

Care Quality Commission

Inspection Evidence Table

The Maltings Surgery (1-540096339)

Inspection date: 15 January 2020

Date of data download: 21 January 2020

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

In most cases, the practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Partial
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Partial
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: All the staff we spoke with demonstrated they understood the relevant safeguarding processes and their responsibilities. Staff had completed adult and child safeguarding training to the appropriate level before the intercollegiate guidance on safeguarding competencies was published in August 2018 (adult safeguarding) and January 2019 (child safeguarding). (Intercollegiate guidance is any document published by or on behalf of the various participating professional membership bodies for healthcare	

Safeguarding	Y/N/Partial
<p>staff including GPs and nurses). Following publication of the guidance, all staff at the practice were required to complete higher levels of safeguarding training.</p>	
<p>Not all staff who chaperoned had received a DBS check, although they were all risk assessed and appropriately trained. All clinical staff and some non-clinical staff had received a DBS check in accordance with the practice's policy. Twenty-two non-clinical staff, including patient-facing patient care advisers (PCAs) were risk assessed as to why they didn't require a DBS check. These staff had all completed chaperone training. Staff we spoke with said the practice policy was to use nurses as chaperones, although it may sometimes be necessary to ask a patient care adviser to do this which is why they had all received the relevant training. They told us the practice approach was that the PCAs did not need a DBS check because they were not left alone with patients when occasionally asked to chaperone.</p>	

Recruitment systems	Y/N/Partial
<p>Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).</p>	Y
<p>Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.</p>	Y
<p>There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.</p>	Y
<p>Explanation of any answers and additional evidence: During our inspection, the practice demonstrated that all clinical and non-clinical staff had either received the required vaccinations for their roles, provided a positive antibody test, or provided evidence of a history of infection where this was permissible.</p>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: December 2019.	Y
There was a record of equipment calibration. Date of last calibration: May 2019.	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: July 2019.	Y
There was a log of fire drills. Date of last drill: August 2019.	Y
There was a record of fire alarm checks. Date of last check: Weekly test records were completed throughout 2019 and there was an alarm service and inspection in October 2019.	Y
There was a record of fire training for staff. Date of last training: Between February 2019 and January 2020.	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: March 2019.	Y
Actions from fire risk assessment were identified and completed.	Y

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: January 2019.	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: January 2019.	Y
<p>Explanation of any answers and additional evidence:</p> <p>A Legionella risk assessment was completed in May 2019. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Some required actions were completed and some were ongoing. We saw evidence the ongoing actions were being progressed. In adherence with the assessment's recommendations, the practice completed regular water temperature checks. These showed hot water temperatures at the practice were sometimes slightly below the required levels.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: We saw completed monthly audits from October to December 2019 and an annual checklist completed in December 2019. Hand hygiene and sharps safety audits were also completed in December 2019.	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: We saw the practice was visibly clean and tidy. There were appropriate processes in place for the management of sharps (needles) and clinical waste. Hand wash facilities, including hand sanitiser were available throughout the practice. Staff had completed infection control training and the staff we spoke with were knowledgeable about infection control processes relevant to their roles. Regular infection control audits were completed. We saw that sometimes completed or progressed actions were not removed or updated on the monthly audits or in the annual checklist. Sometimes when actions were required these weren't defined. There was no evidence to suggest the actions weren't completed or progressed.	

Risks to patients

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

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

Explanation of any answers and additional evidence:

During our inspection, we saw that built-in emergency buttons were available on the computers throughout the practice.

Locum GPs were used at the practice. A suitable induction process was in place and adhered to for these staff.

We saw that all staff had access to a level of sepsis training appropriate to their roles. We found that one of the nurses and one of the paramedics had received external training on sepsis and had cascaded the learning to other staff during a protected learning session in September 2019. Staff also completed online training. The staff we spoke with demonstrated a good understanding of the condition and their role in identifying patients with presumed sepsis and ensuring their urgent clinical review. Appropriate guidelines were available for staff to follow.

