

# Care Quality Commission

## Inspection Evidence Table

### Conway PMS (1-542542764)

Inspection date: 29 November 2019

Date of data download: 28 October 2019

## Overall rating: Good

### Effective improvement

### Rating:

### Requires

- At the last inspection, the practice was rated good for providing effective services. At this inspection, the practice is rated requires improvement due to their 2018/19 QOF performance in which they were below the CCG and national average in several indicators. Namely, families, children and young people, People with long-term conditions and working age people. The practice had identified these areas and had a plan to improve their performance but was not yet able to demonstrate improved outcomes.
- The practice was unable to demonstrate that it always monitored and obtained consent appropriately.

#### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y

The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
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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>	0.49	0.88	0.75	No statistical variation

## Older people

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• The practice carried out structured annual medication reviews for older patients.</li> <li>• Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.</li> <li>• Health checks, including frailty assessments, were offered to patients over 75 years of age.</li> <li>• Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.</li> </ul>

## People with long-term conditions

## Population group rating: Requires improvement

### Findings

- The practice demonstrated that they had made improvements in the diabetic indicators since their 2017/18 QOF performance. However, they remained below the CCG and national average for one of the three diabetes indicators and were trending negative for the two remaining indicators. The practice was aware of this and had taken steps to continuously improve by starting a weekly diabetic clinic and attending an additional two weekly sessions with the practice nurse.
- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- 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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	69.4%	73.0%	79.3%	Tending towards variation (negative)
Exception rate (number of exceptions).	7.9% (32)	9.1%	12.8%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	61.9%	73.8%	78.1%	Variation (negative)
Exception rate (number of exceptions).	10.9% (44)	6.2%	9.4%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	71.5%	77.1%	81.3%	Tending towards variation (negative)
Exception rate (number of exceptions).	10.6% (43)	8.3%	12.7%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	80.7%	76.0%	75.9%	No statistical variation
Exception rate (number of exceptions).	13.4% (25)	2.7%	7.4%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	90.2%	89.1%	89.6%	No statistical variation
Exception rate (number of exceptions).	2.4% (1)	7.2%	11.2%	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 (01/04/2018 to 31/03/2019) (QOF)	79.8%	78.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	9.8% (64)	3.0%	4.0%	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 (01/04/2018 to 31/03/2019) (QOF)	91.7%	85.9%	91.1%	No statistical variation
Exception rate (number of exceptions).	7.7% (2)	7.4%	5.9%	N/A

### Any additional evidence or comments

We discussed the practice's higher than average exception reporting rates for hypertension. We were informed that the practice had created a hypertension action plan, which included actions such as: increasing active calling in of patients on repeat prescription and writing to the most poorly controlled hypertensive patients to come in for a review.

## Families, children and young people

## Population group rating: Requires improvement

### Findings

- While the practice told us, it had taken some action on the low immunisation uptake figures, there was little sign of any impact of these actions. The practice had not yet met the minimum 90% target for all of four childhood immunisation uptake indicators. The practice had not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for all of four childhood immunisation uptake indicators. Following the inspection, the practice informed us they had discovered potential coding issues with this cohort of patients which may have affected their uptake figures.
- The practice had carried out a monthly review of their childhood immunisation uptake which resulted in them creating a letter outlining the benefits of vaccination to encourage uptake. Administrative staff were tasked with collating a list of patients who had an appointment booked but had not attended and to call those yet to be booked.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

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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)	42	47	89.4%	Below 90% minimum
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)	40	49	81.6%	Below 90% minimum
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)	41	49	83.7%	Below 90% minimum
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)	40	49	81.6%	Below 90% minimum

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: Requires improvement

Findings
<ul style="list-style-type: none"> <li>The practice's cervical screening figures were low and though they have identified this and started to take action, there are no figures to demonstrate it has had sufficient impact yet.</li> <li>The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.</li> <li>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.</li> <li>Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.</li> </ul>

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)	63.9%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	68.0%	66.1%	72.1%	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)	43.0%	47.0%	57.3%	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)	100.0%	77.2%	69.3%	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)	66.7%	53.1%	51.9%	No statistical variation

### Any additional evidence or comments

The practice was aware that improvements were required in encouraging women to attend cervical screening appointments and had taken steps to make improvements. For example, the data was being monitored weekly and the practice nurse would contact patients to discuss their reasons for not attending an appointment. As a result of the smear uptake review carried out in September 2019, the practice identified the benefit of developing a call script for administrators to use when calling patients to book their appointment.

