

# Care Quality Commission

## Inspection Evidence Table

### Bideford Medical Centre (1-553978509)

Inspection date: 11 February 2020

Date of data download: 21 January 2020

## Overall rating: Good

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

## 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
Explanation of any answers and additional evidence:	

In 2018 to 2019 the practice achieved 100% in its quality outcomes framework as a result of improving patient recall systems and management processes to ensure that patients received the care and treatment in a timely way. The practice was on target to repeat this achievement in the current financial year. Overall clinical exception reporting was 11.7% compared to 12% Devon Clinical Commissioning Group and 9.7% nationally. Patients were only exempted by clinicians and not by admin staff from QOF domains. There was clinical scrutiny of each patient prior to exception reporting.

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>	1.08	0.89	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.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

## People with long-term conditions

Population group rating: **Good**

### Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding

care delivery for patients with long-term conditions.

- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	83.9%	83.0%	79.3%	No statistical variation
Exception rate (number of exceptions).	16.4% (212)	16.2%	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>	86.0%	78.5%	78.1%	No statistical variation
Exception rate (number of exceptions).	9.9% (86)	14.1%	9.4%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	83.3%	83.6%	81.3%	No statistical variation
Exception rate (number of exceptions).	17.4% (151)	16.1%	12.7%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	78.5%	76.9%	75.9%	No statistical variation
Exception rate (number of exceptions).	3.4% (40)	11.7%	7.4%	N/A

The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2018 to 31/03/2019) <sup>(QOF)</sup>	92.5%	91.5%	89.6%	No statistical variation
Exception rate (number of exceptions).	8.6% (30)	13.8%	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) <sup>(QOF)</sup>	91.4%	84.3%	83.0%	Variation (positive)
Exception rate (number of exceptions).	3.1% (70)	5.6%	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) <sup>(QOF)</sup>	93.5%	91.1%	91.1%	No statistical variation
Exception rate (number of exceptions).	12.0% (46)	6.3%	5.9%	N/A

## Families, children and young people

## Population group rating: Good

### Findings

- The practice has met the WHO based national target of 95% for all four childhood immunisation uptake indicators.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Regular meetings were scheduled with GPs, health visitors and school nurses to discuss children's safeguarding concerns. The GPs had an open-door policy for any specific concern which were dealt with on the same day.
- The practice had developed clear pathways to refer children and adolescents to mental health services and other agencies who supported young people, such as Y-SMART (for support on drugs or alcohol specifically for under 18-year olds) and Young Devon for counselling.

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)	133	137	97.1%	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)	141	151	93.4%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	141	151	93.4%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	141	151	93.4%	Met 90% minimum

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

### Any additional evidence or comments

The practice had achieved success in improving their local patient population's MMR uptake through a targeted approach. This had been 86% for 2017/18 financial year and was now at 95%, which was an improvement of 9% in one year.

### Working age people (including those recently retired and students)

Population group rating: Good

### Findings

- The practice had led the improved access work in North Devon which provided easier access to GP services for 18,415 patients in this area which was particularly helpful for working age people.
- The practice offered NHS health checks to patients age 40 to 74, these were mainly working age patients. 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 systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. GPs actively used a new computer system which helped support patients and their employers to ensure a smooth, managed transition back to work after extended periods of absence due to illness.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	73.0%*	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	77.9%	75.4%	72.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	61.8%	61.1%	57.3%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	73.9%	63.9%	69.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	52.3%	55.5%	51.9%	No statistical variation

#### Any additional evidence or comments

The practice showed us unverified data covering the period April 2018 to March 2019 with a current achievement of 78% in cervical screening, which was an improvement of 5% on the previous result. The practice showed us unverified data that they were on target to achieve or exceed 80% by the end of March 2020.

Measures taken by the practice to promote uptake of cervical screening included: training additional members of staff to carry out the test; opportunistic screening during other appointments, such as contraceptive pill checks and well woman clinics; and sending text reminders to patients.

**People whose circumstances make them vulnerable**

**Population group rating: Good**

#### Findings

- The practice held a register for all patients with a learning disability and worked with the local learning disability team who provided support. All patients with a learning disability were offered an annual health check. The premises were fully accessible by patients who had physical disabilities and there was provision for those with sensory impairment, for example, provision of a qualified British Sign Language interpreter.
- End of life care was delivered in a coordinated way with other health professionals such as district nursing teams or residential care staff, which took into account the needs of those whose circumstances may make them vulnerable.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed patients at local care homes and had developed an agreed protocol with the care providers.
- All patients newly diagnosed with cancer were reviewed regularly by their GP and a practice nurse.

