Care Quality Commission

Inspection Evidence Table

OHP-Yardley Wood Health Centre (1-4225167724)

Inspection date: 30 October 2019

Date of data download: 28 October 2019

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

Safe Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: • There was a GP safeguarding lead for the practice for support and staff we spoke with knew	

Safeguarding	Y/N/Partial
who this was. • Safeguarding training was part of the practice's mandatory training. Clinical staff were required to complete level 3 child and adult safeguarding. • Safeguarding policies and procedures were accessible to staff on their computers. Contacts for relevant agencies were displayed in clinical rooms. • The practice held quarterly safeguarding meetings with relevant health and social care professionals. We saw minutes from these meetings. • All staff, whose files we viewed, had DBS checks. • Practice staff advised that only clinical staff acted as chaperones.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Explanation of any answers and additional evidence: • We reviewed the recruitment records for three members of staff, two clinical and one non-clinical members of staff. We saw that appropriate recruitment checks had been made. • We saw from a sample of staff records that staff vaccinations were maintained however, these did not include all recommended vaccines as per relevant guidelines.	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: December 2018	Y
There was a record of equipment calibration. Date of last calibration: 30/12/2019	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: 23/08/2019	Y
There was a log of fire drills. Date of last drill: 21/10/2019	Y
There was a record of fire alarm checks.	Y

Date of last check: 28/10/2019	
There was a record of fire training for staff. Date of last training: various dates in 2018/19	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 27/03/2019	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: • Calibration checks had been missed for some items of clinical equipment. Following the inspection, the practice sent evidence of arrangements for these items to be checked.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 06/08/2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 06/08/19	Y
Explanation of any answers and additional evidence: • The premises appeared well maintained. • The practice was supported by an external agency in the management of health and safety.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: January 2019	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: • The practice had a lead member of staff for infection control. • The practice carried out monthly spot checks of the premises to ensure infection control procedures were being followed. • The practice had scored 100% in their latest infection control audit. Staff told us that they had addressed issues identified such as replacing chairs and repairing ceiling tiles.	

- Cleaning logs were maintained for the spirometer only. Staff were expected to clean their own clinical equipment and wipes were provided for this.

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y

Explanation of any answers and additional evidence:

- The practice limited the number of staff that could take leave at any one time to ensure there was enough staff on duty.
- The practice was reviewing staff roles as part of their people development plan. This included multiskilling administrative and reception staff.
- The practice had reviewed staff rotas so that there were more staff available on a Monday when it was busier.
- The practice had obtained interim management support in the long-term absence of their practice manager.
- We saw that new staff to the practice received an induction specific to their role. This included buddying with another member of the staff team.
- Staff had access to on-line sepsis training. Posters were also displayed advising on signs and symptoms of sepsis.
- The practice operated a duty doctor system which reception staff could contact if they had any concerns about a patient.

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers and additional evidence: • The practice had a system for monitoring two-week wait referrals to ensure they were received and patients followed up. • Test results were reviewed by GPs. • The practice held regular multidisciplinary team meeting to discuss the needs of some of their more complex and vulnerable patients with community health and social care teams.	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) (NHS Business Service Authority - NHSBSA)	0.98	0.84	0.87	No statistical variation
The number of prescription items for co-	9.9%	7.6%	8.6%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2018 to 30/06/2019) (NHSBSA)				
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2019 to 30/06/2019) (NHSBSA)	5.01	5.14	5.63	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/01/2019 to 30/06/2019) (NHSBSA)	1.35	1.78	2.08	No statistical variation

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

Medicines management	Y/N/Partial
and disposal of these medicines, which were in line with national guidance.	
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
Explanation of any answers and additional evidence: • The practice received support from a clinical pharmacist through their primary care network (PCN). • The practice received quarterly prescribing reports from the Clinical Commissioning Group (CCG). They had also undertaken various prescribing audits in relation to high risk medicines and antibiotic prescribing although not specifically for controlled medicines. • We reviewed 15 records of patients on high risk medicines, we found appropriate follow up and monitoring in place for those patients. • The practice held a range of emergency medicines. We saw records that showed they were regularly checked to ensure they were in date and fit for use. Staff we spoke with knew where these were kept.	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	25
Number of events that required action:	All discussed and acted on as appropriate
Explanation of any answers and additional evidence:	

- Staff we spoke with were aware of the process for reporting safety incidents.
- The practice made use of Team Net for reporting incidents so that they were accessible to all staff for learning.
- Incidents and any learning were discussed at practice meetings.
- The practice shared both positive and negative events so that any best practice could also be shared when things went well.

