

# Care Quality Commission

## Inspection Evidence Table

### Forest Hill Group Practice (1-544424476)

Inspection date: 16 January 2020

Date of data download: 09 January 2020

## Effective

## Rating: Good

At the previous inspection on 8 February 2018, we rated the practice as requires improvement for effective because:

- There were a number of clinical indicators for which the practice was performing below local and national averages. For example, the percentage of patients with rheumatoid arthritis who had a face-to-face review (last 12 months) was 71.7% in the practice compared with 90.4% in the CCG and 86.8% nationally. There were a number of areas where exception reporting was higher compared to other practices.

At this inspection 16 January 2020, we rated the practice as good for effective because:

- We saw evidence of quality improvement.
- All staff had an appraisal and were up to date with role specific training.
- The practice was effectively monitoring the levels of exception reporting for patients with long term conditions to ensure that it was appropriate.

### 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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes

There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>We saw that patient's treatment was regularly reviewed by GPs and a pharmacist.</li> </ul>	

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) (01/10/2018 to 30/09/2019) <small>(NHSBSA)</small>	0.34	0.34	0.74	Tending towards variation (positive)

## 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 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>	76.0%	76.9%	79.3%	No statistical variation
Exception rate (number of exceptions).	2.7% (14)	7.7%	12.8%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	64.7%	80.9%	78.1%	Tending towards variation (negative)
Exception rate (number of exceptions).	5.8% (30)	5.9%	9.4%	N/A

### Any additional evidence or comments

- The practice explained that at the time this data was produced there was a staff member who was not flagging up elevated blood pressure results with the GPs, which resulted in unactioned elevated blood pressures. As a result, a clear protocol was put in place for the nursing team, to follow. The practice also appointed a diabetes lead, who ran regular searches on patients affected and those patients would be called in for review.

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	78.5%	84.0%	81.3%	No statistical variation
Exception rate (number of exceptions).	6.2% (32)	7.1%	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) <small>(QOF)</small>	66.6%	75.3%	75.9%	Tending towards variation (negative)
Exception rate (number of exceptions).	0.8% (6)	1.9%	7.4%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	93.2%	91.0%	89.6%	No statistical variation
Exception rate (number of exceptions).	8.5% (15)	5.6%	11.2%	N/A

#### Any additional evidence or comments

- The practice explained that since the last inspection and since this data had been produced they had recruited two nurses, consequently they had increased nursing appointments.
- We were told the recall system had improved and the practice now did searches twice a month and text messages were sent to patients to invite them in for reviews. The practice provided unverified data for this financial year being 75%.

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) <small>(QOF)</small>	80.6%	83.1%	83.0%	No statistical variation
Exception rate (number of exceptions).	2.1% (27)	3.0%	4.0%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2018 to 31/03/2019) <small>(QOF)</small>	89.2%	90.8%	91.1%	No statistical variation
Exception rate (number of exceptions).	7.1% (10)	6.2%	5.9%	N/A

## Families, children and young people

## Population group rating: Good

### Findings

- The practice had not met the minimum 90% target for three of four childhood immunisation uptake indicators. The practice had not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for three of four childhood immunisation uptake indicators.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- 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)	160	174	92.0%	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)	160	183	87.4%	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)	161	183	88.0%	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)	161	183	88.0%	Below 90% minimum

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

### Any additional evidence or comments

- The practice informed us they had improved their recall system by running monthly searches on patients, and by contacting patients by phone, sending text messages and were proactively booking baby checks, first vaccinations; and follow-up immunisations were being booked in directly by the nursing team where possible.
- The practice explained that they were working with South East London Hub who sent weekly emails identifying list of children requiring immunisations.
- The practice told us they had become more proactive they showed us that there were carrying out searches for pre-school boosters, and MMR, they explained their system provided a list of children requiring their immunisations in the forthcoming months-this information enabled the practice to target arrange appointments.
- The practice provided evidence of actions taken to improve the uptake of childhood immunisations. We saw unvalidated data from Open Exeter which suggested improvements in targets over the last 12 months, for example the practices overall vaccine uptake was at 90% or above every quarter of 2019/20 for immunisations and boosters

## 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.
- 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.

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). (31/03/2019 to 30/06/2019) (Public Health England)	69.6%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	72.4%	62.4%	71.6%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2018 to 31/03/2019) (PHE)	55.2%	43.4%	58.0%	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. (01/04/2018 to 31/03/2019) (PHE)	68.3%	71.3%	68.1%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) (PHE)	51.5%	52.6%	53.8%	No statistical variation

### Any additional evidence or comments

- The practice told us they were aware they were not meeting the 80%. They explained this was due to reduced nursing capacity, and since this data was released they had recruited two additional practice nurses, one who was trained in cervical screening and the other was due to start the training to carry out this screening.
- We saw unvalidated data which showed 70% for 24-49 years and 74% for 50-64-year olds.