**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.

**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.
- 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.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	94.6%	85.3%	89.4%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	5.6%	12.3%	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 (01/04/2018 to 31/03/2019) (QOF)	81.1%	84.9%	90.2%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	4.0%	10.1%	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 (01/04/2018 to 31/03/2019) (QOF)	100.0%	86.2%	83.6%	Variation (positive)
Exception rate (number of exceptions).	0.0% (0)	7.9%	6.7%	N/A

### Monitoring care and treatment

The practice had carried out 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)	483.2	No Data	539.2
Overall QOF score (as a percentage of maximum)	86.4%	No Data	96.4%
Overall QOF exception reporting (all domains)	7.1%	No Data	No Data

	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

### Quality improvement activity:

1. In June 2019 the practice carried out an audit of non-steroidal anti-inflammatory drug (NSAIDs) to determine how many of their patients with a history of peptic ulcer disease or gastritis had been prescribed an NSAID without being co-prescribed a proton-pump inhibitors (PPI) over the previous six months.
  - In a six-month time-period there were 18 patients with a previous history of gastritis or peptic ulcer disease who had been prescribed an NSAID.
  - Of these, five had not been prescribed a PPI along with the NSAID prescription.
  - One of these was prescribed the gastroprotective version of the medication to mitigate risk.
  - A re-audit was carried out in September 2019, it was found that there was one patient that had a previous history of peptic ulcer disease and gastritis who had been prescribed NSAID without PPI cover. An audit trail was followed to determine which clinician was the prescriber.
2. In April 2018, the practice carried out an audit of patients on sodium valproate to check if they had an annual pregnancy prevention plan in place.
  - An analysis of the patients notes showed that they had all been reviewed by their neurologists and had their sodium valproate stopped.
  - Audit re-run in April 2019: no women of childbearing age were on sodium valproate.
3. In August 2019 the practice carried out the first cycle of an audit of patients on lithium to check whether the current monitoring was robust enough to ensure patient safety.
  - Five patients in total had been prescribed lithium in the preceding six-months.
  - Out of the five patients four had the requisite blood check completed.
  - One patient had been transferred from another surgery and there was no blood result on the clinical system.
  - On further inspection, the patient had received a blood check but provided as paper copy. A new form was given to administrators to give to patients.
  - The practice had scheduled a second cycle of the audit in 12 months.
4. The practice was provided with data regarding referral rates and patterns from the CCG. It was shown that the practice had the third highest rate of cardiology referrals that were discharged after the first outpatient appointment over the first quarter of 2017. (Although this was not necessarily a sign of referral inappropriateness the practice decided to monitor their use of the new advice and guidance service).

The first cycle of this audit took place in 2017. A re-audit was carried out in June 2018 to see if there was a change in referring behaviour following on from the practice's quality improvement activity. For the month of May 2018, a total of 11 routine cardiology referrals were made. This was cross-referenced against the number of calls made to the pilot service. Information from the provider showed that during this time only one call was made to the service. A retrospective audit was conducted to determine how many patients were discharged at their 1st outpatient appointment. Out of the 11 referrals seven had been seen and a clinic letter received. Of these seven referrals, three had been discharged at first outpatient appointment. A plan was made to ensure that all clinicians were aware of the pilot service and used it appropriately to reduce unnecessary referrals.

## 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 <sub>1</sub>
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
Explanation of any answers and additional evidence:	
1. The practice was behind schedule for completing staff appraisals due to a new practice manager (PM) recently being employed. We saw that staff had completed their appraisal forms and had been given an appointment within the next month to meet with the PM.	

## 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 quarterly multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2018 to 31/03/2019) <small>(QOF)</small>	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y

Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A

## 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

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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	93.7%	93.0%	95.0%	No statistical variation
Exception rate (number of exceptions).	1.0% (9)	0.6%	0.8%	N/A

## Consent to care and treatment

**The practice was unable to demonstrate that it 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.	N <sub>1</sub>
The practice monitored the process for seeking consent appropriately.	N <sub>2</sub>
Policies for any online services offered were in line with national guidance.	Y
Explanation of any answers and additional evidence: 1. We reviewed three nurse consultation notes and found that consent was not recorded. 2. There was no record of consent being audited since July 2017.	

