Care Quality Commission

Inspection Evidence Table

Oak Street Medical Practice (1-552886956)

Inspection date: 29 January 2020

Date of data download: 28 January 2020

Overall rating: Good

We previously inspected Oak Street Medical Practice in December 2015 and rated the practice overall as providing an outstanding service.

At this inspection, we have rated the practice as good. We saw the practice was providing a responsive and well-led service and still demonstrated effective leadership, a clear vision and a patient focussed approach to care and treatment. However, we noted some improvements were required to ensure services were wholly effective for all population groups.

Effective Rating: Requires Improvement

The practice is rated as requires improvement for providing effective services for the population groups people with long term conditions, working age people (including those recently retired and students) and people whose circumstances make them vulnerable because:

- Prescribing rates for hypnotic medicines were significantly higher than local and national averages.
- The uptake rate for the national cervical cancer screening programme was below the 80% target rate.
- Exception reporting rates for people with long term conditions such as asthma were significantly above local and national averages.

All the other population groups were rated as good.

Effective needs assessment, care and treatment

Patients' needs were not fully assessed, to ensure 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.	Partial[1]
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

Any additional evidence or comments
1. We noted that some areas of the QOF exception reporting was significantly higher than the CCG and national averages. The practice prescribing rates for hypnotics was significantly higher than the CCG and national average.

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) (NHSBSA)	2.96	1.47	0.74	Significant Variation (negative)

Explanation of any answers and additional evidence:

The practice was aware of their significantly higher than average levels of prescribing of hypnotic medicines. The practice had a significant proportion of patients experiencing poor mental health and whose circumstances make them vulnerable and provided high levels of support for these patients to access and receive care and treatment.

The practice had taken action to review, reduce and improve prescribing rates. However, there was limited evidence to demonstrate a reduction in prescribing rates in line with local and national averages at the time of inspection.

- The practice had introduced a specific register of patients prescribed these medicines to enable regular review.
- The practice had also introduced a quarterly peer review process to ensure prescribing was appropriate and where possible, improvements could be identified.
- Patients notes were marked to denote high risk prescribing so that clinicians were aware. Individual patients were referred to mental health link workers and a local substance misuse service on a risk basis.
- The practice had employed a clinical pharmacist to support medication reviews and prescribing rate improvements.
- The practice had developed team learning and awareness sessions and prescribing audits to review and improve prescribing rates.

Older people — Population group rating: Good

Findings

- The practice were able to demonstrate consistently low levels of investigative services use, low prescribing costs, low accident and emergency department attendance rates, low admission rates to hospital, and lowest referral rates to hospital compared with other Norwich practices.
- All patients, including older people, had a named GP responsible for their care.
- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Holistic health reviews, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Requires improvement

Findings

- The practice were able to demonstrate consistently low levels of investigative services use, low prescribing costs, low accident and emergency department attendance rates, low admission rates to hospital, and lowest referral rates to hospital compared with other Norwich practices.
- People with long term conditions had a named GP responsible for their care.
- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. However, practice QOF exception rate was significantly higher than the CCG and national averages for conditions such as asthma and diabetes.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care, including a local hospital diabetes specialist.
- 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) (QOF)	89.3%	82.4%	79.3%	Tending towards variation (positive)
Exception rate (number of exceptions).	26.8% (109)	17.9%	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) (QOF)	85.7%	78.3%	78.1%	No statistical variation

Exception rate (number of exceptions).	20.9% (85)	14.3%	9.4%	N/A
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2018 to 31/03/2019) (QOF)	94.1%	82.7%	81.3%	Significant Variation (positive)
Exception rate (number of exceptions).	25.1% (102)	18.9%	12.7%	N/A

Explanation of any answers and additional evidence:

The practice had higher than local and national average exception reporting rates for several key quality indicators. In response the practice carried out a detailed review of the exception reporting process in 2018 and found that:

