

Care Quality Commission

Inspection Evidence Table

East Lynne Medical Centre (1-566742007)

Inspection date: 15 October 2019

Date of data download: 15 November 2019

Overall rating: Requires Improvement

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/2019.

Effective

Rating: Requires Improvement

We have rated the practice as requires improving for providing effective services. We found exception reporting had remained consistently high in comparison with other local and national practices and we were not provided with assurance that it was being effectively applied. This was a recurrent theme seen in previous inspections. This exception reporting concern affected the patients at the practice that needed access to quality care. This rating affected all population groups and as a result we have rated them as requires improvement for effective services.

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	N/A
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Effective referral pathways were seen for patients with long-term conditions, and regular reviews were recorded with updates of continuing care and treatment. Evidence of multiple reminders were seen on clinical records sampled to check medication reviews. 	

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)	1.91	1.19	0.75	Variation (negative)
<p>Any additional evidence or comments:</p> <p>We asked the practice about the higher than local and national average hypnotics prescribed at the practice. We were told:</p> <ul style="list-style-type: none"> An audit of patients prescribed hypnotics by indication showed over 86% of the patients had associated mental health problems. They have formulated an action plan that will be taken forward by the pharmacist working at the practice to ensure hypnotics were prescribed effectively. The practice told us because their patients lived in the lowest deprivation area in the country it impacted on their hypnotic prescribing. 				

Older people

Population group rating: Requires Improvement

Findings

- The practice identified older patients on a register who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The emergency care practitioner (ECP) provided home visits and can prescribe when patients in this population group cannot get to the surgery.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any added medicines or changed needs.
- The practice provided structured annual medication reviews for older patients.
- Personalised care plans for those over 75 years of age were seen in patient records.
- 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: Requires Improvement

Findings

- The practice provides a holistic approach for patients with long term condition (LTCs) seeing them for a review in a single appointment.
- Patients with LTCs were offered a structured annual review to check their health and medicines needs were being met. The pharmacist working at the practice for five years had received specialist training in management to carry out this role. For patients with the most complex needs, the clinicians worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with LTCs had received specific training. For example, the pharmacist, the nurse practitioner, and the LTC nurse.
- The practice supports self-help with condition management information within the waiting room and on their website.
- Clinicians 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 LTCs.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice held quarterly meetings with the Essex diabetes services team.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	73.1%	78.6%	79.3%	No statistical variation
Exception rate (number of exceptions).	16.7% (99)	7.6%	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	81.6%	78.6%	78.1%	No statistical variation

months) is 140/80 mmHg or less (01/04/2018 to 31/03/2019) (QOF)				
Exception rate (number of exceptions).	16.5% (98)	5.1%	9.4%	N/A
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2018 to 31/03/2019) (QOF)	80.3%	81.9%	81.3%	No statistical variation
Exception rate (number of exceptions).	15.2% (90)	8.1%	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)	77.4%	73.5%	75.9%	No statistical variation
Exception rate (number of exceptions).	29.8% (162)	4.4%	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)	91.6%	83.8%	89.6%	No statistical variation
Exception rate (number of exceptions).	36.4% (82)	7.9%	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)	83.4%	82.4%	83.0%	No statistical variation
Exception rate (number of exceptions).	7.9% (103)	2.4%	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)	82.1%	90.5%	91.1%	Tending towards variation (negative)
Exception rate (number of exceptions).	1.4% (2)	4.5%	5.9%	N/A

Any additional evidence or comments
We asked the practice about the high exception reporting and lower for long term condition quality indicators. <ul style="list-style-type: none"> We were shown the work to call and recall patients that did not attend for quality treatment

appointments, which was greater than the number of recalls mandated for this work. However, overall exception reporting for many long term conditions had remained excessively high over time.

- We asked the practice to provide a reason for the high exception reporting however, we have not received a valid reason or evidence to understand why this data was so high.

Families, children and young people

Population group rating: Requires Improvement

Findings

- We were shown the arrangements in place at the practice to contact the parents or guardians of children due to have childhood immunisations. However, the practice had not met the minimum 90% threshold for three of the 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 the childhood immunisation uptake indicators. We noted that compared to the practice previous year's immunisation uptake the 2018 to 2019 uptake was marginally less overall.
- 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 close links with the local health visitors to support children's healthcare.
- Arrangements to identify and review the treatment of newly pregnant women on long-term medicines was in place. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Clinicians were receiving specific training to deal with paediatric conditions.
- 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)	89	97	91.8%	Met 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)	62	69	89.9%	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)	62	69	89.9%	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)	61	69	88.4%	Below 90% minimum
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Note: Please refer to the CQC guidance on Childhood Immunisation data for more information:
<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Any additional evidence or comments

We asked the practice about the low immunisation records seen in the practice data above.