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y

Appropriate and safe use of medicines

In most cases, the practice had systems for the appropriate and safe use of medicines, including medicines optimisation.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) (NHS Business Service Authority - NHSBSA)	0.69	0.84	0.87	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2018 to 30/09/2019) (NHSBSA)	9.0%	9.5%	8.5%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2019 to 30/09/2019) (NHSBSA)	5.54	5.87	5.60	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2019 to 30/09/2019) (NHSBSA)	1.24	1.60	2.08	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Partial
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Partial
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines	Y

Medicines management	Y/N/Partial
including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The competence of the nurses to do this was signed by GP. In one PGD we looked at the nurses had signed their review and understanding of the PGD between June and October 2019 and the GP had signed their authorisation on behalf of the practice in January 2020. In another PGD the nurses had signed between January and October 2019 and the GP had signed in January 2020. For anything between three and 12 months the nurses were working within the PGD without the appropriate authorisation from the GP. In both cases, the name of the practice was not inserted by the GP before signing the PGD. Senior staff we spoke with said that at the time of our inspection, the PGDs were fully signed and the nurses appropriately authorised by a GP to work within the PGDs.</p> <p>The practice took immediate action and following our inspection told us that a nominated nurse was now responsible for bringing PGDs to the weekly clinical meeting for all nurses and a GP to sign them at the same time. Any nurses not present would have a four-week timescale in which to sign them.</p> <p>The nurses who were able to prescribe medicines had fortnightly reviews with a GP which included discussing individual patients' issues. There was no formal, structured audit of their prescribing against set criteria to assess their competency and autonomous decision-making. During our inspection, we found these nurses had the appropriate accredited training for their roles and there were no concerns about their prescribing or the quality of their work.</p> <p>During our inspection, we found that in some examples we looked at, the completion of patients' medicine reviews were not being coded on the clinical system and consequently could not be identified as being completed. In all the cases we looked at the reviews were completed.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	13
Number of events that required action:	13
Explanation of any answers and additional evidence: There was a system in place for reporting and recording incidents and significant events. The staff we spoke with were clear on the reporting process used at the practice and we found that lessons learnt were shared to make sure action was taken to improve safety in the practice.	

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

Event	Specific action taken
A patient late for an appointment wasn't seen, without a check on the seriousness of their condition. When seen later that day their condition was serious and required emergency action.	The practice reinforced the need for a patient assessment to be completed by the assessment team before booking the patient in to a GP appointment and for sufficient time to be allowed for the patient to travel to the practice between the initial assessment and the appointment.
A staff member received a needlestick injury.	Staff were reminded to ensure all sharps bins were replaced when the maximum capacity line was reached. The protocol on sharps bin replacement was amended. Staff were told to rebook patients if they felt it was clinically unsafe to use a needle during their appointment.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: We saw a process was in place and adhered to for the review and monitoring of action taken in response to safety alerts including Medicines and Healthcare products Regulatory Agency (MHRA) alerts. We saw examples of actions taken in response to recent alerts, including one regarding a type of adrenaline auto-injector and another for a medicine primarily used in the treatment of epilepsy. During our inspection, we found that five MHRA alerts we looked for issued between September and December 2019 had not been received by the practice. This was despite the practice having two methods of receipt in operation, including a GP practice portal system. We saw evidence that	

demonstrated the practice was aware that some alerts were not received and that attempts had been made to contact the relevant agency to raise the issue. Despite this, the situation had not changed.

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice assessed needs and delivered care in line with relevant and current evidence-based guidance and standards. The practice had systems in place to keep all clinical staff up-to-date. Staff had access to National Institute for Health and Care Excellence (NICE) best practice guidelines and templates based on best practice guidelines. They used this information to deliver care and treatment that met patients' needs.</p>	

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>	0.65	0.58	0.74	No statistical variation

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- As part of a local initiative, the practice was aligned to two main care homes. There was a named GP and paramedic for each care home. They visited on a structured weekly basis to provide continuity of care and ensure residents' health needs were met.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Older people had access to targeted immunisations such as the flu vaccination. The practice had 2,148 patients aged over 65 years. Of those, 1,555 (72%) had received the flu vaccination at the practice in the 2018/2019 year.
- Staff could recognise the signs of abuse in older patients and knew how to escalate any concerns.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, trained clinicians including GPs, nurses, and paramedics 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.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Patients who had received treatment in hospital or through out-of-hours services for an acute exacerbation of asthma were followed up in a timely way by trained clinicians.
- Adults with newly diagnosed cardio-vascular disease and prescribed statins had their care appropriately managed at the practice.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- All newly diagnosed patients with diabetes were managed in line with an agreed pathway. One of the nurses at the practice was specially trained in the care of patients with diabetes and was supported by one of the GPs in this role.
- The practice followed up on patients with long-term conditions discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

- The practice employed two independent prescribers. They worked alongside GPs to manage patients receiving medicines which required monitoring.