## Responsive

## Rating: Good

At the last inspection, the practice was rated requires improvement for proving responsive services. At this inspection, we rated the practice good due to the improvements made.

- Feedback from patients was acted upon and as a result, extended opening hours from 7am have been introduced on a long-term basis, as well as a new telephone system and online booking feature.
- The practice actively seeks input from external organisations and charities to improve services offered.
- The practice actively offered patient choice with regards to care and treatment options. All nine of the patients interviewed stated they felt involved in the decisions made at the practice.

### Responding to and meeting people's needs

**The practice organised and delivered services to meet patients' needs. However, some of the patients we spoke with felt there were areas that could be improved.**

	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"> <li>• Two out of nine patients interviewed said they had trouble booking appointment using the practice's online booking app because the app did not show which site appointments were booked. Patients had to call the practice after booking an appointment via the app to find out which site they needed to attend. The provider informed us that this was a technical issue (due to the practice having more than one location) which had been raised with the CCG who required them to use the app.</li> <li>• Four out of the nine patients interviewed said that they would like the option to book appointments a month in advance; however, were not able to do this as the calendars of the clinicians only ran three weeks ahead.</li> <li>• The practice had introduced earlier appointment times to accommodate for those who work, and to allow for school age children to attend appointments without needing absence from school.</li> <li>• Patients stated that they were given the opportunity to voice preferences regarding where to receive onward care and referrals (i.e. which hospital).</li> <li>• The practice employed several bilingual staff and had access to translation services where required.</li> </ul>	

- The practice was wheelchair accessible and provided a hearing loop at reception. Extended appointment times were allocated to those patients who may require extra time (i.e. those with learning disabilities).

Practice Opening Times		
Day	Time	
Opening times:	Plumstead Branch	Welling Branch
Monday	08:00-19:30	09:00 to 19:00
Tuesday	08:00-19:30	09:00 to 19:00
Wednesday	08:00-19:30	09:00 to 14:00
Thursday	08:00-14:00	09:00 to 19:00
Friday	08:00-19:30	09:00 to 19:00
Appointments available:		
Monday	08:30-19:00	09:00 to 19:00
Tuesday	08:30-19:00	09:00 to 19:00
Wednesday	08:30-19:00	09:00 to 14:00
Thursday	08:30-13:00	09:00 to 19:00
Friday	08:30-19:00	09:00 to 19:00
Extended hours:		
Monday	07:00-08:00 Welling branch	
Tuesday	07:00-08:00 Plumstead branch	
Tuesday	18.30 – 19:00 Plumstead branch	
Friday	18.30 – 19:00 Plumstead branch	
The Welling branch surgery is closed Monday, Tuesday and Friday between 2pm and 3.30pm		

#### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4823.0	401.0	90.0	22.4%	1.87%

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 (01/01/2019 to 31/03/2019)	98.4%	91.1%	94.5%	No statistical variation

#### Any additional evidence or comments

- Patients stated that they felt happy with the appointment length and felt as though they were never

rushed in discussing their concerns.

- Two out of the nine patients interviewed reported that there was sometimes a delay in approval of medications if locum doctors were on shift, as there were some medications which could only reportedly be signed off by the regular doctors at the practice. The practice manager advised that two new long-term locums were employed, and the practice were moving away from being so heavily reliant on locum staffing.
- Patients were able to request a male or female GP as required, and those patients interviewed stated that they were aware of the chaperone service (information also on display in reception area).

## Older people

## Population group rating: Good

### Findings

- All patients interviewed stated that they were given a choice regarding which doctor they wanted to see and were always allocated a suitable alternative where possible.
- Patients who were housebound had a note indicating this in their computerised notes and were allocated home visits with GPs as required.
- CCG frailty service is utilised by the practice for ambulatory care for the over 65s (admission avoidance).
- All of the patients interviewed stated that they were not able to confirm whether or not they had been allocated a named GP. The practice informed us that all patients had a named GP; however, due to the requirements of the practice patients were not always able to receive an appointment with their named GP.