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

Event	Specific action taken
NHS England had contacted the practice to ask why the practice had not responded to a complaint.	The practice investigated to find out why the complaint had been missed. The complaint had been sent into the reception junk email box. The incident was discussed at a meeting with reception staff. Staff were advised that they needed to check junk mail as well as the inbox to ensure nothing is missed.
Two-week wait referral made in the wrong name.	The incident was investigated and reason for mix up identified. Staff were advised that they must always check contact details especially when making a referral. The patients involved received an apology and a new referral was made for the correct patient. An alert was placed on the relevant patient records to minimise the risk of this happening again.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y

Explanation of any answers and additional evidence:

- There was a dedicated clinical member of staff responsible for managing safety alerts and ensuring they were acted on.
- Relevant staff were notified of safety alerts and required to sign to acknowledge they had read and were acting on them as appropriate.
- We saw examples of actions taken for two recent alerts received.
- Through the Primary Care Network (PCN) the practice had recently obtained additional support from a clinical pharmacist. There were plans that they would take on the management of Medicines and Healthcare Products Regulatory Agency (MHRA) safety alerts.

Effective Rating: Good

Effective needs assessment, care and treatment

Patients' needs were, 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

Explanation of any answers and additional evidence:

- Records seen during the inspection indicated staff were following current evidence-based guidance.
- Staff had access to new guidance through their computers.
- The practice discussed guidelines such as those from the National Institute for Health and Care Excellence (NICE) at practice meetings. For example, heart failure, urinary tract infections and thyroxine management.
- Clinical staff met daily so that they could discuss care and treatment of any complex patients that they had seen.

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) (NHSBSA)	0.96	0.75	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 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 appropriate medicines.
- The practice did not currently offer ambulatory blood pressure monitoring (ABPM) for patients with suspected hypertension. However, they encouraged patients to undertake home blood pressure monitoring or could refer to another service for ABPM.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately. Anticoagulation services were available at the practice.
- 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) (QOF)	80.7%	79.9%	79.3%	No statistical variation
Exception rate (number of exceptions).	11.5% (83)	13.2%	12.8%	N/A
The percentage of patients with diabetes, on	74.0%	78.1%	78.1%	No statistical variation

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) (QOF)				
Exception rate (number of exceptions).	15.1% (109)	10.1%	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) (QOF)	86.0%	81.1%	81.3%	No statistical variation
Exception rate (number of exceptions).	12.4% (90)	11.2%	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) (QOF)	80.2%	76.4%	75.9%	No statistical variation
Exception rate (number of exceptions).	10.3% (76)	5.7%	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) (QOF)	95.8%	91.3%	89.6%	Tending towards variation (positive)
Exception rate (number of exceptions).	22.0% (61)	10.9%	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)	85.8%	83.2%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.3% (51)	3.8%	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)	94.6%	88.4%	91.1%	No statistical variation

Exception rate (number of exceptions).	5.2% (12)	7.2%	5.9%	N/A

Any additional evidence or comments

- The practice advised that the practice prevalence of many long-term conditions were higher than the national averages.
- Patient outcome data through the Quality Outcome Frame for long term conditions was in line with CCG and national averages.
- We asked the practice about exception reporting for chronic obstructive pulmonary disease (COPD) which had higher exception reporting than local and national averages. The practice advised that they have a high number of patients in a large nursing home with dementia where reviews were clinically inappropriate as the patients were unable to answer questions.

