practice to others. Since April 2018 a total of 3,685 had been provided a response. Of these 3,553 (96%) were extremely likely or likely to recommend the practice.
- Patient feedback, from a variety of sources, was consistently strongly positive. However, the practice continued to strive to improve the patient experience. For example, the appointment times were extended to provide patients with more time to discuss their symptoms and concerns. Morning appointments were changed from 10 minutes to 12.5 minutes and afternoon appointments from 10 minutes to 15 minutes. Also, more telephone appointments were introduced to enable patients who worked, or had difficulty visiting the practice, to gain prompt access to telephone advice and consultation.

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Opportunities were offered to expand skills. For example, a receptionist was trained in taking blood tests to provide cover for the staff that usually perform this duty. This meant that patient appointments could still be offered for blood tests when health care assistants and phlebotomists were not available. • One of the GPs had been trained to identify skin diseases and possible skin cancers to reduce referrals to hospital. The practice invested in a specialised piece of equipment (a dermatoscope) to enable this GP to carry out their examinations. 	

Examples of continuous learning and improvement

- Everybody within the practice was encouraged to take part in developing and improving services. The practice used a change management pro-forma to receive, act on and review proposals for change. We reviewed several examples of the change forms being used. These included, staff identifying duplication in receipt of information about patient care from the local nursing home. The practice reorganised GP time to enable a half hour daily call to be made to the home and gather any concerns or requests for advice in a coordinated way. The system change was monitored both in the practice and with the nursing home and proved to be effective in avoiding duplication of information. Residents at the home received more timely support as a result.
- The practice continued to expand the range of healthy lifestyle opportunities for patients by

introducing and promoting the walking football initiative in addition to the range of activities previously offered.

- The practice worked with patients to provide user friendly information about local services and activities.
- The practice took an active role in community workshops to improve patient awareness on topics such as dementia awareness and end of life care and support.
- The practice piloted working with clinical pharmacists and paramedic visiting services for the locality.
- Staff received protected time and sponsorship for learning and improvement. For example, one of the nurses was provided with time and resources to undertake the COPD, spirometry and asthma training to become a specialist nurse in respiratory medicine. Their asthma training was completed in April 2017, COPD completed in May 2016 and spirometry in April 2017.
- All staff receive individualised training opportunities which are discussed at their appraisals.

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 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.