

Care Quality Commission

Inspection Evidence Table

Charles Road Surgery (1-549202127)

Inspection date: 27 June 2019

Date of data download: 25 June 2019

Overall rating: **Good**

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

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	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.	N/A
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Our review of a sample of patient records demonstrated that clinical staff provided care and treatment that was in line with evidence-based guidance. • Clinical staff told us that when they attended courses that they shared information through practice meetings. We saw evidence of this. • Clinical staff told us how they accessed best practice guidelines such as the National Institute for Health and Care Excellence (NICE) guidelines. • Clinical staff made use of various tools available such as Q Risk for assessing the risk of cardiovascular disease (CVD), ReSPECT for planning emergency treatment in end of life care and was also participating in the REACT programme for managing respiratory conditions. 	

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>	0.74	0.75	0.77	No statistical variation

Findings

- The practice identified older patients who were living with moderate or severe frailty. Those identified received a review of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients. The practice was also participating in a CCG led polypharmacy audit to review patients on multiple medicines.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Flu, pneumococcal and shingles vaccinations were offered to relevant patients in this age group. The practice had a 75% uptake of flu vaccination in the over 65 year olds during 2018/19.

People with long-term conditions

Population group rating: **Good**

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received appropriate training.
- GPs followed up patients with long term conditions who had received treatment in hospital or through out of hours services, as appropriate.
- The practice shared information with relevant professionals when deciding care delivery for patients with long-term conditions.
- Adults with newly diagnosed cardio-vascular disease were offered an appropriate statin.
- The practice was not currently able to offer ambulatory blood pressure monitoring for patients with suspected hypertension but were aware they needed to review as part of current CCG priorities. Patients were currently encouraged to do home monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- The practice was participating in a national REACT study (respiratory excellence achieving control today), improving the management of patients with Asthma and COPD).

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>	85.1%	80.0%	78.8%	No statistical variation
Exception rate (number of exceptions).	9.5% (46)	12.4%	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>	78.7%	77.3%	77.7%	No statistical variation
Exception rate (number of exceptions).	10.6% (51)	10.3%	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>	83.4%	81.1%	80.1%	No statistical variation
Exception rate (number of exceptions).	6.4% (31)	11.3%	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>	80.3%	76.6%	76.0%	No statistical variation
Exception rate (number of exceptions).	0.4% (1)	6.2%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	100.0%	91.3%	89.7%	Variation (positive)
Exception rate (number of exceptions).	7.7% (2)	11.2%	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)	83.8%	83.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	6.4% (31)	4.5%	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)	90.9%	88.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	4.3% (1)	8.3%	6.7%	N/A

Any additional evidence or comments

National patient outcome data (QOF) showed the practice performance for long term conditions such as diabetes, respiratory conditions and hypertension were in line with CCG and national averages. Exception reporting was also in line with CCG and national averages.

Families, children and young people

Population group rating: Good

Findings

- The practice had achieved the 90% minimum uptake target for two out of the four immunisation categories and were slightly under the 90% minimum target for the other two categories.
- The practice contacted the parents or guardians of children due to have childhood immunisations to encourage uptake.
- The practice held regular safeguarding meetings with the health visitor where they were able to share any concerns, as appropriate.
- 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. The practice had a GP with special interest in sexual health.
- 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) (NHS England)	99	105	94.3%	Met 90% minimum (no variation)
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)	89	98	90.8%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	87	98	88.8%	Below 90% minimum (variation negative)
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)	88	98	89.8%	Below 90% minimum (variation negative)

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

- Child immunisation data showed the practice had met the 90% minimum uptake for children age one and for the age two Pneumococcal booster. However, the uptake for the remaining child immunisation uptake was just under the 90% minimum.
- The practice explained that they had worked to meet targets but were up against a challenging population who have strict views about immunisation. They explained that they had tried to challenge negative information relating to immunisations in the area through the local Mosque.
- In October 2018 the practice nurse retired and the practice experienced subsequent recruitment difficulties. The current permanent nurse was recruited in May 2019. The practice recognised difficulties recruiting nurses in the area and have been training an experienced Health Care Assistant as a nursing associate. They have just completed their degree course and the practice are hoping that they will also be able to train to undertake nursing duties such as child immunisations in the longer term.
- The practice advised that patients can also access the federation extended access hub for child immunisations.