Families, children and young people Population group rating: Good

Findings

- The practice had met the minimum 90% target for all four childhood immunisation uptake indicators. The practice had met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for one of the four childhood immunisation uptake indicators.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	108	112	96.4%	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)	104	115	90.4%	Met 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)	104	115	90.4%	Met 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)	105	115	91.3%	Met 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: Good

Findings

- The practice had undertaken an audit to check the uptake of the Meningitis and MMR vaccines of younger adults, for example before attending university for the first time. Patients were identified and invited in for vaccination.
- 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. Practice data showed 343 health checks had been completed in the last 12 months.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	75.8%	N/A	80% Target	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)	72.9%	63.8%	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)	47.3%	44.0%	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	62.5%	74.2%	69.3%	N/A

diagnosis. (01/04/2017 to 31/03/2018) (PHE)				
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)	51.2%	52.1%	51.9%	No statistical variation

Any additional evidence or comments
The practice was just below the Public Health England target of 80% for the uptake of cervical cancer screening. The practice advised that they followed up patients who did not attend and used prompts on the clinical system to opportunistically remind patients that had not been screened. The practice also used paper slips that they could give to patients during a consultation advising what follow up they needed.

People whose circumstances make them vulnerable

Population group rating: Good

Findings
• 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 advised that they were an accredited 'Going for Gold' practice aimed at improving end of life care. • The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule. • Patients identified as people who misused substances were referred to local services available. • The practice was an Identification and Referral to Improve Safety (IRIS) accredited surgery, supporting patients at risk of domestic violence. • The practice maintained a specific code on clinical records if they had concerns about a patient. The GP was informed if a patient with this code tried to cancel their appointment.

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. • 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. • Patients with poor mental health, including dementia, were referred to appropriate services.

- The practice supported patients across several nursing/care homes and carried out twice weekly ward rounds to support patients at a large nursing home with dementia patients.

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)	91.4%	92.1%	89.4%	No statistical variation
Exception rate (number of exceptions).	6.9% (6)	9.3%	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)	96.4%	92.0%	90.2%	No statistical variation
Exception rate (number of exceptions).	4.6% (4)	7.2%	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)	77.6%	86.3%	83.6%	No statistical variation
Exception rate (number of exceptions).	5.7% (7)	5.8%	6.7%	N/A

Any additional evidence or comments

- Outcomes for patients with mental health conditions were mostly in line with CCG and national averages.
- We discussed the slightly lower than average QOF results for dementia. The practice advised that they appointed a new doctor in January 2019 to carry out ward rounds at a large nursing home with approximately 80-90 patients, including patients with dementia. This helped facilitate dementia reviews to be undertaken whereas prior to this the practice advised that they had been less vigorous in undertaking these reviews for patients at this home.

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)	543.2	No data	539.2
Overall QOF score (as a percentage of maximum)	97.2%	No data	96.4%

Overall QOF exception reporting (all domains)	6.1%	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

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

The practice shared with us a range of audits that they had completed in the last 12 months. These included:

Antibiotic audit in conjunction with the CCG. The baseline audit was carried out in November 2017 and was re-audited in November 2018. The audit compared antibiotic prescribing with other practices across the locally and among individual practice prescribers. The practice was identified as one of the higher antibiotic prescribers in the locality, however the re-audit showed improvements. For example, in terms of choice of antibiotics in line with local antibiotic guidelines.

Atrial Fibrillation (AF) detection audit. This audit was undertaken to trial a risk stratification tool to identify the likelihood a patient will have AF in order to improve detection. Patients with a high-risk score were identified so that staff could opportunistically check the patient. Over the next two months the prevalence of AF had increased by five patients however, none of these patients were identified as high risk through the risk stratification tool. The practice had plans to review again in another two months.

Any additional evidence or comments
The practice participated in a polypharmacy project through the CCG between June and August 2019 to support safer prescribing.