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

**Population group rating: Good**

**Findings**

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

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	97.5%	91.6%	89.4%	Tending towards variation (positive)

Exception rate (number of exceptions).	20.4% (31)	15.5%	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) <small>(QOF)</small>	99.2%	90.4%	90.2%	Variation (positive)
Exception rate (number of exceptions).	17.8% (27)	13.3%	10.1%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	98.4%	84.2%	83.6%	Variation (positive)
Exception rate (number of exceptions).	8.0% (11)	7.4%	6.7%	N/A

#### Any additional evidence or comments

All patient exceptions were coded by clinicians who were encouraged to write a free text comment justifying exclusion. Regular audits had been undertaken of all QOF exceptions.

#### 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)	559	542	539.2
Overall QOF score (as a percentage of maximum)	100%	97%	96.4%
Overall QOF exception reporting (all domains)	11.7%	12%	9.7%

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

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

The practice carried out regular complete cycle clinical audits. These included safer prescribing audits, End of Life care audits and continuous quality improvement audits. The success of the practice's regular QOF exception reporting audits could be seen in their high QOF performance and low exception reporting in most clinical outcome indicators on the exception reporting, GPs made patient centred exception reporting decisions based on medication reasons. For example, maximal tolerated dose creating sub-optimal responses, allergies or intolerance or contraindication to a required medication. In some cases, refusal of the patient to take a medication after an informed discussion.

The practice participated in the National Cancer Data Audit led by Cancer Research UK in partnership with Public Health England, NHS England, Macmillan Cancer Support, the Royal College of General Practitioners and other stakeholder groups.

The audit used primary and secondary care data relating to patients diagnosed with cancer to help understand patterns of cancer diagnosis for all cancer types. The practice used the audit to understand the interval length from patient presentation to diagnosis. The audit also monitored the use of primary care led investigations prior to referral and what the referral pathways for patients with cancer were, and how they compared with those recorded by the cancer registry.

## Effective staffing

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

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

consecutive years for 2019, 2018, 2017, 2016, for the support given to new GP registrars. These ratings were based on the new GP registrar's feedback and awarded nationally by Health Education England GP Recruitment.

## 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,	97.0%	94.9%	95.0%	No statistical variation

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>				
Exception rate (number of exceptions).	1.0% (40)	1.1%	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

## 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
A national first had been achieved by the practice in setting up the community pharmacist scheme. The practice had undertaken an Improved Access survey in April 2019 to gauge whether this scheme	

was meeting patients' needs; the outcomes were positive. The fact that this was a national first was confirmed by the Devon Local Pharmacy Committee. It has also led to the practice being one of only four practices in Devon to be invited to participate in the National Community Pharmacy Consultation Scheme (CPCS), confirmed by Devon CCG.

Patients could book a weekday, weekend or evening pharmacist appointment to discuss minor ailments or illnesses. Home visits were available. The practice organised this service on behalf of all 18 North Devon practices, to be open to all 180,415 patients in the area. There were 88 consultations between April 2019 and June 2019. Only 18% of appointments needed escalation back to the host GP practice. This meant GPs had more time for patients with more complex needs.

The practice funded a trained member of the citizen's advice bureau to provide a bookable advice clinic at the practice. They were able to support and signpost patients with anxiety over debt, housing benefit and social security. This service was advertised on noticeboards at the practice. Staff told patients about the service.

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6pm
Tuesday	8am to 6pm
Wednesday	8am to 6pm
Thursday	8am to 6pm
Friday	8am to 6pm
Appointments available:	
Monday	8am to 6pm
Tuesday	8.30am to 8pm
Wednesday	8.30am to 6pm
Thursday	8.30am to 6pm
Friday	8.30am to 6pm

#### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
15,311	247	118	47.8%	0.77%

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)	97.2%	95.4%	94.5%	No statistical variation

#### Any additional evidence or comments

- Since June 2018 the practice had organised early morning and evening appointments for all 18 practices across North Devon. Patients could now access appointments from 8am to 8.30am, 6pm to 8pm on Monday to Fridays and on weekends.
- This service benefitted the 181,415 patients across North Devon. For the 2019/20 year to date the practice have provided 1,304 booked appointment, including community pharmacist appointments. Patients were using the service to see their pharmacist, often instead of seeing their GP, which meant that GPs had more time to spend with patients with complex conditions.

