

Care Quality Commission

Inspection Evidence Table

North Petherton Surgery (1-566842835)

Inspection date: 18 September 2019

Date of data download: 27 August 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 |
| <ul style="list-style-type: none">• GP appointments were for fifteen minutes to allow for holistic and preventative care. (The national average time for GP appointments is 10 minutes). For example, GPs undertook blood tests to improve the patient experience and ensure tests were completed in a timely way.• The practice had a duty doctor system to ensure urgent or on the day patient needs were met.• Reception staff had undertaken signposting training to direct patients to the most appropriate source of help. | |

- Treatment escalation plans (STEP) were in place for those patients in the last few years of life. (STEP records clinical decisions which had been made with patient and carer involvement, as far as possible, on what treatments are appropriate).

| 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) (01/07/2018 to 30/06/2019) <small>(NHSBSA)</small> | 0.63 | 0.66 | 0.75 | No statistical variation |

Older people

Population group rating: Good

Findings

- 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's 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.
- Patients with COPD were offered rescue packs.

- Patients with asthma were offered an asthma management plan.

| 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> | 69.3% | 70.0% | 78.8% | No statistical variation |
| Exception rate (number of exceptions). | 5.1% (18) | 7.3% | 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> | 79.0% | 67.4% | 77.7% | No statistical variation |
| Exception rate (number of exceptions). | 4.6% (16) | 6.2% | 9.8% | N/A |
| 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> | 86.4% | 75.5% | 80.1% | No statistical variation |
| Exception rate (number of exceptions). | 12.0% (42) | 10.8% | 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> | 83.5% | 61.3% | 76.0% | Tending towards variation (positive) |
| Exception rate (number of exceptions). | 3.7% (16) | 7.0% | 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> | 92.2% | 68.8% | 89.7% | No statistical variation |
| Exception rate (number of exceptions). | 7.3% (8) | 7.2% | 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) | 78.4% | 76.2% | 82.6% | No statistical variation |
| Exception rate (number of exceptions). | 3.5% (35) | 3.7% | 4.2% | N/A |
| In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF) | 91.2% | 86.3% | 90.0% | No statistical variation |
| Exception rate (number of exceptions). | 2.2% (3) | 3.8% | 6.7% | N/A |

Families, children and young people

Population group rating: Good

| Findings |
|--|
| <ul style="list-style-type: none"> • Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets. • 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. Where necessary they were referred to appropriate sexual health services. • Since our previous inspection the practice had been commissioned to provide of a vasectomy service for the local community. • Two GPs provided a coil contraceptive service. • 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), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England) | 49 | 49 | 100.0% | Met 95% WHO based target |
| The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England) | 73 | 75 | 97.3% | Met 95% WHO based target |
| 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) (01/04/2018 to 31/03/2019) (NHS England) | 73 | 75 | 97.3% | Met 95% WHO based target |
| The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England) | 73 | 75 | 97.3% | Met 95% WHO based target |

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>

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- Saturday and evening clinics were available at the practice and within the local GP Federation.

| 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) | 77.9% | N/A | N/A | Below 80% target |
| Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE) | 75.0% | 73.9% | 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) | 67.7% | 61.1% | 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) | 67.5% | 45.1% | 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) | 64.9% | 54.8% | 51.9% | No statistical variation |

Any additional evidence or comments

- We reviewed the most recent QOF data for cervical cancer screening which was 81%.
- The practice nurses undertook regular reviews of the cervical testing system including checking patient results; undertaking audits of any unsatisfactory tests and reviewing patient attendance if referred for additional secondary hospital care.

People whose circumstances make them vulnerable

Population group rating: **Good**

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 at local residential homes.

**People experiencing poor mental health
(including people with dementia)**

Population group rating: Good

| Findings |
|---|
| <ul style="list-style-type: none"> 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. There was a system for following up patients who failed to attend for administration of long-term medication. When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe. 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 had recently changed their e-learning system and we saw all staff were assigned an updated e-learning dementia module. 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> | 77.4% | 39.1% | 89.5% | No statistical variation |
| Exception rate (number of exceptions). | 11.4% (4) | 6.6% | 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> | 100.0% | 47.3% | 90.0% | Variation (positive) |
| Exception rate (number of exceptions). | 5.7% (2) | 6.0% | 10.5% | N/A |
| The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small> | 77.1% | 52.1% | 83.0% | No statistical variation |
| Exception rate (number of exceptions). | 7.7% (4) | 6.9% | 6.6% | N/A |

Any additional evidence or comments

During inspection we reviewed exception reporting. For the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan the practice data showed 11 patients had been excepted with an exception rate of 0.25%. (Exception reporting allows practices to exclude patients who are clinically unsuitable).