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	N/A
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y

Explanation of any answers and additional evidence:

- All staff had access to a range of online training.
- The nursing team had been supported to undertake role specific training to help meet the needs of the practice. For example, training for respiratory conditions.
- Members of the nursing team told us that they were supported by the practice to attend conferences and nurse forum events.
- The practice employed two advanced clinical practitioners who ran minor illness clinics. Staff we spoke with undertaking these advanced roles told us that they felt supported and that they met monthly with one of the GPs to discuss their consultations. They were also able to contact a GP if they had any concerns during a clinic if needed.
- We saw examples of induction training records for three members of the staff team.
- Staff also received annual appraisals and we saw examples of these.
- Reception team members had been given training to provide care navigation.

Coordinating care and treatment

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

treatment.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2018 to 31/03/2019) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y

Explanation of any answers and additional evidence:

- The practice carried out twice weekly ward rounds at a local residential care home.
- The practice shared with us minutes from their multi-disciplinary team meetings with other health and social care professionals to support their most vulnerable patients. We saw that palliative care meetings had taken place on a quarterly basis. However, although there had been internal safeguarding meetings there had been none with health visiting team since April 2019.
- Information received such as test results and hospital discharge letters were reviewed by GPs to identify any action required.
- The practice advised us that they shared information with the out of hours service to help support continuity of care for patients with end of life care needs.
- Referral letters seen included appropriate information for secondary care.

Helping patients to live healthier lives

Staff were proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y

Explanation of any answers and additional evidence:

- The practice offered social prescribing support through the wider provider organisation (OHP). This was hosted onsite and supported patients in various aspects of their general wellbeing.
- Reception staff had been trained as Care Navigators which enabled them to signpost patients to the most appropriate appointment for their needs or alternative services available.
- The practice website included a range of health and wellbeing advice and self-help support for various health conditions. There was also information available in the waiting area to support patients. For example, in relation to cancer screening, carer support and flu vaccinations.
- The nursing team were working to pull together a resource pack for patients of support organisations.
- Patients with a prediabetic condition were offered support through referral to the diabetes national prevention programme.
- The practice offered in-house smoking cessation support and would signpost patients to weight loss and exercise support if needed.

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) (QOF)	95.3%	95.8%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.3% (8)	0.7%	0.8%	N/A

Consent to care and treatment

The practice 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

Explanation of any answers and additional evidence:

- Minor surgery and the fitting of intrauterine devices was carried out at the practice. We saw examples of formal written consent obtained for those procedures and explanation of any risks.
- We saw that a minor surgery audit had been completed in 2019 which included an audit of consent.
- We saw an example where a patient's records had been updated with advance directive.
- Clinical staff had undertaken online Mental Capacity Act training.

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`
Explanation of any answers and additional evidence: • Feedback received from patients about the way they were treated by all staff (clinical and non-clinical) was positive.	

CQC comments cards	
Total comments cards received.	17
Number of CQC comments received which were positive about the service.	15
Number of comments cards received which were mixed about the service.	2
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC Comment Cards	All the comment cards we received were positive about all staff groups. Patients described the practice staff as kind and caring. Patients told as that staff treated them with respect.
NHS Choices	There were 16 reviews posted in the last 12 months. The majority were positive about the staff and service they received.
Patient Participation Group	We spoke with two patients who were also members of the practice's patient participation group (PPG). They were positive about the care they received from the practice and felt the practice was there for them when they needed support.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9133.0	297.0	96.0	32.3%	1.05%

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)	94.9%	86.8%	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)	89.6%	85.5%	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)	99.4%	94.4%	95.5%	Tending towards variation (positive)
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)	77.8%	80.1%	82.9%	No statistical variation

Any additional evidence or comments
• Results from the national GP patient survey in July 2019 showed patients responded positively to questions about the quality of consultations.

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

Any additional evidence
The practice carried out their own inhouse patient survey during 2019 over a two-week period, 31 patients completed the survey. Responses to questions relating to the quality of consultations was similar to the National GP patient Survey results. For example:

- 94% of patients who responded said the healthcare professional was good or very good at listening to them.
- 94% of patients who responded said the healthcare professional was good or very good at treating them with care and concern.
- 97% of patients who responded said they had confidence and trust in the healthcare professional they saw or spoke to.
- 75% of patients who responded described their experience of their GP practice as good or very good.