## People with long-term conditions

## Population group rating: Good

### Findings

- Patients stated they felt that the regular GPs at the practice understood their needs and long-term conditions well and reported that they felt care delivered was person-centred. However, they did state that they did not always feel comfortable with locums understanding their long-term conditions as well as the static GPs. We noted that the practice had reduced their dependence on locums were actively trying to recruit an additional GP.
- Results from the practice's patient experience survey in July 2019m found 91% of respondents said they had enough support from local services and organisations to help manage their long-term conditions over the past 12 months.
- Annual health checks and medication reviews were completed for patients with long-term health conditions.
- The practice employed a diabetes specialist nurse and a respiratory nurse.
- Patients interviewed reported that they were responded to quickly and managed well when requiring medications for their long-term conditions.

## **Families, children and young people**

**Population group rating: Good**

### **Findings**

- The practice introduced earlier opening hours from 7am to allow for children and young people to attend appointments without needing to be absent from school.
- The practice gives priority urgent appointments to children under one year old and had protected emergency slots for children.
- Adult and child safeguarding training was given to all staff, and there were appointed adult and child safeguarding leads.
- 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.
- The practice offered joint appointments for postnatal checks and eight-week baby clinic.

## **Working age people (including those recently retired and students)**

**Population group rating: Good**

### **Findings**

- The practice has introduced earlier opening hours from 7am to allow for working age people and students to attend appointments without needing to be absent from work or study. The practice had adapted opening times to work flexibly around those of working age.
- Pre-bookable appointments would be available up to one month in advance, on a first come first serve basis. Some patients interviewed stated that they would like an option to book appointments further in advance to facilitate working around employment commitments, as some patients reported when they would call back to make appointments nearer the time, their preferred slots have already been allocated.
- Telephone appointments and an online booking system have been implemented; however, some patients interviewed reported they were often unable to book appointments online.

## **People whose circumstances make them vulnerable**

**Population group rating: Good**

### **Findings**

- Patients with learning disabilities were offered the option of home visits, longer appointment times and the practice tried to book with a specific GP (where possible).
- Patients are given extra time for their appointments, even if running over their initial time slot, dependent on urgency of the issues.
- Patients were able to register with the practice and access services if they have no fixed abode.
- The practice has an appointed lead for vulnerable adults.

- Vulnerable patients would be proactively contacted by the practice to arrange health checks.

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

Population group rating: **Good**

### Findings

- The practice liaises with Alzheimer's UK and the Alzheimer's Society to improve access for those with a dementia diagnosis. Face to face training was delivered to staff, and dementia awareness training is delivered to all staff.
- The practice had engaged in quality improvement work with Dementia UK and was in the process of actioning their recommendations.
- The practice was aware of local support groups and was able to demonstrate the knowledge that they knew how to signpost patients correctly.
- Based on results from the Patient Experience Survey July 2019, 85% of respondents felt the healthcare professional recognised or understood any mental health needs during their last GP appointment.
- The practice had appointed a named mental health lead.
- Double appointments were offered to those experiencing poor mental health.

## Timely access to the service

### In the main, 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.	Partial <sub>1</sub>
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 <sub>2</sub>
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> <li>Six out of nine patients interviewed stated that they felt they could access appointments at short notice if needed; however, the remaining three patients stated that they attempted to access urgent appointments and were unable to. Concerns were voiced during patient interviews regarding some reception staff not being aware of what appointments could or could not be booked out. We reviewed the availability of appointments and found that appointments were available for GPs and the practice nurse a week ahead.</li> <li>Patients stated that they were kept well informed regarding any lateness of appointments, and that they generally felt appointments usually ran to time.</li> </ol>	

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)	74.0%	N/A	68.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	70.3%	65.7%	67.4%	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 (01/01/2019 to 31/03/2019)	69.4%	62.6%	64.7%	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 (01/01/2019 to 31/03/2019)	64.8%	66.4%	73.6%	No statistical variation

### Any additional evidence or comments

- The practice introduced a new telephone system in order to attempt cutting down on waiting times to book appointments. Some patients interviewed reported that despite this, they were still experiencing longer than usual waiting times, despite calling promptly once the practice lines opened.
- The practice has introduced an online booking system for patients to self-select and book their own appointments. Some patients interviewed stated that they had positive experiences using this; however, others reported that appointments would not show and consequently they were not able to use this feature.
- The practice has introduced a “commuter clinic” and has extended opening hours to accommodate patients who may have work or school commitments.