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

Findings

- 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.
- The practice advised that they had carried out 871 NHS Health checks in the last five years.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- The practice had access to a prescription ordering department (POD) through the federation. This enabled them to order and discuss any medication queries they had.
- The practice up take of national cancer screening programmes was mixed. Practice performance in relation to breast cancer screening up take was in line with CCG and national averages and the detection rate and follow up of new cancers was higher than the CCG and national averages. However, cervical screening and bowel cancer uptake was below CCG and national averages. Exception reporting was also higher than CCG and national averages for cervical screening.

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)	58.0%	68.1%	71.7%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	66.3%	63.8%	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)	30.1%	44.0%	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)	77.8%	74.1%	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)	60.0%	52.0%	51.9%	No statistical variation

Any additional evidence or comments

- The practice advised us that they faced population and cultural challenges in relation to cervical

cancer screening programme particularly in the younger age group (25 to 49 years). They recognised that some younger patients may not be able to speak freely about sensitive issues as they frequently attended with other extended family members. Staff were aware of this and advised that they would ask family members to wait outside during consultations.

- The practice advised that through the new CCG universal offer (priorities) they would be looking at developing a cervical screening protocol.
- The practice had recently experienced difficulties in securing nursing cover for the practice. Their practice nurse had left in October 2018. Although they had managed to recruit a new nurse at the time this had been short lived and locum staff had been utilised to cover the shortfall. The practice successfully recruited another practice nurse in May 2019 to support the cervical screening programme.
- The practice recognised the difficulties faced in recruiting practice nurses in the area and were supporting the training of a nursing associate who they hoped may in the long term be able to undertake nursing duties such as cervical screening.
- The practice sent reminder letters to patients who did not attend for cervical screening programmes. Alerts were placed on the clinical system so that staff could also opportunistically remind patients to book in for their cervical screening.
- The practice sent personalised letters to patients who did not attend other national screening programmes (bowel and breast cancer). Letters relating to breast cancer screening were made available in languages commonly spoken in the local community. The bowel cancer screening letters contained pictures of the kit to support patients understand what they needed to do.
- The practice kept records of all referrals made including two week waits to help ensure patients were not missed.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- Patients with a learning disability were offered an annual health check. 89% of patients on the practice's learning disability register had received a review during 2018/19.
- 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.
- Practice staff advised us that only GPs undertook coding to ensure the accuracy of patient information.

- The practice had developed safeguarding systems to support some of the practices most vulnerable patients. This included patients at risk of domestic violence, forced marriage and female genital mutilation. The practice was able to give examples of how they had supported patients.
- Staff had undertaken IRIS (domestic violence) training and knew how to make referrals as appropriate.
- Staff had completed Prevent training to help safeguard vulnerable people from radicalisation.

**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. Practice staff were aware of referral systems for mental health teams.
- 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.
- Patients with poor mental health, including dementia, were referred to appropriate services.
- National patient outcome data showed the practice performance for mental health and dementia were above or in line with CCG and national averages.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	97.9%	93.2%	89.5%	Tending towards variation (positive)
Exception rate (number of exceptions).	0.0% (0)	9.5%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	93.6%	93.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	7.7%	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)	85.7%	86.2%	83.0%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	6.1%	6.6%	N/A

Any additional evidence or comments

- Exception reporting for mental health and dementia indicators was low.
- We found that patients with dementia had their care needs discussed with them and that this was recorded in their notes and discussed at multidisciplinary team meetings. However, no formal care plan was printed for the patient to take away. Practice staff explained that this was culturally difficult and sensitive within the extended families.