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
Explanation of any answers and additional evidence: • Reception staff had been trained in care navigation so that they could direct and advise patients on alternative support available. • The new patient registration form enabled patients to advise the practice if they had any special requirements, so the practice could help support them with their needs. • The practice had access to a social prescriber who they could access for information about local services available to support their general wellbeing. • Information about services available were displayed in the waiting area.	

Source	Feedback
CQC comment cards and Interviews with patients.	Feedback from patients through the CQC comment cards and interviews with patients told us that they felt listened to and that staff took into account their preferences.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP	96.8%	91.9%	93.4%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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)				

Any additional evidence or comments
Results from the practice's inhouse patient survey found 94% of patients who responded felt they were involved as much as they wanted to be in decisions about their care and treatment. These results were similar to the National GP patient survey.

	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:

- The practice had access to translation services if needed.
- A hearing loop was available in reception.
- The practice was part of a wider provider organisation who they could go to for support if they needed information in different formats.
- The practice website could be translated into a range of different languages.
- There was a range of information about support groups available in the waiting area.
- The practice website had links through the NHS website to various condition specific organisations.

Carers	Narrative
Percentage and number of carers identified.	257 (approximately 2.8% of the practice list)
How the practice supported carers (including young carers).	There was a carer's notice board in the waiting area and a carers pack with information about support available. The practice held a carer's event in June 2019 which included a raffle to raise awareness and offer support. Patients who were on the carer's register were offered the flu vaccinations.
How the practice supported recently	The practice contacted patients who had recently been bereaved. This was confirmed in the patient feedback we received.

bereaved patients.	A letter was sent to patients who had recently been bereaved offering support and details of other support services available. The practice held an event in 2017 to educate staff and patients about what happens when someone dies. They had speakers from different religions, the hospice, solicitor and funeral directors. Members of the practice's patient group advised us that the event was well received. The practice utilised this learning to develop a bereavement protocol.

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
Explanation of any answers and additional evidence: • The practice used a dedicated quiet room if patients wished to discuss anything in confidence. • Consulting and treatment rooms had key pad locks to help minimise the risk of unauthorised access into the rooms during consultations. • Privacy curtains were available in treatment rooms. • The practice had recently moved telephones away from the reception desk to help minimise the risk of conversations being overheard.	

If the practice offered online services:

	Y/N/Partial
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y

Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y

Explanation of any answers and additional evidence:

- Patients could access video consultations through the extended access hub arrangements arranged through the wider provider organisation. These took place outside of the practice.
- Patients were required to register for the service with proof of identity, patients were made aware of the privacy arrangements and provided consent for the video consultations.
- We were advised that video consultations were not recorded.
- Doctors carrying out video consultations were required to demonstrate the suitability of the environment used at the start and end of sessions for auditing purposes.

Responsive Rating: Requires Improvement

The practice had significantly lower than CCG and national average scores for patient satisfaction in relation to access. Although we saw that the practice was taking action which was beginning to show signs of improvement. Issues relating to access impact on the ratings of all population groups.

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y

Explanation of any answers and additional evidence:

- The practice complied with the CCG's universal offer to deliver services in line with local priorities.
- The practice recognised access was a major challenge and was taking action to try and deliver improvements.
- The premises were purpose built with disabled parking facilities. There was ramp access and a large open waiting area for people who used wheelchairs or for pushchairs.
- The practice had access to translation services, hearing loop and support from a wider provider organisation should information be required in any additional formats.
- The practice had introduced doctor instruction slips to ensure the correct appointment or follow up was made after a consultation.