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>	80.6%	79.6%	79.3%	No statistical variation
Exception rate (number of exceptions).	10.4% (71)	13.0%	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>	78.2%	75.9%	78.1%	No statistical variation
Exception rate (number of exceptions).	14.2% (97)	10.3%	9.4%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	77.3%	81.7%	81.3%	No statistical variation
Exception rate (number of exceptions).	16.8% (115)	11.8%	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>	74.7%	75.9%	75.9%	No statistical variation
Exception rate (number of exceptions).	1.2% (14)	5.9%	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>	92.0%	91.3%	89.6%	No statistical variation
Exception rate (number of exceptions).	12.4% (30)	10.1%	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) <small>(QOF)</small>	79.9%	82.6%	83.0%	No statistical variation
Exception rate (number of exceptions).	4.9% (90)	3.7%	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>	93.6%	91.0%	91.1%	No statistical variation
Exception rate (number of exceptions).	7.3% (16)	4.9%	5.9%	N/A

Any additional evidence or comments

During our inspection, we reviewed the care provided to patients with long-term conditions and found these patients had received appropriate reviews or had been invited for a review. We found the practice had an organised approach towards appropriately managing the care of these patients.

We discussed any areas of published above averages exception reporting with senior clinical staff during our inspection. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This related to the individual clinical and public health domains for heart failure (13.7% exception reporting), diabetes (13.4% exception reporting), depression (24.2% exception reporting) and cardiovascular disease (50% exception reporting). In all the cases we looked at exception reporting was clinically appropriate and well recorded.

Families, children and young people

Population group rating: Requires improvement

Findings

- NHS England's published data for the period 1 April 2018 to 31 March 2019 showed the practice did not meet the 90% national minimum standard for all four childhood immunisation categories.
- 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.
- A range of contraceptive and family planning services were available.
- There were six-week post-natal and child health checks.
- 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.

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)	148	250	59.2%	Below 80% uptake
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)	193	268	72.0%	Below 80% uptake
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)	197	268	73.5%	Below 80% uptake
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)	196	268	73.1%	Below 80% uptake

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

Published figures from the 2018/2019 year showed that at that time the practice didn't meet the 90% national standard for the four childhood immunisation categories. We looked at the practice's own unverified data which showed that at the time of our inspection and throughout 2019, the practice had achieved at least 90% uptake in all four categories. For example, figures for the final quarter of 2019 showed 94.4% of children had completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b, and Hepatitis B.

Baby clinics were provided every day Monday to Friday and staff told us this was more than had been provided at any point before. We found that systems were in place to remind parents, or those with responsibility for a child, to bring their children for immunisations and for the practice to follow up children who were not brought for their immunisations.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example, before attending university for the first time.

- 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. The practice had 4,769 patients eligible to receive an NHS health check. Of those, 674 had been invited for and 311 had received a health check in the past 12 months.
- Patients could book or cancel appointments online and order repeat medicines 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)	72.9%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	71.4%	69.3%	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)	60.4%	55.8%	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)	73.3%	73.5%	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)	52.8%	51.4%	53.8%	No statistical variation

Any additional evidence or comments

There was evidence to suggest the practice encouraged its relevant patients to engage with nationally run and managed screening programmes.

Public Health England data for the period 31 March 2019 to 30 June 2019 showed the practice was below the national 80% target for the percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period. We looked at the practice's own unverified data. This showed that at the time of our inspection, this had risen and 88% of eligible patients aged between 25 and 49 years, and 91% of eligible patients aged between 50 and 64 years were screened adequately within a specified period.

We spoke with practice staff about their efforts to achieve 80% attainment (the threshold set for the National Health Service Cervical Screening Programme to be effective). We found the practice operated a comprehensive reminder system for patients who did not attend for their cervical screening test. They demonstrated how they encouraged uptake of the screening programme, for example, by ensuring a

female sample taker was available.