- Patients were exception reported at an administrative level after meeting contractual arrangements to make three invitations for a review.
- Patients with multiple conditions requiring annual review were sent three invitations for each diagnosed condition, reviews were spread out through the year and there were frequent non-attendances as well as missed opportunities to optimise care and treatment.
- The invitation and recall system was a heavy burden on the administrative team, accounting for at least 60 hours per month of activity.
- Invitations were pre-planned and sometimes sent after a review had taken place, reducing validity of the invitation to the patient.
- Some patients were not scheduled for recall on diagnosis and therefore missed out on routine invitations for reviews.
- It was not always clear to patients if blood tests were required before a review and what was needed to be included in any blood testing.
- Conditions which could be reviewed by other clinicians were reviewed by GPs which was not an efficient use of GP time and increased waiting time for patients to be reviewed.
- Pressure in the practice to catch up on reviews in January to March contributed to high exception reporting levels.

The practice put in place actions to overhaul the exception reporting system, ensure it was more clinically appropriate, reduce barriers to patients accessing care and make the annual review process a positive one to optimise the care and treatment of people with long term conditions. The new system started in April 2019 and included:

- Utilising new computer system clinical templates, which supported multiple reviews in one appointment based on computer system coding for each condition. The system allowed for the invitation of patients during their birth month, in a single letter detailing all of the conditions the review would handle and including when to book a blood test and that the blood test would be linked to their current medicines prescriptions.
- Phlebotomy appointments were increased from five minutes to seven and a half minutes to account for additional blood test form administration.
- Patient invite letters included information on the new processes in place and staff educated on the new system.
- Three written invites were sent two months apart between April and December, allowing for a more structured ‘catch up’ period between January and April where individual patients were telephoned to maximise review uptake.
- All disease registers were reviewed, identifying any missing clinical codes to ensure maximum

review invite coverage.

- New protocols were developed incorporating the new personalised care adjustment scheme (previously exception reporting) which ensures decisions are made based on clinical judgement and patient preferences.

The practice had evaluated the new long-term conditions review system and identified the following outcomes;

- Reduction in GP workload with most reviews being completed where clinically appropriate by the nursing team or clinical pharmacist.
- Administrative workload had reduced from approximately 60 hours per month to approximately two hours per month, with the additional capacity being directed to workflow optimisation, further reducing GP workload.

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2018 to 31/03/2019) (QOF)	78.6%	74.6%	75.9%	No statistical variation
Exception rate (number of exceptions).	27.5% (168)	8.6%	7.4%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	96.3%	91.1%	89.6%	Tending towards variation (positive)
Exception rate (number of exceptions).	19.9% (54)	14.7%	11.2%	N/A
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to 31/03/2019) (QOF)	88.3%	83.4%	83.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	9.9% (100)	4.6%	4.0%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2018 to 31/03/2019) (QOF)	89.2%	92.0%	91.1%	No statistical variation
Exception rate (number of exceptions).	4.0% (5)	6.7%	5.9%	N/A

Families, children and young people Population group rating: Good

Findings

- The practice were able to demonstrate consistently low levels of investigative services use, low prescribing costs, low accident and emergency department attendance rates, low admission rates to hospital, and lowest referral rates to hospital compared with other Norwich practices.
- The practice was slightly below the minimum 90% target for three of four childhood immunisation uptake indicators. We reviewed the data with the practice. The practice was aware of the patients who had not received the relevant vaccination and had contacted the parents or guardians of the children to discuss the benefits of immunisation.
- The practice has met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for one 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)	61	63	96.8%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	49	55	89.1%	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)	49	55	89.1%	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)	49	55	89.1%	Below 90% minimum

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

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

Findings

- The practice uptake rates for the cervical cancer screening programme were significantly below the target rate of 80%.
- 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.
- The practice were able to demonstrate consistently low levels of investigative services use, low prescribing costs, low accident and emergency department attendance rates, low admission rates to hospital, and lowest referral rates to hospital compared with other Norwich practices.
- The practice organised an annual registration event at the start of each academic year for all new students joining the Norwich University of the Arts (NUA) to assist students, in particular those leaving home for the first time, to register with a GP practice. The events helped identify and support those students receiving ongoing and long-term treatment for pre-existing and enduring conditions and to ensure prescribing continuity and appropriate follow-up. The practice also held a biannual meeting with the University student support department to evaluate service provision. The meetings were used to identify improvements such as designing appropriate paperwork and letters to help students with their studies.