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) | 533.6 | 423.2 | 537.5 |
| Overall QOF score (as a percentage of maximum) | 95.5% | 75.7% | 96.2% |
| Overall QOF exception reporting (all domains) | 3.8% | 4.0% | 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 |

Any additional evidence or comments

- The practice had a quality improvement action plan which included ongoing initiatives within the local clinical commissioning group and GP Federation.
- As a dispensing practice they undertook regular audits as part of the dispensing services quality scheme (DSQS). For example, in 2019 an audit of directions on labels of medicines dispensed to patients over a three-month period showed 13 labels were recorded as incorrect (0.4%). As a result, further staff education on appropriate wording was provided.
- All new cancer diagnosis were discussed at partner meetings using a significant event process.
- We reviewed five completed clinical audits. Of these all were second cycle audits (a second phase of data collection to ensure improvements were embedded).

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

Osteoporosis audit (second cycle):

- An improvement in the correct coding for patients deemed as frail and those who had received a frailty assessment. And improved prescribing of medicines in line with national guidance.

Respiratory disease (COPD) and triple therapy audit:

- All patients prescribed triple therapy (three inhalers to manage their condition) who had not had an exacerbation of their disease had been reviewed and a trial withdraw of an inhaler in line with recommendations completed.

Any additional evidence or comments

- Daily reviews of patient admissions and discharges from secondary care took place.
- Regular medicines management meetings took place with the clinical commissioning group pharmacist. For example, following a recent medicine review the practice were reviewing all patients on a low dose medicines to reduce blood cholesterol levels.

Effective staffing

The practice was able to demonstrate 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. | Y |
| There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable. | Y |
| <ul style="list-style-type: none"> • We reviewed the induction programme for new staff and saw a comprehensive, competency-based toolkit was in place. • Monthly clinical supervision and mentoring took place with nurse practitioners. • As part of the inspection we reviewed the practice's statutory and mandatory training programme. We saw a rolling planned programme which included e-learning modules and external speakers. For example, the practice had undertaken training for information governance and signposting as part of learning from incidents. • A staff newsletter was sent to staff monthly with reminders for new and updated training. | |

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. | 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 |
| <ul style="list-style-type: none"> Staff were encouraged to use NHS web and app-based services to enable them to understand and familiarise themselves with suggestions given to patients for treatment including self-help and self-management resources. | |

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 |
| <ul style="list-style-type: none"> Management plans such as those for respiratory patients and treatment escalation plans were in place. Carer's registered at the practice were offered annual influenza vaccinations. | |

| Smoking Indicator | Practice | CCG average | England average | England comparison |
|---|----------|-------------|-----------------|--------------------------|
| The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) ^(QOF) | 94.4% | 89.6% | 95.1% | No statistical variation |
| Exception rate (number of exceptions). | 0.4% (6) | 1.1% | 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 |
| <ul style="list-style-type: none"> We reviewed patient records and saw evidence of consideration and where necessary the recording of consent and mental capacity assessments. This included minor operations and the vasectomy service. | |

Caring

Rating: Good

Kindness, respect and compassion

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

| | Y/N/Partial |
|---|-------------|
| Staff understood and respected the personal, cultural, social and religious needs of patients. | Y |
| Staff displayed understanding and a non-judgemental attitude towards patients. | Y |
| Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition. | Y |

| CQC comments cards | |
|--|----|
| Total comments cards received. | 47 |
| Number of CQC comments received which were positive about the service. | 42 |
| Number of comments cards received which were mixed about the service. | 2 |
| Number of CQC comments received which were negative about the service. | 3 |

| Source | Feedback |
|--|---|
| CQC Comment cards | <p>Patients told us:</p> <ul style="list-style-type: none"> • They felt listened to, and staff were polite, respectful, kind and caring. • Clinical staff were knowledgeable and well trained. • Reception and dispensary staff uphold high standards when dealing with patient's and were always helpful. • Appointment availability was good including weekend and evening clinics. • They valued the 15-minute appointment times. |
| Patient Participation Group (PPG) | <ul style="list-style-type: none"> • Patients spoke highly about the care and treatment they received. • Appointments including telephone appointments were accessible and within reasonable timescales. • All staff are approachable and good at listening. |
| Improving practice questionnaire June 2019 | <ul style="list-style-type: none"> • 86% were positive about the practice's ability to listen to them. (National average 83%). • 88% said staff showed respect. (National average 85%). • Positive comments included staff were polite and effective. |