The staff we spoke with told us that from early November 2019, there was a change in process designed to increase the uptake of cervical screening at the practice. The practice wrote to all patients who did not respond to the national programme's invitations. If patients then made an appointment and did not attend they were contacted again. If they did not make an appointment they were sent another letter. For higher-risk patients, one of the nurses contacted them three times by text and then by letter and an alert was added to their patient record. There were three morning cervical screening clinics each week and as from December 2019 there were four qualified and competency assessed nurses who could complete cervical screening tests, as opposed to two for most of 2019.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which considered 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 regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice reviewed young patients at local residential homes when necessary.

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.
- There was a system for following up patients who failed to attend for administration of long-term medicines.
- 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. When dementia was suspected there was an appropriate referral for diagnosis.
- Staff had participated in a practice-wide teaching event on dementia.

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)	95.5%	93.0%	89.4%	No statistical variation
Exception rate (number of exceptions).	10.1% (15)	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)	93.4%	92.3%	90.2%	No statistical variation
Exception rate (number of exceptions).	8.7% (13)	6.6%	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)	85.7%	88.7%	83.6%	No statistical variation
Exception rate (number of exceptions).	3.3% (4)	5.2%	6.7%	N/A

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)	551.2	543.4	539.2
Overall QOF score (as a percentage of maximum)	98.6%	97.3%	96.7%
Overall QOF exception reporting (all domains)	7.2%	5.2%	5.9%

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

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

We looked at the details of two clinical audits. These were full cycle (repeated) audits or part of a full cycle programme (scheduled to be repeated) where the data was analysed and clinically discussed, and the practice approach was reviewed and modified as a result when necessary. Findings were used by the practice to improve services.

The practice completed an audit to check their prescribing of vitamin B compound (including vitamin B compound strong) adhered to local and national guidelines. The practice identified 73 patients prescribed the compound and concluded the prescriptions were not necessary or advisory in all those cases and the prescriptions were stopped. On repeating the audit, only three patients were prescribed the compound and following review, all these prescriptions were stopped.

Following receipt of updated guidance in early 2018, the practice completed an audit on women of child-bearing age prescribed sodium valproate (a medicine used to treat epilepsy). The identified patients were reviewed and referred as appropriate. The audit was repeated in late 2019 and the identified patients were assessed based on risk and where appropriate, further action was taken to ensure their safety. The practice introduced a monthly search for any patients newly prescribed the medicine to ensure appropriate action was taken in accordance with the updated 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.	N/A
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Partial
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included role-specific training and updating for relevant staff, the use of an e-learning facility and quarterly protected learning sessions as part of Clinical Commissioning Group target days.</p> <p>The healthcare assistant (HCA) at the practice was employed before April 2015 and as such their induction didn't include completion of the Care Certificate.</p> <p>At the time of our inspection, all applicable staff members had received an appraisal in the last 12 months.</p> <p>All staff had access to supervision. The clinical supervision of nurses involved in minor illness work included access to a mentor and debriefs at the end of each session. The nurses who were able to prescribe medicines had fortnightly reviews with a GP which included discussing individual patients' issues. In addition to regular clinical supervision from a GP, the paramedics also received a 360-degree appraisal every six months. There was no formal, structured audit of their work against set criteria to assess their competency and autonomous decision-making. During our inspection, we found all these staff had the appropriate accredited training for their roles and the quality of their work we looked at was completed to a high standard.</p>	

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 three-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
<p>Explanation of any answers and additional evidence:</p> <p>Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. We saw evidence that multi-disciplinary team (MDT) meetings to discuss the needs of complex patients, including those with end of life care needs, took place every other month (monthly meetings rotated between the health visitor meetings and the hospice nurses/community matron/district nurses MDT meetings). These patients' care plans were routinely reviewed and updated.</p>	

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	95.3%	94.7%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.4% (14)	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: We saw the process for seeking consent was well adhered to and examples of documented informed patient consent for recent procedures completed at the practice were available.	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: During our inspection we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect.	