- The practice told us low immunisation rates were because their patients lived in the lowest deprivation area in the country. They also thought the number of transient and short term patients registered at the practice impacted on their figures.
- We saw repeated recalls in patient records by the nurse and administrative staff showing the work they had undertaken to encourage childhood immunisations.

Working age people (including those recently retired and students) Population group rating: Requires Improvement.

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. We were told 72 patients had been vaccinated in 2019.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- Text message reminders, appointment confirmation and a cancellation facility was available.
- Access to extended hours appointments from 8am till 8pm and at weekends and bank holidays were available due to the practice being a member of the Clacton GP Alliance Group.

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)	66.6%	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)	67.4%	70.6%	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)	47.9%	56.3%	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)	45.9%	67.6%	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)	41.9%	55.8%	51.9%	No statistical variation

Any additional evidence or comments

We asked the practice about the low cancer indicators in comparison with local and national figures.

- We were shown the work to call and recall patients that did not attend for review appointments, which was greater than the number of recalls mandated for this work.
- The practice told us cancer screening was low because their patients live in the lowest deprivation area in the country, they also thought the number of transient and short term patients registered at the practice impacted on their figures.

People whose circumstances make them vulnerable Population group rating: Requires Improvement.

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice clinicians reviewed patients at local residential homes.
- Liaison with allied healthcare workers, midwives, councillors, district nurses, and health visitors was seen in multidisciplinary (MDT) meeting minutes.
- We were told the practice had access to learning disability nurses for this population group.

People experiencing poor mental health (including people with dementia)

Population group rating: Requires Improvement

Findings

- A mental health nurse was available from the primary care network (PCN) to support the clinical team at the practice.
- 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.
- The practice had a specific area in the waiting room and on their website with information for this population group.

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) <small>(QOF)</small>	82.2%	87.5%	89.4%	No statistical variation
Exception rate (number of exceptions).	25.2% (34)	8.0%	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) <small>(QOF)</small>	90.6%	86.5%	90.2%	No statistical variation
Exception rate (number of exceptions).	21.5% (29)	6.2%	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) <small>(QOF)</small>	90.5%	84.3%	83.6%	No statistical variation
Exception rate (number of exceptions).	17.6% (18)	7.2%	6.7%	N/A

Any additional evidence or comments

We asked the practice about the high exception reporting and lower achievements for the mental health quality indicators.

- We were shown the work to call and recall patients that did not attend for review appointments, which was greater than the number of recalls mandated for this work. However, overall exception reporting for mental health conditions remained excessively high.
- We looked at exception reporting over time for this practice and although there was some improvement figures still remained higher than other local and national practices.
- We asked the practice to provide a reason for the high exception reporting however, we have not received a valid reason or evidence to understand why this data was so high.
- The practice thought low deprivation and the number of transient and short term patients registered at the practice impacted on their mental health figures.

Monitoring care and treatment

The practice had a 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)	537.8	No Data	539.2
Overall QOF score (as a percentage of maximum)	96.2%	No Data	96.4%
Overall QOF exception reporting (all domains)	9.7%	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

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

- Audit of antibiotics used to ensure appropriate prescribing and reduce incidence of resistance.
- Using the National Institute for Health and Care Excellence (NICE) standards, clinical data was collected and work carried out to reduce prescribing in line with good antibacterial stewardship.
 - Data reviewed over the last two years showed antibacterial prescribing at the practice had decreased and was now lower than the average percentage of other local practices.
 - As a result of this audit, we found that the number of prescriptions had reduced, and there was improvement in the adherence to the NICE antibiotic prescribing guidance. These improvements had been maintained over time.

Any additional evidence or comments

- Ongoing audit of patients prescribed hypnotics to reduce prescribing levels was seen.
- Compliance assurance audits of the nurse practitioners work was seen to ensure clinical guidance and competencies were followed effectively.
- Clinicians were currently carrying out audit work of 'non-steroidal anti-inflammatory drugs' (NSAID's), to monitor the risk of avoidable bleeds in patients.
- They were also auditing medicines treatment regimens that needed close monitoring with regular blood tests to ensure patients were receiving their blood monitoring in line with prescribing guidance.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	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: <ul style="list-style-type: none"> Staff records seen showed new staff had access to an effective induction programme. Clinical and non-clinical staff had regular appraisals and clinical staff received coaching, mentoring, or supervision when appropriate. They were supported to meet the requirements of professional revalidation. 	