National GP Survey results

| Practice population size | Surveys sent out | Surveys returned | Survey Response rate% | % of practice population |
|--------------------------|------------------|------------------|-----------------------|--------------------------|
| 6330 | 243 | 134 | 55.1% | 2.12% |

| Indicator | Practice | CCG average | England average | England comparison |
|---|----------|-------------|-----------------|--------------------------|
| The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2019 to 31/03/2019) | 93.4% | 91.7% | 88.9% | No statistical variation |
| The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019) | 90.7% | 90.6% | 87.4% | No statistical variation |
| The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019) | 98.8% | 96.9% | 95.5% | No statistical variation |
| The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019) | 93.0% | 85.4% | 82.9% | No statistical variation |

Any additional evidence or comments

The results for the National GP patient survey (2019) were slightly above the national average.

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

Any additional evidence

- The practice carries out an independent and nationally recognised improving practice survey annually. In June 2019 the results showed the practice was above national average.
- The practice recorded all patient feedback and reviewed them at practice meetings.

Involvement in decisions about care and treatment

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

| | Y/N/Partial |
|--|-------------|
| Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given. | Y |
| Staff helped patients and their carers find further information and access community and advocacy services. | Y |
| <ul style="list-style-type: none"> The practice worked alongside the Village Agent service. (A service to help bridge the gap between isolated, excluded, vulnerable and lonely individuals and statutory and/or voluntary organisations, offering specific solutions to identified needs). | |

National GP Survey results

| Indicator | Practice | CCG average | England average | England comparison |
|--|----------|-------------|-----------------|--------------------------|
| The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2019 to 31/03/2019) | 96.3% | 95.4% | 93.4% | No statistical variation |

| | Y/N/Partial |
|--|-------------|
| Interpretation services were available for patients who did not have English as a first language. | Y |
| Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations. | Y |
| Information leaflets were available in other languages and in easy read format. | Y |
| Information about support groups was available on the practice website. | Y |
| Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Dual language interpretation books for health care were available. British sign language interpreters were regularly used at the practice. The practice had transient patients from Europe who worked in the area. Their employer provided a translation service for this group. In the practice dispensary, information was provided to patients in accessible formats for example, large print labels, braille and information in a variety of languages. | |

| Carers | Narrative |
|---|---|
| Percentage and number of carers identified. | The practice had identified 140 patients as carers (2% of the practice population). |
| How the practice supported carers (including young carers). | A carers board within the waiting room had key information including details of support services for young carers. The practice had recently reviewed the recording of patients with carer responsibilities. As part of the process they had standardised the identification of patients with a carer's role; implemented an action plan to improve identification of and support for these patients; reviewed the practice's carers pack; undertaken a carers tea party and appointed a new carers champion who was awaiting external training. |
| How the practice supported recently bereaved patients. | Bereaved patients were contacted by telephone by their named GP and an appointment for a home visit arranged within two days. GPs made further contact after six weeks and where necessary held face to face contact with the patient and their family. |

Privacy and dignity

The practice respected patients' privacy and dignity.

| | Y/N/Partial |
|--|-------------|
| Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. | Y |
| Consultation and treatment room doors were closed during consultations. | Y |
| A private room was available if patients were distressed or wanted to discuss sensitive issues. | Y |
| There were arrangements to ensure confidentiality at the reception desk. | Y |
| <ul style="list-style-type: none"> The practice is housed in a small building with limited scope for modernisation. This meant confidentiality at the reception desk could be difficult to maintain. A radio was available for background noise and signage offered the opportunity for discussions away from the area. There was the facility for dispensary staff to speak confidentially to patients. | |

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels. Leaders had the capacity and skills to deliver high quality sustainable care.

| | 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 |
| <ul style="list-style-type: none">The practice had recognised the local and national risks around GP provision and resilience in primary care. As a result, at the time of inspection, they were in a process to integrate with Taunton and Somerset NHS Foundation Trust. The practice told us the integration would ensure patient's received continued local access to GPs, allow greater resilience and allow for an integrated health service. | |