CQC comments cards	
Total comments cards received.	16
Number of CQC comments received which were positive about the service.	15
Number of comments cards received which were mixed about the service.	One
Number of CQC comments received which were negative about the service.	None

Source	Feedback
CQC comments cards.	The patient Care Quality Commission comments cards we received were positive about the service experienced and staff behaviours. Patients said they felt the practice offered a good service and staff were supportive, considerate, knowledgeable, helpful and friendly, and treated them with dignity and respect. Patient comments highlighted that staff responded compassionately when they needed help and provided support when required.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
18,722 (at the time of the survey)	347	133	38.3%	0.71%

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)	91.7%	90.0%	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)	92.3%	88.5%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	97.6%	96.3%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	80.8%	86.2%	82.9%	No statistical variation

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

Any additional evidence
The practice reviewed and analysed the results of the National GP Patient Survey. The practice encouraged and valued feedback from patients and provided an online comments facility through the practice website. The practice also made use of the NHS Friends and Family Test (FFT). (The FFT provides an opportunity for patients to feedback on the services that provide their care and treatment). The practice had completed several targeted patient surveys during 2019, including one on the practice's video consultation provision. The 22 patient responses received by the time of our inspection were all positive.

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

Source	Feedback
CQC comments cards.	The patients who left comments for us told us they felt involved in decision making about the care and treatment they received. They said their questions were answered by clinical staff and any concerns they had were discussed. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2019 to 31/03/2019)	96.0%	94.4%	93.4%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
<p>Explanation of any answers and additional evidence:</p> <p>A telephone and face-to-face translation service was available. The practice website was translatable in to all main languages. Notices and leaflets in the patient waiting areas and an electronic information board near the main entrance informed patients how to access support groups and organisations. Links to such information were also available on the practice website. Information in an easy read or large print format was available through the website or from the practice by request.</p>	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 341 patients on the practice list as carers. This was approximately 1.8% of the practice's patient list.
How the practice supported carers (including young carers).	<p>The practice's computer system alerted staff if a patient was also a carer. To ensure accuracy, the practice reviewed its carers register every month. At the time of our inspection, the practice did not formally invite carers for an annual health review.</p> <p>A dedicated carers' notice board in the main waiting area provided information and advice including signposting carers to support services. Information was also available online (through the practice website) to direct carers to the support available to them. A nominated staff member was the practice's carers' lead (or champion) responsible for providing useful and relevant information to those patients. The champion regularly attended relevant local meetings.</p>
How the practice supported recently bereaved patients.	From speaking with staff, we found there was a practice-wide process for approaching recently bereaved patients. A non-clinical staff member sent the recently bereaved who were registered patients at the practice a condolence letter from the practice team. This detailed the availability of bereavement support services and their contact information. For non-registered patients, a bereavement service booklet was provided. The staff we spoke with were aware of support services available for patients and how to signpost them appropriately.

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
<p>Explanation of any answers and additional evidence:</p> <p>The staff we spoke with recognised the importance of patients' privacy, dignity and respect and demonstrated a good understanding of how to maintain these. The patient waiting areas were located away from the reception desk, which enabled some privacy when patients spoke with reception staff.</p>	

If the practice offered online services:

	Y/N/Partia I
Patients were informed and consent obtained if interactions were recorded.	N/A
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice provided video consultations. Patients could only access these through the online patient access system and appropriate security measures were in place for this. The consultations were not recorded.</p>	

Responsive

Rating: Good

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:	
<p>Patient services were provided on the ground and first floors. There was no lift at the practice. A process was in place to identify patients who needed to be seen in a ground floor consultation room and manage this appropriately. The ground floor waiting area was accessible enough to accommodate patients with wheelchairs and prams and allowed for manageable access to the treatment and consultation rooms. There was an accessible entrance for patients with mobility issues or who used wheelchairs to the rear of the practice near the disabled parking provision. The ground floor accessible toilet was fitted with hand rails and an alarm. A portable hearing loop was provided.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	Phones open 8am and doors open 8.15am to 6.30pm with no lunchtime closure.
Tuesday	Phones open 8am and doors open 8.15am to 6.30pm with no lunchtime closure.
Wednesday	Phones open 8am and doors open 8.15am to 6.30pm with no lunchtime closure.
Thursday	Phones open 8am and doors open 8.15am to 6.30pm with no lunchtime closure.
Friday	Phones open 8am and doors open 8.15am to 6.30pm with no lunchtime closure.
Extended opening times:	
	The practice provided extended opening between 6.30pm and 7.30pm generally on Tuesdays and Wednesdays for telephone consultations and every Saturday from 8.30am to 12pm for GP and nurse appointments.
Appointments available:	
Monday	8.30am to 11.30am and 3pm to 6pm as standard.