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
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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 carer's 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: <ul style="list-style-type: none"> Smoking cessation advice and weight management signposting was seen at the practice and on their website. We saw evidence of meeting minutes held with a multi-disciplinary (MDT) team to discuss frail patients with the community team, social care representatives, and hospice. 	

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%	95.3%	95.0%	No statistical variation
Exception rate (number of exceptions).	1.8% (43)	0.8%	0.8%	N/A

Consent to care and treatment

The practice always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y

Policies for any online services offered were in line with national guidance.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• We saw support was provided for patients to make decisions about treatment, and consent was documented in patient records.	

Caring

Rating: Requires Improvement

We have rated the practice as requires improving for providing caring services as we found patient satisfaction data in the national GP survey was low and had remained lower than local and national practices for the last three years for caring indicators.

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: <ul style="list-style-type: none"> The practice had recently increased the time taken for all appointments from 10 to 15 minutes, this was done to improve patient satisfaction. Practice staff had all received equality and diversity training in the last shut down afternoon. 	

CQC comments cards	
Total comments cards received.	21
Number of CQC comments received which were positive about the service.	18
Number of comments cards received which were mixed about the service.	3
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Friends & Family 2017	69% would recommend the practice
Friends & Family 2018	77% would recommend the practice
Friends & Family 2019	91% would recommend the practice
Explanation of any answers and additional evidence: These figures show a rise of 22% of people that would now recommend the practice to friends and family.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8295.0	305.0	116.0	38.0%	1.40%

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)	82.2%	85.6%	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)	73.4%	85.2%	87.4%	Variation (negative)
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)	84.4%	94.5%	95.5%	Variation (negative)
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)	64.1%	77.4%	82.9%	Variation (negative)

Any additional evidence or comments

We asked the practice about the low data in the national GP survey.

- The practice recognised some of the data in the survey was still low, although they had made a number of changes to their appointments system and provided staff with training to improve patient satisfaction.
- We did note that over the last year the four indicators in the example above there was a marked improvement in patient satisfaction. For example; in 2018 healthcare professionals being good at listening to patients had improved from 64% to 82%, and in 2018 patient's response to the overall experience at the GP practice had improved from 47% to 64%. We were told that training and an increased number of clinicians had been the reason for this improvement. The practice also told us they had recently moved from 10 minute appointments to 15 minute appointments to improve patient satisfaction further.

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

Any additional evidence

- The practice patient participation group produced surveys and newsletters seen in the practice and on the website.

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: Easy read and pictorial materials were available when needed for those without verbal communication.	

Source	Feedback
Interviews with patients.	<ul style="list-style-type: none"> We spoke with four patients during the inspection and two members of the patient participation group. All those we spoke with had noticed improvements in the last two years We were told by patients that making an appointment was much easier now, however did feel access via the phone still took longer than they would have liked.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2019 to 31/03/2019)	85.0%	92.4%	93.4%	Tending towards variation (negative)

Any additional evidence or comments

<ul style="list-style-type: none"> The practice recognised this data above in the survey was still low, although they had made a number of changes with staff training to improve patient satisfaction. Last year this indicator for involvement of decisions in 2018 was 79%, and in 2019 this had risen to 85%.

	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

<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Information was available within the waiting areas at the practice and on the website. Information in other languages was available on request.
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Carers	Narrative
Percentage and number of carers identified.	The practice had 111 carer's on their carer's register which equated to 1.3% of the practice population.
How the practice supported carers (including young carers).	There was a carer's information area in the waiting room and information specifically for carer's on the practice website.
How the practice supported recently bereaved patients.	A letter and sympathy card if appropriate was sent and the offer of an appointment or support was provided.

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

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.	N/A
The practice advised patients on how to protect their online information.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Information was available on the practice website to support patients protect their online information. There were helpful video clips online accessed through the practice website, to provide patients with advice about basic health care and support. 	

Responsive

Rating: Requires Improvement

At a previous inspection on 26 September 2017, we rated the practice requires improvement for providing effective services. This was due to the lack of actions and processes in place to improve and act on poor feedback from patients regarding the practice services.