Source	Feedback
Patients, PPG member, GP	Delivered verbally during the inspection to the inspector(s).

## 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.	4
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
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"> <li>All complaints made were acted on, and feedback delivered to appropriate staff members and affected patients.</li> <li>The practice had introduced a telephone appointment in response to patient participation group and patient feedback and complaints.</li> <li>There was a poster near to the reception desk giving a postal address for complaints to be made to. Two patients stated that they would prefer an email address to be given in addition, so they could provide feedback in this format, also. We saw that the provider had an email address which had been used by patients to email their complaints and feedback.</li> </ul>	

### Example(s) of learning from complaints.

Complaint	Specific action taken
Patient attended the practice requiring a prescription to be issued immediately.	Practice communicated to staff, that delays should be explained to patients. Ongoing staff training.
Phone disconnected with reception when trying to arrange a phone appointment with GP.	The telephone issues were patient error we have discussed a more streamlined way of allowing patients access to a GP of choice for certain vulnerable groups.

## Well-led

## Rating: Good

- The practice had been responsive to feedback from our previous inspection and had addressed all our findings.
- Governance of the practice promoted the delivery of high-quality and person-centred care, supported learning and innovation, and promoted an open and fair culture.
- Staff understood the practice's vision, values and strategy, and their role in achieving them.
- Arrangements with partners and third-party providers were governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care.

### Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• A clear leadership structure was in place. The partners at the practice demonstrated a commitment to driving improvement in the quality of care and patient experience. We were told there was an open and transparent culture at the practice and all staff were engaged in the direction of the practice.</li><li>• Staff were encouraged to participate and feedback through practice meetings or direct to the managers or one of the GPs.</li><li>• Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. There was evidence that future changes and requirements were acted on immediately or a plan put in place in readiness for changes. For example, developing a diabetes action plan.</li><li>• The practice held clinical meetings, palliative care meetings all staff meetings, reception meetings, complaints meetings and PPG meetings.</li><li>• We saw that all meetings were appropriately minuted and actions were logged.</li></ul>	

## Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population. They demonstrated a determined attitude to overcome the barriers the practice and the population faced.</li></ul>	

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Staff spoken to said leaders were approachable and listened if they raised concerns. They felt respected, supported and valued.</li> </ul>	

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

Source	Feedback
Staff interviews	Staff told us the practice team worked well together and they supported each other. Staff said the GPs and practice manager were supportive and approachable.

## 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"> <li>The practice had nominated staff into designated lead roles, for example safeguarding, infection</li> </ul>	

prevention and control and complaints.

- The practice had a meeting structure which included monthly staff meetings, monthly clinical and multidisciplinary meetings. We saw that all meetings were minuted and minutes were available for staff. The practice also engaged with practices in its locality as part of local initiatives, for example the Primary Care Network (PCN).
- There were practice-specific policies including, child and adult safeguarding, infection and prevention control and significant events. There was a system for these to be regularly reviewed.
- All staff we spoke with knew how to access the practice's policies.

### Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• There was business plan in place which was easily accessible by all staff and awareness raising was provided when there were any changes.</li> <li>• The practice demonstrated a structured approach to the management and oversight of its Quality and Outcome Framework (QOF) achievement which included a patient recall system</li> </ul>	

### 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice had a patient participation group which met quarterly. Meeting minutes were advertised on the practice's website.</li> </ul>	

Feedback from Patient Participation Group.

Feedback
In the main, members of the patient participation group were pleased with the care and treatment delivered at the service and felt that their concerns were listened to and attempts were made to address them.

## Continuous improvement and innovation

**There were 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"> <li>There was clear evidence that staff at the practice drove continuous improvement using a wide range of information as well as their own knowledge and skills. The practice was passionate about ensuring they always provided their patients with the best care possible. For example, the practice closely monitored the effectiveness of their diabetes treatment through carrying out regular audits and reviews. This led to the practice mentoring their nurse to become a nurse prescriber and start antihypertensive and statin prescribing employing.</li> </ul>	

Examples of continuous learning and improvement
Although the practice remains below the CCG and national average in some of their 2019 QOF indicators. There are areas where they demonstrated improvements, in diabetes.

## Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- 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.
- 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). This indicator does not have a CCG average and is scored against the national target of 80%.

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>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

## 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.