Practice Opening Times	
Day	**Time**
Opening times:	
Monday	8am to 12.45pm 2pm to 6pm
Tuesday	8am to 12.45pm 2pm to 6pm
Wednesday	8am to 12.45pm 2pm to 6pm

Thursday	7am to 12.45pm 2pm to 6pm
Friday	8am to 12.45pm 2pm to 6pm
Appointments available:	
Monday	8.20am to 11.20am 2.50pm to 5.20pm
Tuesday	8.20am to 11.20am 2.50pm to 5.20pm
Wednesday	8.20am to 11.20am 2.50pm to 5.20pm
Thursday	7.40am to 11.20am 2.50pm to 5.20pm
Friday	8.20am to 11.20am 2.50pm to 5.20pm
	Telephone appointments were available in addition to the above appointment times.
Extended access:	
Monday to Thursday	6.30pm to 8pm
Saturday	8.30am to 11.30am
Video consultations available to patients who have signed up for this service:	
Monday to Friday	6.30pm to 8pm
Saturday and Sunday	8am to 4pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9133.0	297.0	96.0	32.3%	1.05%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2019 to 31/03/2019)	98.7%	93.2%	94.5%	Tending towards variation (positive)

Older people

Population group rating: Requires Improvement

Findings

Issues identified relating to access to services impact on the rating for all population groups.

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- In recognition of the religious and cultural observances of some patients, the GP would try to accommodate the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- The practice hosted an audiology service.

People with long-term conditions

Population group rating: Requires Improvement

Findings

Issues identified relating to access to services impact on the rating for all population groups.

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

- The practice offered a range of inhouse services to support the diagnosis and ongoing monitoring of patients with long term conditions. This included anticoagulation, spirometry and phlebotomy services.

Families, children and young people

Population group rating: Requires Improvement

Findings

Issues identified relating to access to services impact on the rating for all population groups.

- Nurse appointments were available outside school hours so that school age children did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice hosted weekly midwife and health visitor clinics. Parents with concerns regarding younger children were able to access the health visiting clinics.
- The practice offered a private room for mothers for breastfeeding.

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

Findings

Issues identified relating to access to services impact on the rating for all population groups.

- The practice offered an inhouse extended hours on a Thursday morning in addition to hosting the extended access hub in the evenings at weekends for the convenience of patients who worked.
- The practice offered online access to appointments and repeat prescriptions. These could also be accessed via a mobile application.
- The practice offered telephone appointments to patients where appropriate for patients who may find it difficult attending the practice and were introducing video consultations. Reception staff had been trained as care navigators so that they could signpost patients to the most appropriate appointments for their needs.
- The practice offered travel vaccinations available on the NHS, NHS health checks and contraceptive services.

People whose circumstances make them vulnerable

Population group rating: Requires Improvement

Findings

Issues identified relating to access to services impact on the rating for all population groups.

- The practice held a register of patients living in vulnerable circumstances such as for people with a learning disability. Alerts were placed on clinical records to indicate if a patient needed additional support.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice had held an event in 2017 to help inform patients and staff about what happens at end of life and utilised this to develop a bereavement protocol.

People experiencing poor mental health (including people with dementia)

Population group rating: Requires Improvement

Findings

Issues identified relating to access to services impact on the rating for all population groups.

- The practice offered emergency appointments for patients who needed them.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice achieved a score of 95% in the latest National GP patient survey where respondents felt the healthcare professional recognised or understood any mental health needs during their last general practice appointment.
- The practice offered various health and wellbeing services including social prescribing, inhouse walking group and referrals to healthy minds counselling services.

Timely access to the service

People were not always able to access care and treatment in a timely way. Results from the National GP Patient Survey were significantly lower than CCG and national averages. However, the practice was able to demonstrate that they were taking action to improve access and starting to show some improvement.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence: • Practice staff advised us that patients requesting a home visit were allocated to the triage list and contacted by a GP to assess clinical necessity and urgency of need. • Alerts were placed on the clinical systems for patients with priority needs for example, patients with end of life care needs.	