Tuesday	8.30am to 11.30am and 3pm to 6pm as standard.
Wednesday	8.30am to 11.30am and 3pm to 6pm as standard.
Thursday	8.30am to 11.30am and 3pm to 6pm as standard.
Friday	8.30am to 11.30am and 3pm to 6pm as standard.
Assessment team appointments:	Appointments were also available with the assessment team from 8am to 6.30pm Mondays to Fridays.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
18,722 (at the time of the survey)	347	133	38.3%	0.71%

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)	95.8%	95.2%	94.5%	No statistical variation

Older people

Population group rating: Good

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.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions or those with complex needs were offered longer appointments.
- Clinicians would opportunistically review patients if necessary when they had failed to attend for reviews.
- The practice liaised regularly with the local district nursing team and community matron to discuss and manage the needs of patients with complex medical issues. The community matron had rapid access to the practice's hub team each morning.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

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.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Community midwives held clinics at the practice three times each week.
- There were bimonthly meetings with the health visitor to discuss families with safeguarding concerns. Children subject to protection plans were highlighted in clinical records.
- Patients could receive travel vaccinations available on the NHS as well as those only available privately. The practice was a registered yellow fever vaccination centre.
- Appointments were available outside of school hours and the premises was suitable for children and babies.

Working age people (including those recently retired and students)

Population group rating: Good

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 provided extended opening hours telephone consultations from 6.30pm to 7.30pm two evenings each week (generally Tuesdays and Wednesdays) and GP and nurse appointments on Saturdays from 8.30am to midday. The practice provided video consultations through the online patient access system.
- The practice was an extended access hub as a member of the St Albans and Harpenden group of practices. As part of this, patients could access appointments at the practice every Tuesday from 6pm to 8pm and Saturday from 8.30am to 12.30pm.
- An in-house phlebotomy service provided by three phlebotomists was available every weekday to take blood samples from patients for the required testing.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- An Electronic Prescribing Service (EPS) was available which enabled GPs to send prescriptions electronically to a pharmacy of patients' choice.
- The practice offered online services such as appointment booking and repeat prescriptions as well as a range of health promotion and screening that reflects the needs for this age group. Online asthma and contraceptive pill reviews were available for eligible patients who met set criteria.
- The practice had developed their text messaging service and provided appointment reminders and information to patients about their care.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were 112 patients on the practice’s learning disability register at the time of our inspection. Of the 96 eligible patients aged 14 years and over, 72 (75% of the eligible total) had received a health review in the past 12 months.
- Where possible, the practice offered longer appointments for patients with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice had implemented a notification (coding and alert) system to ensure staff members were able to identify and support vulnerable patients.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

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 and voluntary organisations in the area and signposted their patients to these accordingly.
- The practice referred patients to the Improving Access to Psychological Therapies (IAPT) team and encouraged patients to self-refer. IAPT counsellors were available at the practice every Tuesday. An additional mental health worker and MIND (a mental health charity) worker provided through the local GP federation were available at the practice twice each week as part of a nine-month project to improve patient access to the service.

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

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)	48.0%	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)	57.7%	71.6%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	51.5%	66.7%	64.7%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	71.0%	76.5%	73.6%	No statistical variation

Any additional evidence or comments

The practice reviewed and analysed the results of the National GP Patient Survey and acted to respond to patient feedback.

The practice introduced a new cloud-based telephone system in January 2019. This increased the practice's capacity for answering telephone calls and enabled the collection of monitoring data to better respond to patients' needs.

In response to patient feedback and due to capacity issues, in June 2019 the practice introduced a totally redesigned appointments system. Each day from 8am to 1pm an assessment team of two GPs, two paramedics, a nurse and a patient care adviser were based in the practice's hub room. Patients booking assessment team call back slots online from 8am that day or phoning the practice directly during the morning with what they described as on-the-day issues were assessed by the team. This was done either by a review of the notes recorded by the patient care adviser who took the call or by one of the team phoning the patient back. Following assessment, patients could be booked in to an appointment that day, or the next available routine/continuity appointment, or provided with general advice by telephone.