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)	68.7%	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)	71.8%	71.8%	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)	57.6%	58.7%	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)	60.0%	59.5%	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)	57.8%	48.9%	53.8%	No statistical variation

Any additional evidence or comments

The practice uptake rates for the cervical cancer screening programme were significantly below the target rate of 80%. We explored the data with the practice and found that the practice had a significant proportion of patients whose circumstances may make them vulnerable and these patients were not always actively engaging with the service for routine or preventative care and treatment or screening programmes. We also found that the practice had appropriate systems in place to allow access to the cervical cancer screening programme, including:

- Appropriate processes and procedures to govern the activity.
- Female sample takers who were trained for the role.
- Monitoring of the quality of sample taking and a failsafe results monitoring system.
- Appointments available at different times throughout the week to help working age people access the service.
- Non-attenders were sent a third reminder by the practice following the two reminders from the central screening programme office.
- Non-attendance was flagged on the patient record and screening was discussed opportunistically.

However, the practice had not reviewed the programme to ensure barriers to patients accessing the screening programme were identified and where appropriate removed.

People whose circumstances make them vulnerable

Population group rating: Requires improvement.

Findings

- The practice were able to demonstrate consistently low levels of investigative services use, low prescribing costs, low accident and emergency department attendance rates, low admission rates to hospital, and lowest referral rates to hospital compared with other Norwich practices.
- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check. there were follow up arrangements for patients who refused or did not attend reviews. The practice had identified 60 patients on their learning disabilities register and at the time of inspection had completed 17 annual reviews (28%). Following the inspection the practice provided information that the programme of providing health checks had only started in October 2019 and that the practice were on target to complete all annual reviews within 12 months.
- 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, supported those patients and where appropriate referred them to specialist community services where the practice had strong supporting links.
- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) was 2.96, this was significantly higher than the CCG average of 1.47 and the national average of 0.74. The practice had plans to reduce this but on the day of the inspection there was limited evidence to demonstrate a reduction in prescribing rates.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice were able to demonstrate consistently low levels of investigative services use, low prescribing costs, low accident and emergency department attendance rates, low admission rates to hospital, and lowest referral rates to hospital compared with other Norwich practices.
- 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, health reviews and other appointments.
- The practice was recognised as a ‘safe practice’ for patients experiencing poor mental health; 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 and the practice was recognised as a ‘dementia aware’ practice.
- Patients with poor mental health, including dementia, were referred to appropriate services when the services the practice offered were not appropriate.
- Patients identified as having severe mental illness (SMI) were offered annual physical and mental health reviews.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	91.1%	90.5%	89.4%	No statistical variation
Exception rate (number of exceptions).	24.6% (33)	14.5%	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)	99.0%	92.6%	90.2%	Variation (positive)
Exception rate (number of exceptions).	23.1% (31)	11.9%	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)	74.3%	82.4%	83.6%	No statistical variation
Exception rate (number of exceptions).	16.7% (7)	9.5%	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)	557.6	549.5	539.2
Overall QOF score (as a percentage of maximum)	99.7%	98.3%	96.7%
Overall QOF exception reporting (all domains)	10.8%	7.9%	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:

Oak Street Medical Practice clinically supported a local support service providing accommodation and personal care for up to 22 people who have been homeless or are at risk of being homeless and who also have a mental health disorder and a drug and/or alcohol dependency.