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	558.6	545.6	537.5
Overall QOF score (as a percentage of maximum)	99.9%	97.6%	96.2%
Overall QOF exception reporting (all domains)	7.5%	6.1%	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	Partial

information about care and treatment to make improvements.	
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

<p>The practice shared with us examples of recent audits they had undertaken however, these were one cycle audits. These included:</p> <ul style="list-style-type: none"> • a CCG led polypharmacy audit undertaken between October 2018 and February 2019. The practice was supported by a pharmacist who reviewed 48 patients on six or more medicines. The reviews looked at issues such as compliance and concordance with the medications. Cost savings were also made in relation to medicines stopped, reduced or changes to more cost effective options. • Other audits seen included a DMARD audit undertaken to ensure appropriate monitoring was in place and Hydrochlorthiazide audit following a safety alert (both November 2018).
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Any additional evidence or comments

<ul style="list-style-type: none"> • The practice had been proactive in implementing a CCG led initiative to improve safeguarding arrangements within local practices. The practice was able to demonstrate positive impact on individual patients as a result of changes made.
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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.	N/A
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"> • We saw that the practice was supporting staff to develop in their roles. For example, the reception manager was undertaking an NVQ level five diploma in management and leadership, another member of the administrative team was undertaking a NVQ level 3 in Health and Social care. • The practice was also supporting a Health Care Assistant to train as a Nursing Associate. They had just recently completed their degree course. The practice was hoping that they would be able to undertake some of the nursing roles in the longer term. • Practice staff had access to a range of online training. We saw that there was a training matrix for monitoring staff training was up to date. The practice had identified mandatory training for staff and we saw that this had been completed in most areas. • Staff received regular appraisals and support in relation to their roles and requirements of professional revalidation. • There was a locum pack for staff working at the practice on a temporary basis. 	

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.	N/A
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice participated in regular multi-disciplinary team meetings with the community healthcare and palliative care teams. • We received positive feedback from various health professionals who worked closely with practice staff. The professionals we spoke with told us that staff at the practice were co-operative, accessible and responsive with any queries that arose. 	

Helping patients to live healthier lives

Staff were 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"> The practice had carried out 871 NHS Health Checks in the last five years. Patients at risk of developing diabetes were offered a structured diabetic education programme. The practice provided inhouse smoking cessation services and was able to refer patients to other services for lifestyle advice. The practices participated in a local enhanced service, screening for latent Tuberculosis and as a result had referred several patients to the chest clinic. The practice hosted a hearing clinic which they could refer patients to. The practice was aware of local community support available that they could signpost patients to. Health and lifestyle information links were available through the practice website. 	

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>	98.1%	96.1%	95.1%	Tending towards variation (positive)
Exception rate (number of exceptions).	0.4% (4)	0.6%	0.8%	N/A

Any additional evidence or comments

Overall practice exception reporting rates were in line with CCG and national averages.

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.	N/A

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
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
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had joined a local federation which enabled them to offer a wider range of services to their patients including extended access, diabetes, musculoskeletal and frailty services. Patients could also access virtual GP and pharmacy support in hours and on an extended access basis through the local federation arrangements. Patient could access the prescription ordering department services through the federation, which enabled them to easily order repeat prescriptions and discuss any queries they might have in relation to their medicines. The practice had recently joined a Primary Care Network (PCN) with other local practices to support and develop a greater range of services for their patients. Where needed patients were offered double appointments to ensure their needs were met. The practice was located in two converted houses and some of the consulting rooms were on the first floor. The practice had lift access to this floor and automatic doors and ramps for ease of access to those with mobility difficulties. The practice did not have any dedicated parking. However, street parking was available near the surgery. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	9am to 6.30pm
Tuesday	9am to 6.30pm
Wednesday	9am to 6.30pm
Thursday	9am to 1pm
Friday	9am to 6.30pm