Although the practice had provided us with many actions they have undertaken to improve patient satisfaction, we have rated the practice as requires improvement for providing responsive services. This was due to patient satisfaction data in the national GP survey remaining lower than local and national practices for the last three years. This rating affected all population groups, and as a result they have been rated as requires improvement for responsive services.

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: <ul style="list-style-type: none">• Through the primary care network, Clacton GP Alliance Group, patients at the practice had access to extended hours appointments from 8am till 8pm, and at weekends and bank holidays.	

Practice Opening Times		
Day	Time	
Opening times:		
Monday	8am - 6:30pm	
Tuesday	8am - 6:30pm	
Wednesday	8am - 6:30pm	
Thursday	8am - 6:30pm	
Friday	8am - 6:30pm	
Appointments available:		
Monday	8am – 11:30am	2pm - 6:30pm
Tuesday	8am – 11:30am	2pm - 6:30pm
Wednesday	8am – 11:30am	2pm - 6:30pm
Thursday	8am – 11:30am	2pm - 6:30pm
Friday	8am – 11:30am	2pm - 6:30pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8295.0	305.0	116.0	38.0%	1.40%

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)	87.7%	93.4%	94.5%	Tending towards variation (negative)

Older people

Population group rating: Requires Improvement

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- The practice clinical team worked with other community professionals to provide a holistic approach.
- Advanced care planning was discussed with older patients approaching the end of life. A 'my care choices' document was held on patients records to ensure they received the care and treatment they had agreed to, in the place they had requested.
- Monthly multidisciplinary (MDT) meetings and quarterly gold star framework (GSF) palliative care meetings were undertaken at the practice.

People with long-term conditions

Population group rating: Requires Improvement

Findings

- Patients with multiple conditions had their needs reviewed in one holistic appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- The practice encouraged self-help with information in the waiting room and with links to websites on the practice own website.
- Access was available for patients to electro cardiograms (ECG's) and pulse oximetry.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- The practice had a dedicated team of three administrators to co-ordinate the management of long term conditions.
- There was a dedicated administrator to manage reviews, and blood tests recalls.

Families, children and young people

Population group rating: Requires Improvement

Findings

- 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. Records we looked at confirmed this.
- All parents or guardians calling the practice with concerns about a child were offered a same day appointment when necessary.
- The practice aimed to register the whole family so a holistic approach could be provided to ensure continuity of care.
- The practice followed a policy to respond within 24 hours to 'section 47' requests after discussion with a social worker. (a section 47 is initiated to decide whether and what type of action is required to safeguard and promote the welfare of a child who is suspected of, or likely to be, suffering significant harm).
- As a member of the Clacton GP Alliance Group, patients had access to extended hours appointments from 8am till 8pm, and at weekends and bank holidays ensuring school age children did not need to miss school.

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- There were appointments available until 8pm from Monday to Friday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of the Clacton GP Alliance group. Appointments were also available on Saturday and Sundays from 10am to 1pm.
- There was an appointment online, booking, cancelling, and repeat prescription request access via the practice website.
- Telephone consultations, for routine and emergency requests and calls to mobiles were encouraged.
- Text message reminders, appointment confirmation and a mobile phone cancellation facility was available.

People whose circumstances make them vulnerable

Population group rating: Requires Improvement

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

- We were told constant liaison with allied health care professionals, including midwives, counsellors, district nurses, and health visitors supported patients in this population group. They also, said a good relationship with the community learning disability team had been established.
- Learning disability checks were undertaken, with a visit to the patient's own home if appropriate.

People experiencing poor mental health (including people with dementia)

Population group rating: Requires Improvement

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- The practice had support from a mental health nurse via the primary care network to assist the clinical team with patients in this population group.
- There was a mental health and learning disability notice board in the waiting room to support patients and carer's of people experiencing poor mental health.

Timely access to the service

People were able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Patients we spoke with told us they could always get an appointment if they needed one. 	

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)	19.4%	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	41.7%	61.2%	67.4%	Tending towards variation (negative)

Indicator	Practice	CCG average	England average	England comparison
appointment (01/01/2019 to 31/03/2019)				
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)	40.4%	58.7%	64.7%	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)	63.0%	70.0%	73.6%	No statistical variation

Any additional evidence or comments

Any additional evidence or comments

We asked the practice about the low data in the national GP survey.