The practice reviewed the prescribing practices of the service in order to:

- Reduce the workload in the service and in the practice prescribing team,
- Improve communication between the teams administering medicines and the practice,
- Optimise medicines prescribed and where possible, de-prescribe medicines,
- Reduce medicines wastage.

The practice found that:

- Medicines stocks were counted weekly and where orders were required, they were placed for enough medicines for at least six weeks, leading to large quantities of medicines being stored, including medicines liable to be abused.
- Requesting medicines on a weekly basis was time consuming for the service team, practice prescriptions team and the pharmacy.
- The practice reconciled service medicines records and repeat prescriptions and found that some medications were not always being taken by patients, giving the opportunity for deprescribing. The opportunity was also taken to ensure that all records were up to date.

Actions included:

- Initiating a once monthly ordering process, with all teams understanding when prescriptions would be issued and medications received, freeing up time and ensuring that patients did not miss medicines.
- Reducing medicines waste due to over-ordering.
- De-prescribing Proton Pump Inhibitors (PPIs, stomach acid reducing medicines) in several patients where appropriate.
- Medicines no longer required were stopped.
- Changes were made to the administering time of medicines to improve sleeping patterns of residents.
- Opiate medicines with a risk of addiction were gradually reduced and stopped where appropriate.
- Supporting the service to improve the monitoring of high-risk medicines such as Lithium.

Effective staffing

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

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

Coordinating care and treatment

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

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

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) (QOF)	95.8%	94.9%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.4% (8)	0.6%	0.8%	N/A

Consent to care and treatment

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

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

Responsive Rating: Good

At the previous inspection in December 2015, the practice was rated as outstanding for providing responsive services for patients whose circumstances may make them vulnerable and people experiencing poor mental health (including people with dementia).

At this inspection we have rated the practice as good overall. We have rated the all the population groups as good except for patients whose circumstances may make them vulnerable which we have rated as outstanding. We rated this population group as outstanding because;

- The service was actively engaged in supporting, developing and enhancing local service provision for vulnerable patients including community alcohol and drug dependency services.
- The practice operated as a safe practice for vulnerable patients to attend and have their needs assessed with dignity and respect. Equality of care was central to the way the service operated.
- The practice had reviewed the provision of services in the local area and were developing a new service involving local GP practices to enhance the provision of mainstream medical services for vulnerable patients, relieve pressure on community drug and alcohol dependency services and increase the rate of vulnerable patients transitioning from community services to mainstream GP services.
- The practice had introduced 13 local and practice based 'time to care' initiatives which increased capacity in the service and allowed patients better access to care.

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[1]
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[2]
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:

[1]The service were actively engaged in supporting, developing and enhancing local service provision for vulnerable patients including community alcohol and drug dependency services, in recognition of the practice populations needs. The practice had reviewed the provision of services in the local area and were building a new service involving local GP practices to enhance the provision of mainstream medical services for vulnerable patients, relieve pressure on community drug and alcohol dependency services and increase the rate of vulnerable patients transitioning from community services to mainstream GP services.

[2]The practice had developed an assistance animals' policy, expanding an allowance for guide dogs for the blind in the premises, to include provision for accepting the assistance dog used by a patient with

anxiety.

Practice Opening Times	
Day	**Time**
Opening times:	
Monday	8.30am – 1.30pm and 2pm – 6pm
Tuesday	7am – 1.30pm and 2pm – 6pm
Wednesday	8.30am – 1.30pm and 2pm – 6pm
Thursday	8.30am – 1.30pm and 2pm – 6pm
Friday	8.30am – 1.30pm and 2pm – 6pm
Appointments available:	
Monday	8.30am – 1.30pm and 2pm – 6pm
Tuesday	7am – 1.30pm and 2pm – 6pm
Wednesday	8.30am – 1.30pm and 2pm – 6pm
Thursday	8.30am – 1.30pm and 2pm – 6pm
Friday	8.30am – 1.30pm and 2pm – 6pm

National GP Survey results

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)	95.5%	95.6%	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.
- The practice provided a wheelchair for less mobile patients.
- The practice provided effective care coordination to enable older patients to access appropriate services, including the Norwich Escalation Avoidance Team (NEAT), community Fully Integrated Care Service (cFICS), local home visiting service, retinal screening service and a physio therapy service.