Appointments available:	
Monday	9.30am to 1pm and 4pm to 6.30pm (GP face to face and telephone appointments) 9.30am to 6.30pm (HCA and nurse appointments)
Tuesday	9.30am to 1pm and 4pm to 6.30pm (GP face to face and telephone appointments) 9.30am to 12pm (HCA and nurse appointments)
Wednesday	9.30am to 1pm and 4pm to 6.30pm (GP face to face and telephone appointments) 9.30am to 6.30pm (HCA and nurse appointments)
Thursday	9.30am to 1pm (GP face to face and telephone appointments) Cover provided by a local out of hours provider (BADGER) in the afternoon. 9.30am to 12pm (HCA and nurse appointments).
Friday	9.30am to 1pm and 4pm to 6.30pm (GP face to face and telephone appointments) 9.30am to 6.30pm (HCA and nurse appointments)
	As part of the extended access hub arrangements, patients could also access appointments at another practice 6.30pm to 8pm Monday to Friday and 10am to 4pm on a Saturday and Sunday.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5515	418	58	13.9%	1.05%

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)	98.7%	94.5%	94.8%	No statistical variation

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.
- The practice provided effective care coordination to enable older patients to access appropriate

services. The practice worked closely with an active case worker to support patients needs.

- 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.
- The practice offered an electronic prescription service (EPS) system for patient convenience. In which patients could collect their prescription directly from their chosen pharmacy.
- There was a hearing loop available.
- The practice hosted a hearing clinic which they could refer patients to.

People with long-term conditions

Population group rating: Good

Findings

- Where possible, patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- 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.
- The practice provided inhouse phlebotomy services for the convenience of patients.

Families, children and young people

Population group rating: Good

Findings

- There were some nurse appointments available outside school hours so that school age children did not need to miss school.
- 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. All letters were reviewed by GPs who followed up as appropriate and maintained safeguarding registers.
- Parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice offered postnatal checks and new baby checks at the practice.

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.
- Extended opening hours for patients who worked were available in the evening and weekends through the extended access hub at other local surgeries.
- The practice offered online appointments and repeat prescriptions. Patients could also arrange repeat prescriptions and discuss medicines queries through the prescription ordering department by telephone.
- Appointments could be booked up to two weeks in advance as well as on the day.
- The practice had a female GP with sexual health expertise.
- The practice offered minor surgery and travel vaccination available through the NHS.

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings

- The practice held a register of patients living in vulnerable circumstances for example, patients with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travellers. The practice had registered as a safe surgery which aims to remove barriers to patients who may otherwise struggle to access health care.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services. The practice was aware of potential issues that may affect patients including domestic violence, forced marriage, female genital mutilation and radicalisation. They had put in place safeguarding arrangements to help protect patients and to ensure they received appropriate support.
- The practice carried out health reviews of patients with a learning disability.
- The practice had a carers' register. There was a carers board which provided information about local support available.
- Interpreter services were available if needed and many of the staff could speak local community languages. The practice website could also be translated into a range of languages.

People experiencing poor mental health (including people with dementia)

Population group rating: **Good**

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly. For example, counselling services.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice used an alert system to identify patients who were vulnerable or frail, this enabled them to prioritise care when needed. • Patients requesting home visit were triaged by the duty doctor who called the patient to discuss their needs and identify whether their home visit was clinically necessary. 	

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)	52.8%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	66.0%	63.1%	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)	64.4%	63.4%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	77.1%	70.2%	74.4%	No statistical variation

Any additional evidence or comments

- The National GP Patient Survey showed questions about patient access was mostly in line with CCG and national averages, the exception being the ease of which patients were able to get through to someone on the telephone.

- The practice had put in place a new telephone system (in March 2018) which offered more telephone lines and a call waiting system. Patients were also able to access online appointments.
- The practice released appointments twice daily at 9am for morning appointments and 3pm for evening appointments to help reduce pressure on the telephone lines and give patients more options for calling.
- Staff told us that they contacted patients the day before an appointment to remind them and that they wrote to patients that did not attend.
- Following the inspection results from the 2019 National GP Patient survey were made available, we saw that the results for telephone access had improved and were 67% compared to the CCG average 58%.
- They are also involved in piloting the new patient app through the federation which enables patients to book appointments, order prescriptions and access medical records at any time.