- The practice recognised the data in the survey was low, and in response to data collected, January to March 2018 and 2019 and published in July 2018 and 2019, they had made a number of changes to their appointments system and provided staff with training to improve patient satisfaction. The practice had also made changes to the number of staff members answering the phones and the telephone system since April 2019 which was after the data collection of the last survey and will not show the impact of the work until 2020.
- The patients we spoke with told us since April 2019 it had been much easier to access the practice by phone. We were also told that they could always get an appointment.
- We did note some improvement in patient satisfaction. For example; in 2018 satisfaction with the type of appointment (or appointments) offered was 44%, and in 2019 patients' response had improved to 63%.

Source	Feedback				
For example, NHS Choices 2018	Telephone access  9 ratings	Appointments  9 ratings	Dignity and respect  9 ratings	Involvement in decisions  9 ratings	Providing accurate Information  9 ratings
For example, NHS Choices 2019	Telephone access  3 ratings	Appointments  3 ratings	Dignity and respect  3 ratings	Involvement in decisions  3 ratings	Providing accurate Information  3 ratings
<ul style="list-style-type: none"> We saw that every NHS Choices review had been responded to by the practice manager. They had thanked the positive reviews and invited those that had provided negative reviews to contact the practice manager offering an email address and the practice managers name. 					

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.	18
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.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Complaints were a standing agenda item to be discussed during practice meetings. We saw minutes that showed learning had resulted from complaints and shared with staff members. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
<u>Letter to practice:</u> Patients wife not happy with clinical care and attitude of doctor. Worried as husband a complex diabetic and had a stroke. Not happy with GP advise.	<u>Action</u> Nurse built a rapport with wife to accept advise from community diabetic team. <u>Complaint review meeting</u> Rapport continued to ensure wife accepts clinicians advice.
<u>Email Complaint:</u> Unacceptable delay accessing practice by phone. System down beyond practice control	<u>Action</u> Letter to patient offering apology. No further correspondence from complainant. <u>Complaint review meeting</u> Out of surgery control. But ensure quick response for any future breakdowns.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">We saw the clinical and managerial leadership at the practice worked together to provide treatment, and care.	

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">The practice promoted their holistic approach, to care and treatment at the practice.The practice meeting minutes showed the practice discussed their strategy and primary care network (PCN) priorities to ensure the needs of their patients were met.	

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"> We found the practice was committed to offering training and support, encouraging staff to improve patient services. 	

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

Source	Feedback
Staff members	Told us they felt valued by management and clinical leaders.
A Community staff member	Told us the practice staff were really good communicators and worked well with the community health services to ensure people were well cared for.

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.	N/A

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.	Partial
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Clinical performance was regularly monitored with clinical audit and staff competency was checked. This was seen with the daily audit of the nurse practitioners work to ensure compliance with clinical guidance and competencies. • Recent problems with the telephone system breakdown at the practice had shown that the practice business continuity plan worked well. • Exception reporting had been high over time and we were not assured that it was being applied effectively. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • We saw well documented risk management, with actions documented to reduce risks to patients and staff. • Clinical audits undertaken were used to ensure clinical guidance was followed. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice website gave advice to patients about how to manage their online security. 	

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"> • Staff members told us they were encouraged to provide opinions about practice service developments and changes during staff meetings. • The practice held locality meetings with other practices in their 'primary care network' (PCN). The practices in the network discussed development and recruitment of staff to support new and improved services for the local population. For example the mental health nurse recruitment. • The practice shared with us a programme of work to improve their services. 	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> • The practice patient participation group (PPG) consisted of 12 to 15 members, they met every three months with the practice manager. • We were told that any concerns or ideas that the PPG had with regards to assisting the practice in its day to day running was well received.

Continuous improvement and innovation

There were 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"> • The staff members we spoke with told us they were encouraged and supported to attend any training they felt would support the practice to improve the quality of care they provided for patients. 	

Examples of continuous learning and improvement

We were told in the last six months the practice had carried out a number of pieces of improvement work to improve patient treatment quality, access, and satisfaction.

- They had reviewed clinical safety issues and put new protocols in place.
- Staff roles had been given new focus and been restructured.

- Development of a pharmacy technician role.
- Development of prescribing protocols.
- Employed an experienced clinical pharmacist to develop clinical team and undertake medication and quality outcome framework reviews.
- Re-organisation of administrative practice workflow.
- A fourth advanced nurse practitioner completed their non-medical prescribing course at Essex University.
- Encouraged and employed via the primary care network (PCN) a specialist mental health nurse.
- Employed a European Union GP to complete the induction and refresher scheme.
- Direct booking of appointments access from 111 calls.
- Integral part of the local PCN development with recruitment and managerial responsibilities.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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