The assessment team also triaged all home visit requests which could be completed at any point in the morning and patients didn't necessarily need to wait until the end of morning surgery to receive a visit.

Until 1pm each day, any GPs not in the assessment team had routine (available up to six weeks in advance), telephone consultation, and continuity (for patients whose care required them to see the same GP) appointments available. From 1pm a duty doctor was available. For those patients assessed as requiring same-day consultation, the duty doctor would see them or book patients in to assessment slots with other GPs who provided these along with routine appointments.

In November 2019 the practice introduced video consultations. These were available with one GP during a pilot period and were accessed through the online patient system. Twice each week, four 15-minute

appointments were available at the beginning of the specified day.

We saw the practice had completed small patient surveys since the introduction of the assessment team and video consultations and the patient response to both was overwhelmingly positive.

The practice had embraced utilising non-GP health professional roles and had employed two paramedics who were involved in minor illness work, home visits (including care home visits), frailty assessments and who were an integral part of the daily assessment team. Both paramedics would be completing prescriber qualifications in 2020. A total of four nurses had been trained in minor illness roles.

Source	Feedback
CQC comments cards.	Almost all the 16 patient Care Quality Commission comments cards we received were positive about access to the practice and appointments, including when urgent access was required. They said the new appointments system was good, efficient and effective and that access to the practice by telephone had improved. One patient provided a mixed view saying it could take time to get through to the practice on the phone and there could be a long wait for a pre-bookable appointment.

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.	43
Number of complaints we examined.	Two
Number of complaints we examined that were satisfactorily handled in a timely way.	Two
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	Zero

	Y/N/Partial
Information about how to complain was readily available.	Partial
There was evidence that complaints were used to drive continuous improvement.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had an effective system in place for handling complaints and concerns. Some information was available to help patients understand the complaints system. Information about the complaints process was available in the practice. A brief introduction to the complaints procedure was available on the practice's website. This didn't provide any comprehensive detail on the complaints process in place at the practice. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care or patient experience.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient's guardian complained about a breach of confidentiality.	The practice investigated the issue as a data breach and reported it to the data protection officer and the information commissioner's office. They modified their patient registration form to collect more details about those with responsibility for a child. The complainant received an apology and was informed of the learning from the investigation.
A patient complained about the probing questions asked by a non-clinician.	The practice identified that its process had not been followed and training was provided for staff in June 2019. The patient received an apology.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: Following a period of partnership changes and new staff members joining the practice, at the time of our inspection, the provider partnership was stable and staff turnaround was minimal. There were no imminent planned changes to the partnership, although the practice maintained an ongoing readiness for succession planning should this be necessary. During our inspection, staff we spoke with understood the challenges the practice had faced in the past year and those ahead and demonstrated how they responded to them. In response to patient demand and feedback about access, the practice had completely redesigned its appointments system resulting in up to 32% more appointment availability than in early 2019. In response to increasing national challenges with the supply of doctors, the practice had embraced new ways of working with other clinical professionals by employing two paramedics to join the practice team in 2019 and increasing the size of the nursing team, among other things. The practice had also joined a recently created Primary Care Network (PCN) in response to the increased demands on primary 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: The practice developed a written five-year strategic plan in the summer of 2018. This focused on reducing workload burden to create a sustainable and safe workload for staff, increasing staff happiness and wellbeing, and increasing income and investment in the practice. This was followed by a staff strategy day in January 2019. Staff told us that 18 months after implementing the plan it was nearly completed. Along with restructuring the practice's appointments system, introducing technological	

developments such as a GP practice portal system, and employing new staff roles, staff wellbeing had been a focus. This resulted in the conversion of the practice's mezzanine in to a staff area. We saw this was a colourful space that contained a pool table, table tennis table, and provided a large projector screen and access to a subscription streaming service for staff to use.

We found staff were consulted on and engaged in changes to uniforms, the adoption of the patient care adviser job title, and developing the practice's values. All the staff we spoke with demonstrated a good understanding of the practice's values of teamwork, quality, respect and community.