## Older people

## Population group rating: Good

### Findings

- A proactive care home visiting service was provided by the practice to provide a weekly ward round to all care homes.
- 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.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- The practice liaised with local community pharmacists to provide a medicine delivery service and blister packing of medicines to support patients taking these.
- The practice referred patients with complex needs to a complex care team for additional support. In a crisis, the practice local pathfinder team made suitable care arrangements at patient's home to avoid inappropriate admission to hospital.
- Patients who were socially isolated could be referred to a practice social prescriber or the Citizen's Advice Bureau trained member of staff based at the practice. Appointments with this service were bookable.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

## People with long-term conditions

## Population group rating: Good

### Findings

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

## Families, children and young people

## Population group rating: Good

### Findings

- Additional nurse appointments were available in the afternoon so that school age children did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Parents with concerns regarding children under the age of 10 could attend a drop-in clinic held at the same time as the twice weekly baby clinic.
- The practice had social media and website pages regarding teenager's health with health information and useful links.
- The waiting room TV display screens provided local information about all of the services for young people such as smoking cessation, sexual health and weight management.

### **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.
- Online services allowed patients to book appointments, order repeat medicines and email their own GP.
- The practice offered telephone appointments.
- A new website had been designed to promote self-care and self-manage conditions, including self-care for a wide range of health conditions together with self-help signposting on exercise, drugs and alcohol, better eating, anxiety, sleep and welfare. The practice had shared the new website with the 18 other practices in North Devon.
- Patients had access to appointments from 8am – 8pm and on Saturday and Sunday Mornings and on every bank holiday.
- The practice actively reduced hospital waiting lists by providing in-house vasectomy and carpal tunnels procedures. Between July 2019 to January 2020, a total of 37 patients had had a vasectomy, reducing their waiting times by four weeks. A total of 91 patients had benefitted from carpal tunnel procedures, reducing their waiting time by three weeks.

**People whose circumstances make them vulnerable**

**Population group rating: Good**

<b>Findings</b>
<ul style="list-style-type: none"><li>• The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability. The practice recently had a homeless person living in a makeshift tent next to the surgery. The surgery provided him with tea and sandwiches.</li><li>• People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.</li><li>• The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.</li><li>• The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.</li></ul>

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

**Population group rating: Good**

<b>Findings</b>
<ul style="list-style-type: none"><li>• A dementia adviser carried out home visits and joint dementia reviews with a nurse. 117 patients had received these.</li><li>• Staff had a good understanding of how to support patients with mental health needs and those patients living with dementia.</li><li>• Clinicians in the Same Day Team told us many of their urgent requests for appointments involved crisis situations such as suicide risks. The development of the Same Day Team allowed these patients to be supported quickly.</li><li>• The practice funded a trained member of the citizen's advice bureau (not an unpaid volunteer) to provide a bookable clinic at the practice. They were able to support and signpost patients with anxiety over debt, housing benefit and social security.</li><li>• Staff had received training in health navigation to help them recognise mental health needs and offer longer appointment times or during quieter times.</li><li>• GPs referred patients for counselling therapies such as IAPT (Improving access for psychological therapies), Mindfulness based CBT, depression and anxiety as well as secondary care psychology services.</li></ul>

**Timely access to the service**

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

	<b>Y/N/Partial</b>
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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
<p>The practice had continued to develop, enlarge and enhance their Same Day Team (SDT) which was now large, well-organised and multi-disciplinary which met and often exceeded patient expectations according to feedback received by the practice.</p> <p>The SDT consisted of GPs, an advanced nurse practitioner, a paramedic, a clinical pharmacist, a nurse and receptionist. They dealt with anything urgent, unwell children and vulnerable patients, minor ailments and infections, mental health issues. The SDT managed the telephone triage system, and home visits so these could be carried out swiftly, based on risk. The SDT saw 60 patients a day. Patients benefitted from a fast, reliable service which otherwise would involve a lengthy wait. The SDT reduced unnecessary hospital admissions through its swift response.</p>	

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)	88.8%	N/A	68.3%	Variation (positive)
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)	81.4%	74.6%	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)	70.9%	70.9%	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)	87.0%	80.7%	73.6%	Tending towards variation (positive)

Source	Feedback
NHS Choices	Eight patients had provided reviews. The practice management had responded to these reviews. Patients described a well-organised, excellent quality 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.	7
Number of complaints we examined.	7
Number of complaints we examined that were satisfactorily handled in a timely way.	7
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	1

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

Complaint	Specific action taken
A patient complained that they had not been informed of a medical condition which they had.	The practice investigated this. It was found that patient notes evidenced that the patient had been informed of their condition on more than one occasion. Medicine prescribed had been refused. The patient had failed to attend booked appointments for tests. A letter was given to the patient setting out the dates their condition had been discussed, the medicine prescribed, and the test appointments missed. The patient was satisfied with the outcome.
A prescription had been left at reception for collection which should have been sent to the pharmacy.	The practice investigated this and found it be human error. A letter of apology was sent, and management offered to meet with the patient. The patient was satisfied with the outcome.