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)	20.0%	N/A	68.3%	Significant Variation (negative)
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)	38.7%	61.4%	67.4%	Variation (negative)
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)	44.6%	61.2%	64.7%	Tending towards variation (negative)
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)	67.8%	69.0%	73.6%	No statistical variation

Any additional evidence or comments
The results from the 2019 National GP Survey showed limited improvement since 2018. For example: • 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 was 22.4% in 2018 and 20% in 2019. • The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment was 33% in 2018 and 39% in 2019. • The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times was 44% in 2018 and 45% in 2019. • The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered was 52% in 2018 and 68% in 2019. The practice had carried out their own inhouse patient survey in July 2019 over a two-week period, 31 patients completed the survey. Responses to questions relating to access were an improvement on the National GP patient Survey results. For example: • 52% of patients who responded said they found it very or fairly easy to get through to someone at their GP practice on the phone. • 71% of patients who responded said their experience of making an appointment was good or very good. • 65% of patients who responded said they were very or fairly satisfied with the general practice appointment times that were available to them. • 87% of patients who responded said they were satisfied with the type of appointment they were offered. The practice told us about the various actions they had taken to try and improve patient access: • The practice had trialled a telephone triage system in 2016. However, they found this was not working effectively and so reduced triage to home visits and patients who felt their concerns could be dealt with as a telephone consultation. • A new telephone system was implemented during Summer 2018 with call monitoring facilities implemented in July 2019. Data collected since July 2019 showed the practice was answering 92% of calls on average per month. • The practice had introduced a dedicated telephone line for hospital and community services to free patient phones. • The practice has been hosting the extended access hub since July 2019. • Reception staff had been given training as care navigators to signpost patients to the most appropriate service for their needs. This was launched in July 2019. • The practice had promoted and increased the number of online bookings and cancellation of appointments was made easier through text messaging and mobile applications. • The practice had recruited additional clinical staff to help manage service demand. For example, the practice employed an Advanced Nurse Practitioner and Paramedic Practitioner in April 2018.

- Reception rotas were reviewed February 2019 to help manage peak times for phone pressure.

Although it was clearly evident that the practice was working to improve patient access. There was a lack of clear impact on patient satisfaction. Actions that had been taken in 2018 were not fully reflected in the levels of improved patient satisfaction in the national survey results for 2019 and inhouse survey (which was relatively low numbers).

Following the inspection, the practice carried out a further survey over a week. A total of 69 surveys were completed. This showed 73% of patients who responded said it was very easy or fairly easy to get through to someone at their GP practice on the phone. This demonstrated that the practice was moving in the right direction.

Source	Feedback
NHS Choices	There were 16 reviews posted in the last 12 months. Four of the reviews contained negative comments about access.
CQC comment cards	Of the 17 CQC comment cards there were two negative comments about access.
Patient participation group (PPG)	We spoke with two members of the PPG who told us that, although they themselves did not experience difficulties obtaining appointments they were aware that others did. Members of the PPG felt that the practice did accommodate those with priority needs.

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.	22
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Partial
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: The practice had a complaints policy and procedure. However, information about the complaints process was not clearly visible. The complaints leaflet was held behind reception. Following the inspection, the practice forwarded a complaints poster they had developed for displaying in the practice.	

Learning from complaints was shared with staff at practice meetings.

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient unhappy that they had been booked in for a long-term condition review but were unable to have the review due to medication they had received.	The incident was investigated and an apology given to patient. The patient was rebooked for another appointment.
Patient rang practice to book appointment at 8am. When their call was answered there were no appointments and questioned how they were being allocated.	The practice wrote to the patient to assure them that the appointments were equally allocated to all patients.

Well-led Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: • The practice had joined Our Health Partnership (OHP), a provider at scale to help achieve future sustainability and resilience in the provision of primary medical services. The OHP partnership model is one of local autonomy where individual practices and the GP partners work to identify their own local priorities and run the practices the way they see fit to meet their own local population needs with the support from a larger organisation. • The practice was aware of the challenges they faced. Access was identified as one of the main challenges which they were taking action to try and address. The practice had also obtained interim management support in the absence of their practice manager.	

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: • The practice had developed an annual business plan which set out their mission statement, values and objectives. Staff we spoke with said they had been involved in deciding these. • The practice had recently taken the opportunity to review staffing roles.	