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**People whose circumstances make them vulnerable**

**Population group rating: Good**

**Findings**

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed young patients at local residential homes.

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

**Population group rating: Good**

**Findings**

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.



Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	82.6%	90.9%	89.4%	No statistical variation
Exception rate (number of exceptions).	1.4% (2)	7.5%	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)	74.3%	90.9%	90.2%	Variation (negative)
Exception rate (number of exceptions).	1.4% (2)	6.7%	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)	87.1%	82.5%	83.6%	No statistical variation
Exception rate (number of exceptions).	3.1% (2)	3.9%	6.7%	N/A

### 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)	525.1	545.3	539.2
Overall QOF score (as a percentage of maximum)	93.9%	97.6%	96.7%
Overall QOF exception reporting (all domains)	3.1%	4.6%	5.9%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes
Quality improvement activity was targeted at the areas where there were concerns.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

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

**Any additional evidence or comments**

- We saw the practice had undertaken an audit looking at the contraceptive implant to ensure the practice was following best practice and working within the recommended guidelines. In the first cycle 90% of patients had received documented dates for when implants were inserted, however there was one case where the date for the implant was not recorded. The audit was discussed with the clinical team, the audit demonstrated that counselling and documentation was consistent. In the second cycle 100% of patients had the recorded date the implant was inserted and due to be changed.

## 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.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
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.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes

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

## 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.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes

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>	93.3%	94.8%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.4% (10)	0.5%	0.8%	N/A

## Consent to care and treatment

**The practice always 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.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	N/A

## Responsive

## Rating: Requires Improvement

At the previous inspection on 8 February 2018, we rated the practice good for responsive:

At this inspection 16 January 2020, we rated the practice as requires improvement for responsive because:

- The results from the national GP patient survey were below local and national averages.
- The practice had not undertaken their own patient survey.
- The Patient Participation Group (PPG) members felt that the practice did not listen to them.
- There continued to be patient access problems since the last inspection.

### Responding to and meeting people's needs

#### The practice services did not meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• Since the last inspection the practice informed us they had made a number of changes such as the recruitment of more staff, changing the phone system, and the appointment system, however at the time of the inspection we were unable to see these changes had led to evidence of sufficient improvement to patient experience.</li></ul>	

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	8.30am – 11:30am 2:30pm-5pm
Tuesday	8.30am – 11:30am 2:30pm-5pm

Wednesday	8.30am – 11:30am 2:30pm-5pm
Thursday	8.30am – 11:30am 2:30pm-5pm
Friday	8.30am – 11:30am 2:30pm-5pm
	8.30am – 11:30am 2:30pm-5pm
Extended hours:	Monday to Friday 7:30am-8am and Monday and Tuesday 6.30pm-7:30pm
	Saturday surgery once a month 9am-12pm

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12006	381	143	37.5%	1.19%

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)	93.2%	93.7%	94.5%	No statistical variation

### Older people

### Population group rating: Requires improvement

Findings
<ul style="list-style-type: none"> <li>All patients had a named GP who supported them in whatever setting they lived.</li> <li>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.</li> <li>The practice provided effective care coordination to enable older patients to access appropriate services.</li> <li>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.</li> <li>There was a medicines delivery service for housebound patients.</li> </ul>

### People with long-term conditions

### Population group rating: Requires improvement

Findings
<ul style="list-style-type: none"> <li>Patients with multiple conditions had their needs reviewed in one appointment.</li> <li>The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.</li> <li>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.</li> <li>Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.</li> </ul>



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

**Population group rating: Requires improvement**

### **Findings**

- Additional nurse appointments were available until 7.30pm on a Monday for school age children so that they 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

## **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.
- The practice was open until 7.30pm on a Monday and Tuesday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available on a Saturday once a month.

**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.

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

**Population group rating: Requires improvement**

**Findings**

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

## Timely access to the service

### People were not 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.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes

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)	46.9%	N/A	68.3%	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)	41.5%	60.1%	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)	32.5%	60.1%	64.7%	Significant 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)	54.6%	65.4%	73.6%	Tending towards variation (negative)

#### Any additional evidence or comments

- Patients interviewed on the day of the inspection informed us they found it difficult to get through on the phone, and once they did get through then appointments were not available.
- Patients interviewed on the day of the inspection said they were not satisfied with appointment times.
- 12 comment cards were received four cards mentioned that it was difficult to get an appointment.
- Since the last inspection the practice informed us they had listened to patient feedback and had changed their appointment system, for example changing when routine appointments became available. We were informed the practice had terminated the exiting

phone contract early and installed a new phone system to improve patient telephone access to the surgery, the system became effective from October 2019.