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y

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

Source	Feedback
Staff interviews.	The staff we spoke with said there was an open culture within the practice and they had the opportunity to raise and discuss any issues directly with other staff or at meetings and felt confident in doing so and well supported if they did. They told us they felt respected, valued and well supported and knew who to go to in the practice with any concerns. They said they felt their wellbeing was a priority for the practice. Staff were involved in discussions about how to run and develop the practice and were encouraged to identify opportunities to improve the service delivered by the practice.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	
<p>The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This was demonstrated by such things as the availability of and adherence to practice specific policies. There was a clear protocol in place for how decisions were agreed and a regular schedule of meetings at the practice for multi-disciplinary teams and all staff to attend supported this.</p> <p>There were named members of staff in lead roles. There were nominated GP leads for safeguarding, prescribing and patients with learning disabilities and end of life care needs among others. There were also nominated nurse leads for safeguarding and prescribing and patients with diabetes and respiratory conditions. We saw there was a clear staffing structure and found that staff understood their roles and responsibilities and those of others.</p>	

Managing risks, issues and performance

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

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

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
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence:	
We found the practice used accurate and reliable data and indicators to understand and monitor the performance of the practice. There was a programme of clinical and internal audit which was used to monitor quality and to make improvements.	

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

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence:	
The staff we spoke with said they were encouraged to actively participate in practice life and share their views. An open culture among staff and management supported this. Senior staff we spoke with told us they had completed staff surveys in June 2018 and December 2019 and the results for every question showed improvement. They told us they felt this reflected the considerable efforts made by the practice leadership to engage with staff and make their wellbeing a core strategic focus. Staff had access to a range of social events organised by a practice staff member.	

We saw there were various methods available for patients to express their views and leave feedback about their experiences including an online comments facility, some practice patient surveys and an active Patient Participation Group (PPG). We saw the practice reviewed and responded to suggestions made, including making changes to improve services and the patient experience.

The Patient Participation Group (PPG) met monthly and distributed a newsletter to a large patient group. In the past year the PPG had been involved in task group reviews of how the practice organised and managed such things as prescriptions, processes and appointments. One of the group's members was instrumental in organising a cancer awareness session which was scheduled to be hosted by the practice in early February 2020. Six of the group's members were trained social prescribers who had been providing the service at the practice for the past four years.

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:	
<p>The practice was a GP teaching and training practice and maintained high standards for supporting its trainees and medical students. Two of the GPs were qualified GP trainers and three were associate trainers. In 2019, the practice started teaching medical students from University College London. The practice was also Research Ready (A Royal College of GPs quality assurance programme for all research-active UK GP practices).</p> <p>In late 2019, the practice introduced video consultations and patient feedback about these was positive. At the time of our inspection, the practice was about to introduce group consultations and one for well-managed patients with diabetes was planned for late January 2020. Similar to education sessions, these would provide consultation advice in a group environment. As part of a Clinical Commissioning Group (CCG) initiative, an e-consultation pilot was scheduled to start at the practice at the end of January 2020 ready for go-live in February. Similar to the video consultations already provided at the practice, the pilot would test the CCG's platform for providing this service.</p> <p>In addition to the mental health services already available at the practice on a weekly basis, such as counsellors and a GP federation mental health worker, the practice was in the process of directly employing a mental health nurse. Due to start employment soon after our inspection, the nurse would be involved in the review and care of patients with non-complex mental health needs and anxiety issues.</p> <p>A first contact physiotherapist seconded from the local musculoskeletal (MSK) service was based at the practice two days each week as part of a pilot project. They saw all patients with newly identified chronic musculoskeletal issues.</p> <p>At the time of our inspection, the practice had been an armed forces veteran accredited practice for the past three months. The efforts to achieve this status had been led by one of the GP partners. The practice completed proactive searches for any veterans in its patient population and any identified</p>	

individuals were coded and highlighted on the clinical system. Along with some other patient groups, these patients were provided with priority access to appointments and services. Senior staff told us the practice was the only local dementia-friendly practice (an Alzheimer's Society initiative). This had included specific training from a local care provider for clinical and non-clinical staff throughout 2019 and adaptations being made to decoration and signage at the practice.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

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

Glossary of terms used in the data.

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