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: • There was a freedom to speak up guardian within the wider provider organisation however, staff we spoke with were not aware of this. Following the inspection, the practice sent details of the agenda for their next practice meeting where this was going to be raised. • Practice staff we spoke with told us that it had been a difficult time with the absence of the practice manager but felt the team had pulled together and the partners and interim management had been supportive. • Staff had completed equality and diversity training in line with the provider's mandatory training requirements.	

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

Source	Feedback
Interviews with staff	• Clinical staff told us that they met for a daily coffee break to provide an opportunity to discuss any concerns or patient queries that had come up during the day. • Staff told us that they felt confident in raising any concerns or issues and that they would be listened to.

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:

- Staff we spoke with were clear about their roles and responsibilities.
- Clinical staff had lead roles within the practice for example, women's health, various long-term conditions and safeguarding.
- We saw that the practice held staff meetings. However, minutes seen were generally disorganised, it was not clear how frequently they were taking place, who was in attendance or what actions needed taking forward.
- As a member of OHP there was an additional tier of governance in which the provider organisation maintained oversight of practice performance.

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:

- Records seen demonstrated that the practice had systems in place for managing clinical and environmental risks.
- The practice had systems in place for recording, monitoring and learning from significant events. Staff we spoke with were aware of this process.
- We found performance with regards to patient outcomes were mostly in line with CCG and national averages.
- Staff received training in basic life support. Emergency equipment and medicines were available if needed.

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence: • Patient records and care plans seen supported the ongoing care and treatment of patients. • The practice was in the process of moving policies, procedures and other information into Team Net clinical governance system to support the sharing of information across the staff team.	

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Any unusual access was identified and followed up.	Y
Explanation of any answers and additional evidence: • We saw the practice's registration certificate with the Information Commissioner's Office. • The Data Protection Controller was provided through the OHP provider organisation to member practices.	

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:

- The practice had an active patient participation group with approximately 20 regular members. Meetings were held approximately every three months and were well attended. The meetings gave opportunities for patients to understand what was going on in the practice and ask questions. Guest speakers had also attended to discuss issues such as diet and what to do when someone dies.
- The practice had carried out an inhouse patient satisfaction survey, results were starting to show progress with actions taken to improve access.
- The practice participated in the friends and family test. Between April and October 2019, the practice had received 1167 responses, of those 1012 (89%) said they would be likely or extremely likely to recommend the practice to others.
- The practice responded to individual feedback received from patients through the NHS Choices website.
- Staff had opportunities to provide feedback and raise issues through team meetings and appraisals.
- The practice worked with external partners including their wider provider organisation, other practices within their primary care network and the CCG to deliver local priorities and in the ongoing development of services.

Feedback from Patient Participation Group.

Feedback
We spoke with two members of the practice's patient participation group (PPG). They told us that they felt valued as a group and that the practice was open with them. The also told us that the practice was receptive to ideas and had implemented a walking group in response to feedback. The practice had also offered the premises to the group if they wanted to use it to support patients in any way.

Continuous improvement and innovation

There was little 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:

- Staff had access to regular appraisals and various online training.
- Learning was shared from incidents and complaints to help support service improvements.
- The practice is a teaching and training practice for medical students and qualified doctors training to become a GP.
- The practice is a research ready accredited practice.

Examples of continuous learning and improvement
• The practice had been proactive in addressing low satisfaction with patient access. Action taken to improve had included a new telephone system with call monitoring capabilities. • The practice had reviewed and developed their skill mix to support clinical needs which included the recruitment of advanced clinical practitioners for seeing minor illnesses. They had also upskilled non-clinical staff in care navigation and multiple tasks to better support patients. • The practice had recently taken on the extended access hub role from another practice. This enabled patients to access primary medical services in the evening and at the weekends. • Patients at the practice were able to sign up for and access video consultations through the wider provider organisation. • The practice offered onsite social prescribing support. • The practice had access to pharmacist support through their primary care network. The pharmacist supported the practice two days a week with any medicine issues.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. 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.