People with long-term conditions — Population group rating: Good

Findings

- The practice had reviewed their provision of annual reviews and introduced a system whereby patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services. Specialist services were available for those with complex needs.
- The practice liaised regularly with the local district and community nursing team to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people — Population group rating: Good

Findings

- Additional nurse appointments were available outside of school hours so that children did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice supported breastfeeding and provided space for this.
- The practice provided a vasectomy service for the local area and private patients.
- Sexual health services including chlamydia screening were available.
- As part of wider staff domestic abuse awareness training, Patient Care Advisors had been specifically trained to recognise young people experiencing domestic violence and covertly signpost them safely to help.

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.
- Early morning appointments were available one day a week. Pre-bookable daytime, evening and weekend appointments were also available to all patients at additional locations within the area, as the practice was a member of a primary care network.
- The practice operated a ‘sit and wait’ clinic for urgent on the day needs.
- Seasonal flu vaccination clinics were available at weekends.

People whose circumstances make them vulnerable

Population group rating: Outstanding

Findings

- The practice had identified and supported a wide range of circumstances that were associated with vulnerability including homeless people, street sleepers, patients with learning difficulties, refugees and immigrants.
- People in vulnerable circumstances were easily able to register with the practice. Service users from local support services were easily able, supported and encouraged to join the practice patient list. The practice maintained effective pathways to promote and support patients to transition from these services into accessing standard primary medical services.
- The practice operated as a safe practice for vulnerable patients to attend and have their needs assessed with dignity and respect. Equality of care was central to the way the service operated.
- The practice had strong supporting roles in multiple local support services for patients with alcohol and drug dependency and mental health conditions. The care of vulnerable patients was effectively coordinated with these services to ensure continuity of care, appropriate access to healthcare services and effective treatments.
- The practice held a register of patients living in vulnerable circumstances and who were prescribed high risk medicines to ensure they were safely managed and that there were plans to reduce and stop prescribing through effective healthcare improvement and additional support service access.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services, including working with other healthcare professionals and support services to manage the care and treatment of individual patients.
- The practice had evaluated the provision of the services offered to vulnerable patients and had made changes and improvements across their service provision to increase ‘time to care’. Thirteen transformational initiatives were introduced by the practice or adopted projects developed through the OneNorwich primary care network. The practice had been able to move to providing 15-minute appointments routinely, has seen a considerable reduction in home visiting rates and was the lowest user of the local home visiting service and has low levels of emergency department attendances amongst patients compared to local CCG averages.
- The practice provided taxi services for some patients in vulnerable circumstances to ensure they could safely return to their place of residence following appointments.
- The provider was working with the local commissioning team and four local GP practices to introduce an enhanced vulnerable adults’ provision, building on the work started by the practice in providing a bridging service for vulnerable patient to enter mainstream primary medical care, increasing the ability of local practices to support the healthcare needs of vulnerable patients and decreasing pressure on local support services.
- The practice was working toward becoming a recognised Surgery of Sanctuary; a service accessible to everybody, regardless of their circumstances, residency status or legal right to access care and treatment.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability, including providing information in appropriate formats, providing continuity of care and offering longer appointments at times and in settings appropriate to the patient.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Many patients in this population group had dual diagnoses of mental health conditions and alcohol and drug dependency and are also supported through the practice's engagement with support services for vulnerable patients.
- Equality of care was central to the way the service operated, with a focus on supporting patients to receive holistic care tailored to their needs and circumstances.
- The service was operated as a 'safe practice'. Priority appointments and access to healthcare were allocated when necessary to those experiencing poor mental health.
- The service provided medical support to services including a residential home supporting patient with alcohol and drug dependency and mental health conditions. The practice, together with the care provider, supported the transition of patients from the care home to independent living. End of life care for these patients was delivered in line with patient wishes and coordinated with the care service.
- The practice was 'dementia aware'; staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had reviewed signage and information to ensure it was appropriate for patients with dementia.
- People with dementia were offered annual reviews of their physical, mental and social care needs. There were processes in place to follow up on patients who did not attend for reviews.
- The practice had a system of identifying the carers of patients with mental health conditions and dementia to offer additional care and support such as the local admiral nursing service.
- The practice had strong supporting links with support groups within the area and signposted their patients to these accordingly. The practice worked with these services in a coordinated way to support patients and plan their care and treatment.
- The practice provided clinical space at no cost for a dedicated practice community psychiatric nurse and drug and alcohol dependency support worker to hold once or twice weekly clinics to for patients with mental health conditions.
- The practice identified those patients with severe mental illness (SMI) and offered annual reviews. Where reviews were missed or offers not responded to, the practice had systems in place to follow up on these patients and provide alternative opportunistic reviews working with other support services where necessary.
- The practice was alerted to and followed up on patients who had attended hospital emergency departments for mental health related issues.