- We were told since the implementation of the new appointment system, the practice had audited and reviewed this twice. They were also using the new system to monitor live telephone calls statistics, in terms of incoming calls, missed calls and busy periods, which is something they were not doing before.
- The practice also told us they us that they had recruited some new reception staff, and existing reception staff had been on customer service training.
- The practice showed us evidence that they had increased average weekly appts per 1000 patients from 67 in (2018) to 77 (2019).

Source	Feedback
Interviews with patients	Patients were positive about the involvement they had in their care and treatment. They said the GPs explained their condition and treatment and they were involved in decisions about their treatment.

## 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.	52
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Partial
There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>On the day of the inspection we did not see any leaflets in reception that explained what the complaints process was. When we raised this with the practice they explained there was a poster on the reception wall, and also that there was information on the practice website that explained the complaints process.</li> <li>Patients spoken to on the day of the inspection, said they were not aware of the complaints process.</li> <li>One patient explained that when they asked reception what the complaints process was they were handed an email address, with no explanation.</li> <li>The practice explained that the majority of their complaints were in relation to the appointment system, and they had responded to those complaints by installing the phone system and adjusting and auditing the appointment system. They were also using the new system to monitor live calls statistics. In addition to this they started to have quarterly complaints review meetings, where they analysed complaints and looked at trends and how they could learn from complaints.</li> </ul>	

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

Complaint	Specific action taken
Appointment system	Patient was informed that the appointment system was under review, and that future changes were being implemented with the phone system.
Patient was unhappy about their consultation with GP and didn't feel listened to.	The practice manager called the patient and listened to the patients concerns, the patient received an apology and was informed for future they could request a double appointment to give them more time during a consultation.

## 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.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>The practice was aware about the challenge of patient access issues, consequently they had implemented several changes since the last inspection, this included the recruitment of key staff members including a partner, a part-time practice manager, two nurses and reception staff.</li> <li>The practice had reviewed the appointment system and had introduced a new telephone system in October 2019, they had also increased online booking of appointments. However due to the short time frame since these changes had been implemented, at the time of the inspection we could not see the impact this was having on the practice and consequently accessibility appeared to remain a challenge.</li> </ul>	

### Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Partial
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>The Patient Participation Group (PPG) expressed that they felt the practice did not listen to them. They felt the practice was not engaging or working with them to improve the service of the practice and had concerns about accessibility. When we raised this with the practice they felt they were engaged and listened to the views of the PPG.</li> </ul>	

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## 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.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• Staff spoken to said leaders were approachable and listened if they raised concerns.</li><li>• Staff said they all worked together as a team and felt valued by the leaders of the practice and felt supported.</li><li>• We saw minutes demonstrating that the practice regularly communicated with staff via staff meetings, including clinical meetings and practice meetings.</li><li>• We saw the practice was signed up to an employee assistance programme, which provided a 24-hour helpline service for staff to use if they wanted to.</li></ul>	

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

Source	Feedback
Staff	<ul style="list-style-type: none"><li>• Staff told us the relationship between the staff, managers and partners was good, and that they felt supported.</li></ul>

## 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.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• Since the last inspection the practice had recruited a part time practice manager, who had reviewed all policies. The operations manager was being trained to become the practice manager.</li><li>• Staff spoken to were clear about their roles and responsibilities.</li></ul>	



## Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes

## 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.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes

## 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.	Partial
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes

Explanation of any answers and additional evidence:

- We were told there was a lack of engagement with the patient participation group, and that although the group came up with suggestions and ideas the practice did not listen.
- We saw evidence the practice was holding regular staff meetings.

Feedback from Patient Participation Group.

### Feedback

- We spoke with four members of the PPG; all members felt that communication was a problem, they felt the practice did not take action on suggestions they made. The group gave examples of suggesting undertaking their own patient survey, however they said the practice did not listen. They felt problems they raised such as accessibility were not managed well. All members said they had difficulty getting through on the phone and getting an appointment, however they did say once they were able to get an appointment the doctors were caring. The members said the practice did not keep them informed of how things were progressing.

### Continuous improvement and innovation

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

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

Explanation of any answers and additional evidence:

- The practice was working with their Primary Care Network.
- The practice had recruited a new GP partner, two nurses and a part time practice manager since the last inspection.
- The practice was continuing to review and come up with ways of improving patient accessibility, by installing a new phone system in October 2019, however at the time of the inspection we could not see the impact this had made for patients.

## Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

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

## Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.