Source	Feedback
NHS Choices	There were no reviews left on NHS Choices about this practice.
CQC Comment Cards	We received 46 completed comment cards. Six cards specifically mentioned access to appointments, four were positive and two negative.
In-house patient survey	<p>The practice collected feedback from patients on an ongoing basis. Between 1 March 2018 and 22 June 2019 the practice had received responses from 177 patients.</p> <ul style="list-style-type: none"> • 50% said they found it easy or very easy to get through to the practice on the telephone while 11% of respondents said they found it difficult or very difficult to get through on the telephone. • 86% of respondents rated routine GP appointment availability as good or excellent and 13% rated it as satisfactory.
Patient Participation Group (PPG)	We spoke with two members of the PPG, both were positive about the appointment systems and told us that they were able to get appointments when they needed one with the doctor of their choice.

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.	5
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • There was a complaints leaflet available for patients to take away if they wished to raise a concern. This set out the relevant time scales for responding to a complaint and alternative organisations patients could refer their complaint to. Information was also available on the practice website. • The practice had a lead member of staff for managing complaints. • The practice maintained a log of complaints received to ensure they were managed in a timely way. • Staff told us that they did not formally record verbal complaints or grumbles, these would generally be documented in the patient record. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient registered with the practice was twice removed from clinical system following deduction requests from NHS Shared Care	The issue was investigated. There was confusion with another patient that had a similar name. Issue was resolved and apology given to patient.
Patient had tried to call the practice but phones were not answered.	The issue was investigated and found to be a problem with the telephone transfer when the practice was closed. Now when the practice closes for protected learning time staff check the phone lines have been transferred.

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">• The practice was led by a managing partner supported by a practice manager who maintained oversight of the practice. The practice had trained up one of the reception staff to a senior administrative role to support the practice manager who worked at the practice six hours each week.• The practice was aware of the challenges they faced and spoke extensively about the population and different expectation of the health systems. The practice had recently struggled to recruit a practice nurse but had now successfully recruited one. They were also supporting a health care assistant in their training as a nursing associate which they hoped would provide more scope within the nursing team and help to address some of the areas in which they were an outlier.• The practice was a member of My Healthcare federation to support future sustainability. Through the federation they were able to access additional services including extended access, virtual clinics and a prescription ordering service.• They had recently signed up with a Primary Care Network which would enable them to focus and develop solutions for local issues and deliver CCG priorities.	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice saw their main objectives over the next 12 months as working to deliver the CCGs universal offer and associated priorities. • The practice had a mission statement that it displayed on their website which aimed to provide high quality patient care. • Staff we spoke with were aware of the mission statement and demonstrated they understood their contribution to in delivering high quality sustainable care. • Staff told us that they had clear roles and responsibilities. 	

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.	Partial
Staff had undertaken equality and diversity training.	Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Staff were aware of systems for reporting incidents and concerns. • The practice had a whistle blowing policy in place and were aware of how to raise a concern about the practice if they did not feel able to directly raise it with senior staff. • The practice had not identified a specific Freedom to Speak up guardian but staff told us they would go to one of the senior members of staff. • The practice operated a zero tolerance policy in dealing with any aggression towards staff. • There was commitment to equality of care cited on the practice website. Equality and diversity training was available to all staff but not all staff had completed it. • The practice had registered as a safe surgery in which it aimed to remove barriers which may prevent some of the most vulnerable people accessing health care. 	

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

Source	Feedback
Staff interviews	Staff described the culture of the organisation as supportive and felt able to raise any concerns or issues with senior staff if they arose

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"> • Practice policies and procedures were accessible to all staff through a shared drive and these were updated regularly. • The practice held twice monthly practice meetings, these were attended by clinical staff and the senior receptionist who was able to feedback any issues to the rest of the reception and administrative team. • Staff we spoke with told us that they were clear about their roles and responsibilities. • The practice held regular safeguarding and multi-disciplinary team meetings with community based staff. 	