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[1]
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence: The practice had access to a local home visiting service supported through the local primary care network, however the practice were low users of this service due to changes implemented to increase availability of clinical staff and timely access to care and treatment. This was known as the 'time to care' programme.	

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)	64.5%	N/A	68.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	64.3%	68.3%	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)	65.8%	67.4%	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)	73.8%	76.0%	73.6%	No statistical variation

Source	Feedback
CQC comment cards	We received 23 CQC comment cards which were all positive about the service received. • There were multiple comments about how helpful, listening, kind, understanding and caring staff were with individuals and staff groups specifically highlighted. • There was minimal waiting time for an appointment and patients were seen when they needed to be seen.

	• Appointments ran to time. • Flu vaccination clinics were highlighted as a positive experience. • A service user told us that there was a 'nice vibe' in the practice. • Patients felt communication was excellent, that there were thorough explanations of care and treatment and that they were treated as individuals.
Patient interview	• Patients told us that emergency appointments were always available and that there can be a long wait to see a specific GP for a routine appointment, but the wait is shorter to see any available doctor. • Patients also felt continuity of care was good, even when they don't see their usual GP. • Patients thought the reception staff seemed well trained.
Norfolk Healthwatch	The practice had a 4.5-star average rating based on 50 reviews. Comments and reviews were predominantly positive and reflected patients experience of the caring attitude of staff and the efficiency of the service.

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.	Five
Number of complaints we examined.	Five
Number of complaints we examined that were satisfactorily handled in a timely way.	Five
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	None

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient complained about the long wait to be seen in the 'sit and wait' duty doctor clinic.	The practice introduced staggered timings for patients requiring this service and an approximate time they would be seen, reducing the overall waiting time for patients whilst maintaining an urgent, same day service.

Well-led Rating: Good

At the previous inspection in December 2015, the practice was rated as outstanding for providing well-led services as they had demonstrated effective leadership, there was a clear vision and strategy and they reviewed and reflected on patient data and demonstrated a thoughtful and patient focussed approach to care and treatment.

At this inspection, we saw the practice was providing a well-led service and still demonstrated effective leadership, a clear vision and a patient focussed approach to care and treatment. However, we noted some systems and processes in place had led to high levels of exception reporting, higher than average prescribing for hypnotics and low numbers of reviews completed for patients with a learning disability. The practice had some plans in place to address these areas. Therefore, we have rated the practice as good for providing well-led services.

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: The practice had a clear and detailed mission statement: “The Oak Street Medical Practice team is committed to working in partnership with our patients to	

provide high quality, personalised, up to date, patient centred healthcare in a confidential and safe environment."

The mission statement was developed with staff and was regularly reviewed at whole practice meetings and away days to ensure the statement supported how the practice worked and that staff were still committed to the principles.