Vision and strategy

The practice had a clear vision and 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 |
| <ul style="list-style-type: none">The practice mission statement: To provide excellent patient care for every patient and their family, recognising them as individuals but also part of the wider community. | |

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 |
| <ul style="list-style-type: none"> • Staff had the information they needed to deliver safe care and treatment. • We reviewed the incident and complaint processes. The practice listened to patients concerns and they responded to them. We saw they were satisfactorily handled in a timely way and the practice learned and made improvements when things went wrong. • Staff told us they felt able to raise concerns and these were addressed in a timely way. For example, to support practice nurses during childhood immunisation clinics, administrative support had been agreed. | |

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

| Source | Feedback |
|--------|--|
| Staff | <ul style="list-style-type: none"> • Staff described the practice culture as friendly and enjoyable. They told us the GP partners regularly organised social events. • Practice nurses told us they were given time to attend training sessions. |

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 |
| <ul style="list-style-type: none">• During inspection we spoke to Taunton and Somerset Foundation Trust Directorate Manager who had recently completed a due diligence process to ensure systems and processes within the practice were functioning, secure and in line with regulatory requirements.• We reviewed processes and policies such as recruitment. Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).• The practice had a clear Standard Operating Procedures which covered all aspects of the dispensing process. These were regularly reviewed along with a system to monitor staff compliance. Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence. | |

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 |
| <ul style="list-style-type: none"> The practice monitored and reviewed safety using information from a variety of sources. For example, there was a system for recording and acting on safety alerts. Staff understood how to deal with alerts. Health and safety, premises, security, emergency medicines and infection prevention and control risk assessments had been carried out and appropriate actions were taken when required. Regular meetings took place such as a quarterly meeting for significant incidents and GP and practice nurse meetings. | |

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 |

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 |
| <p>The improving practice survey (June 2019) showed the practice was above the national average:</p> <ul style="list-style-type: none"> • 75% of patients were happy with the opening hours (national average 68%). • 71% of patients were happy with telephone access (national average 61%). • 80% said information on services was good (national average 73%). • 74% said illness prevention management was good (national average 69%). <p>The practice had a suggestion box for patients. They could demonstrate action taken following suggestions such as listing dates for Saturday clinics on their website. As a result of staff feedback online booking for evening and weekend appointments were included within the online booking system.</p> <p>There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.</p> <p>There was a staff feedback process. We saw action was taken as a result of staff feedback. For example, the process for management of tasks sent by GPs was changed to ensure appropriate action was taken.</p> | |

Feedback from Patient Participation Group.

| Feedback |
|--|
| <p>The Patient Participation Group (PPG) held regular meetings with the practice.</p> <p>They told us:</p> <ul style="list-style-type: none"> • they had been appraised and updated with regards to the proposed practice merger and primary care network (PCN) • held regular meetings with the practice and described them as proactive • patients were positive about their experiences at the practice • the PPG engaged with national patient participation week by talking to patients at the practice as well as other activities such as flu clinics and the carers afternoon tea event. |

| Any additional evidence | | | | |
|---|----------|-------------|-----------------|--------------------------------------|
| The national GP patient survey (March 2019) showed above average responses for the following: | | | | |
| 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 (01/01/2019 to 31/03/2019) | 94.1% | N/A | 68.3% | Significant Variation (positive) |
| The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019) | 87.7% | 70.9% | 67.4% | Tending towards variation (positive) |
| The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019) | 88.2% | 66.3% | 64.7% | Variation (positive) |
| The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019) | 87.2% | 77.5% | 73.6% | Tending towards variation (positive) |

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

| | Y/N/Partial |
|--|-------------|
| There was a strong focus on continuous learning and improvement. | Y |
| Learning was shared effectively and used to make improvements. | Y |

| Examples of continuous learning and improvement |
|---|
| <ul style="list-style-type: none"> The practice manager met regularly with other local practices where learning was shared. The practice took part in local projects to improve delivery of care and treatment. For example, they were involved in a cardiology project which included a virtual meeting with a cardiology specialist every six weeks to discuss complex care and treatment. GPs took lead roles within stakeholder organisations such as Chair and Medical director roles within the Local Medical Committee. |

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.