**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
Bideford Medical Centre led and organised the NHS contract for all 18 Practices across North Devon for Improved Access. This initiative allowed patients access to appointments across North Devon from 8am to 8.30am, 6pm to 8pm on Monday to Fridays and also on Saturday and Sunday Mornings. Since our previous inspection in 2017, the practice had introduced a Senior Operations Team with clear	

lines of responsibility and accountability, changed the lead nurse responsibilities and introduced the role of lead health care assistant. Annual Away Days involved the wider team not just the GP Partners as previously. Staff told us this meant that the leadership were more visible and approachable.

## 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
The practice aims, and strategy had been developed at a GP partners and team away day. There was a meetings cycle which ensured meetings were often held on different days of the week, to ensure all staff were engaged and had ownership of their work streams.	

## 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	<p>We spoke with four GPs, the practice manager, their deputy, team leaders, practice nurses, the Same Day Team including advanced nurse practitioners and paramedics and administrative and reception staff.</p> <p>Every member of staff we spoke with described an excellent service to work at, where they felt supported in their roles, involved in decision making and that the practice was a positive place to work with a focus on providing a high quality of care for its patients.</p>

## 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

**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
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y

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. (PPG)	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
A citizen's advice bureau with a trained employee was available for bookable appointments at the practice, following consultation with the patient participation group (PPG). Between October 2018 to September 2019, 111 patients had completed appointments with this in-house service and 213 individual issues had been dealt with. 70% of these patients were disabled or had a long-term condition. 100% of them reported they experienced an increase in mental health and well-being from using the service. These patients had been supported to obtain a total of £152,740 in benefits and supporting grants from using the service.	

Feedback from Patient Participation Group.

Feedback
We spoke with three patient participation group (PPG) members during our visit. They told us that the practice manager met with the chair of the PPG regularly to consult them on a wide variety issues, such as the new website, the improved access hours, the proactive care home visiting service, the enhanced Same Day Team service.
The PPG said that the practice listened to their views and took action. One initiative included taking on a

clinical pharmacist. This had had a real impact in the last 12 months because previously patients were subject to a protracted waiting period to get their issues resolved. The improved service meant patients could now have their issues resolved in one phone call.

The PPG had created an informative power point presentation for the waiting room which the practice used. The PPG had also developed its own social media (Facebook) page. The PPG told us that the practice went out of their way to involve the PPG and patients in the improvement of service delivery at the practice.

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Regular audits took place on abdominal aortic aneurysm (AAA) screening (blood vessel swelling which can be a major risk if left untreated), anticoagulation monitoring for patients at risk of stroke, cancer diagnosis, carpal tunnels, vasectomies, diabetes and other long-term conditions, cervical screening and medicine reviews. The practice provided continued support and shared learning to staff to develop in these and other areas. The practice consistently received positive feedback from patients and QOF achievements were high, which demonstrated that patients received appropriate and effective care to promote positive outcomes. Innovation was also demonstrated in the practice leading the proactive care home visiting service and the dementia adviser service.	

## Examples of continuous learning and improvement

A national first had been achieved by the practice in setting up the community pharmacist scheme. As part of Improved Access appointments on weekends or evenings, patients could book a pharmacist appointment to discuss minor ailments or illnesses. Other examples included the enhanced Same Day Team improvements since 2017, the continuous QOF monitoring and improvement reflected in the figures, the proactive care home visiting service provided and funded by the practice to provide a weekly ward round to all seven care homes in the Bideford area.

### Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤-3
Variation (positive)	>-3 and ≤-2
Tending towards variation (positive)	>-2 and ≤-1.5

No statistical variation	<1.5 and >-1.5
Tending towards variation (negative)	≥1.5 and <2
Variation (negative)	≥2 and <3
Significant variation (negative)	≥3

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

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

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

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

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

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

#### Glossary of terms used in the data.

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