Culture

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

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

Explanation of any answers and additional evidence:

Staff were proud to work in the service, and in particular of the work the practice did to support the most vulnerable patients in their community. There were multiple examples from staff about 'going the extra mile' for patients. Examples included providing hot drinks for street sleepers encountered on the practice premises as well as offering any support and signposting to local services, and clinicians 'dropping in' on patients for welfare checks if they hadn't been heard from.

Staff focussed not on 'what is wrong with you' in patient consultations and assessments but 'what matters most to you' as a deliberate strategy to provide holistic care and treatment for patients, recognising patients physical, mental and social healthcare needs and supporting them to improve and take control of their health and wellbeing.

The practice had developed a culture of 'presenting patients as people' to ensure equality of care and enhance the levels of dignity and respect patients from all backgrounds received. For example, the practice had supported patients to present their own artwork in the practice. This had quickly developed into an art gallery in the practice waiting area with a PPG representative curating the artwork and a long list of artwork, poems and other patient and staff expressions were waiting for their opportunity to be displayed. The art gallery became a focal point for patients and visitors and prompted discussion,

developed friendships and added colour, light and enhanced wellbeing. The practice had also established itself as a Park Run practice to encourage and support healthy living.

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

Source	Feedback
Staff interviews	• Staff were proud to work in the service and felt they had an important role in providing the whole community with the healthcare services they needed. • Staff treated everyone with the same high level of dignity and respect and the inspection team experienced this in the waiting room and reception area, as well as in examples of patient feedback collected by the service. • Staff had a paid tea break in the mornings which they valued highly. This was for all staff across all teams including partners and managers who gathered together to take the opportunity to socialise, discuss issues and ideas and strengthen team bonds and coordinated working.

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

Managing risks, issues and performance

Some of the processes for managing risks, issues and performance needed to be improved.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Partial[1]
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y

A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: 1. The practice had identified higher than local and national exception reporting levels. The practice made a detailed evaluation of the exception reporting process and put in place measures to reduce the level of exception reporting whilst maintaining high QOF performance. On the day of the inspection the part year unverified data we saw suggested these changes maybe effective however could not be accessed during this inspection.	

Appropriate and accurate information

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

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

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: The practice clinical leadership team had been heavily involved in the evolution of the OneNorwich PCN, supporting all practices in Norwich to develop sustainability and resilience and to continually improve and develop services. Examples were provided of pilots and projects started in or where Oak Street Medical practice were involved which were now used across Norfolk, including the Norwich Escalation	

Avoidance Team (NEAT), a referral service for those patients experiencing a health or social care crisis where all of their needs can be assessed and managed collectively in a coordinated way. The service aimed to support patients and carers by addressing their needs in a timely fashion, promoted independence by making adjustments and changes to support patients to remain at home, and facilitate supported discharge from an in-patient setting.

Feedback from Patient Participation Group.

Feedback
• The patient participation group representatives we spoke with were wholly positive of the practice. • There were regular well attended meetings and the practice were open and honest with the group. • Actions from meetings were recorded and outcomes brought back to the group. • Meetings often had guest speakers talking about various subjects including social prescribing and the work of Age UK. • The group felt involved in the development of the practice and were supported to set up a patient art gallery, local coffee mornings aimed at reducing loneliness, a practice open day and the display of a practice organogram in the waiting area showing who the practice team were and their roles. • The PPG helped develop the practice newsletter and contributed to the content.

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

Examples of continuous learning and improvement
• The practice was a teaching a training practice with strong links with local education establishments. • The service supported three to four GP trainees and two foundation year two doctors. • The practice investment in teaching and training has contributed to an increase in availability of clinicians as the practice is able to recruit and retain staff. • The practice supported local sixth form students from underprivileged backgrounds who had an interest in studying medicine to undertake work experience in the practice. We heard examples where some of these students had gone on to study medicine including one third year medical student who had returned to 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.