Managing risks, issues and performance

There were processes for managing risks, issues and performance and these were generally well managed. However, there were areas where this needed strengthening.

	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.	Partial
There were effective arrangements for identifying, managing and mitigating risks.	Partial
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Risks were generally well managed by the practice. We saw a range of health and safety risk assessments for the premises. The fire and legionella risk assessment had been carried out internally by the practice manager using toolkits obtained from external websites. Water samples were sent externally for testing. The practice manager was satisfied that they had the competence for this. We saw that the practice had in place a business continuity plan in case of major incidents. The practice performance for patient outcome indicators (QOF) and prescribing were in line with local and national averages. We saw that the practice had successfully implemented the CCG led safeguarding tool kit which covered various standards required by practices in effectively managing safeguarding. Although we saw examples of audits the practice did not have a systematic programme of clinical and internal audits. Audits seen were generally first cycle audits. The practice had carried out an internal infection control audit in March 2019 which had been scored at 97% however we identified issues that had not been picked up through the infection control audit for improvement. For example, management of expired stock, completeness of cleaning records (including clinical equipment) and storage of cleaning equipment. 	

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:	
<ul style="list-style-type: none"> • The practice made use of data available to review performance against QOF and other patient outcome indicators. • Patient records seen demonstrated information about care and treatment was appropriately recorded to support safe care and treatment. Only the GPs summarised patient records and coded to ensure the accuracy of data. • Patient workflow was managed in a timely way. • Minutes of meetings were recorded however there was limited detail for future reference, follow up of actions or for staff not in attendance to benefit. • Although risks were generally well managed. We identified some area in relation to infection control that had not been identified for addressed. • We reviewed a sample of records following safety alerts. 	

If 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"> • We saw certificate to show the practice was registered with the Information Commissioner's office. • We found patient records were securely held, this included paper records that were held in locked facilities. Access to staff areas were controlled by key pad locks to minimise the risk of unauthorised entry. 	

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 sought feedback from patients through an ongoing patients survey, the Friends and Family test and through their Patient Participation Group (PPG). • The practice had an active PPG which met approximately six monthly. There were six patients attending the last meeting in May 2019. • We saw that action had been taken in response to patient feedback which included the new telephone system and improved access to the premises with automatic doors and ramp. • Staff had opportunities to provide feedback through the annual appraisals system and representation from the admin team at the practice meetings. • The practice had recently signed up with a primary care network, in which practices work together to deliver services to their local population. They also were a member of a federation in which patients could access additional services. 	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> • We spoke with two members of the practice they told us that they felt valued by the practice. They were able to provide feedback from the local community and felt the practice was receptive to comments. Staff discussed with them changes and patient survey results.

Any additional evidence

<ul style="list-style-type: none"> • The practice participated in the Friends and Family test. Between the 1 November 2014 and the 22 June 2019 the practice had received responses from 741 patients, 94% said they would be likely to recommend the practice to others.
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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"> • There were systems in place for learning from incidents and complaints. • Staff had access to annual appraisals and had opportunities for development. • The practice was able to provide evidence that they had participated in some clinical audits however, these were largely one cycle audits which had yet to demonstrate changes made had led to sustained improvements. • The practice was a training practice for trained doctors training to become a GP and medical students. 	

Examples of continuous learning and improvement
<ul style="list-style-type: none"> • The practice was able to demonstrate how it had effectively implemented the GP Safeguarding Toolkit and were able to provide examples of how they had supported vulnerable people in their population. • The practice had participated in piloting the prescription ordering service delivered through My Healthcare Federation which now successfully supports many practices and patients across the city. They are also involved in piloting the new patient app through the federation which enables patients to book appointments, order prescriptions and access medical records. • The practice was participating in the REACT respiratory service programme aimed at improving the management of patients with asthma and COPD. The programme supports practices to review some of the more complex patients.

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.