

# Care Quality Commission

## Inspection Evidence Table

### Lea Vale Medical Practice (1-591999835)

Inspection date: 18 February 2020

Date of data download: 06 February 2020

## Overall rating: Outstanding

The practice is rated as Outstanding as the culture of the practice and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care. The practice had initiatives in place to meet the specific needs of their population. Staff well-being was supported and their views and suggestions were taken into consideration when planning services.

Please note: Any Quality Outcomes Framework (QOF) data 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:  |             |

The practice used treatment templates that incorporated current evidence-based guidelines. Guidelines and updates were discussed at the monthly clinical meetings.

| 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> | 1.45                 | 1.06        | 0.74            | Tending towards variation (negative) |

Explanation of any answers and additional evidence:  
 The practice had demonstrated an improvement over time for their prescribing of Hypnotics. For example, in 2017 the practice performance was 1.69 and in 2018 1.57.

### 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.
- The practice had developed a bespoke counselling service. Patients who used this service could be seen in their home.
- 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.
- A multi-disciplinary team approach was used, that incorporated the practice nursing team and pharmacist to treat these patients.
- 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.
- Patients with a long-term condition such as diabetes and who observed Ramadan, were given advice on how to manage their medicines and condition whilst fasting.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were referred to secondary care for 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>                        | 70.7%       | 75.9%       | 79.3%           | No statistical variation |
| Exception rate (number of exceptions).  | 14.6% (166) | 13.9%       | 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) <small>(QOF)</small> | 67.9%       | 75.2%       | 78.1%           | No statistical variation |
| Exception rate (number of exceptions).  | 17.0% (193) | 12.4%       | 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> | 80.8%       | 81.7%       | 81.3%           | No statistical variation |
| Exception rate (number of exceptions).   | 15.2% (172) | 10.6%       | 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>          | 69.0%       | 75.7%       | 75.9%           | No statistical variation |
| Exception rate (number of exceptions).  | 17.5% (202) | 7.5%        | 7.4%            | N/A                      |
| The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small> | 90.6%       | 91.3%       | 89.6%           | No statistical variation |
| Exception rate (number of exceptions).  | 32.3% (97)  | 16.6%       | 11.2%           | N/A                      |

| Indicator  | Practice    | CCG average | England average | England comparison       |
|--|-------------|-------------|-----------------|--------------------------|
| The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>   | 80.2%       | 80.7%       | 83.0%           | No statistical variation |
| Exception rate (number of exceptions).   | 18.3% (458) | 6.8%        | 4.0%            | N/A                      |
| In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2018 to 31/03/2019) <small>(QOF)</small> | 84.8%       | 91.2%       | 91.1%           | No statistical variation |
| Exception rate (number of exceptions).   | 2.4% (5)    | 4.5%        | 5.9%            | N/A                      |

## Families, children and young people

Population group rating: Good

### Findings

- The practice had not met the minimum 90% target for all four childhood immunisation uptake indicators or the WHO based national target of 95% (the recommended standard for achieving herd immunity).
- 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.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- Information regarding the school aged immunisation service was available on the practice website.
- 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.

- 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) | 330       | 368         | 89.7%      | Below 90% minimum               |
| The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)  | 343       | 403         | 85.1%      | 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)  | 347       | 403         | 86.1%      | 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)   | 339       | 403         | 84.1%      | 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>

### Any additional evidence or comments

The practice was aware that they had not met the minimum target for childhood immunisations. In order to improve the performance, they followed Public Health England guidance and had a 10-point plan to increase immunisation uptake.

The practice had developed their own birthday cards that were sent to children at one year of age and at three years, four months. The cards contained information for parents and guardians regarding the importance of immunisations and how to contact the practice for further information or to book an appointment.

A member of the administration team was responsible for collating information of non-attendees which was shared with the practice nurses. We were informed the administrator and the practice nurses telephoned the parents or guardians to discuss immunisations and rebook the appointments.

Dedicated immunisation clinics were available in addition to ad hoc appointments. Appointments for immunisations were available from 7.30am to 7pm on weekdays and from 8am to 1pm on Saturdays.

Information sent to parents or guardians was available in Polish, Romanian and Urdu, the commonly used languages within the practice population.

The practice informed us that they had a transient population which affected the data collected. For example, for the year 2019/2020 53 babies were de-registered from the practice, 45 of whom had received immunisations that were then not included in the practice performance data.

Unverified data supplied by the practice from their patient computer record system showed that for the current year they had achieved over the 90% minimum target for all four childhood immunisation uptake indicators.

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

### Population group rating: Requires Improvement

#### Findings

- The practice was below the Public Health England target for the uptake of cervical screening.
- 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.
- Social prescribing was available for healthy lifestyle advice.

| 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) | 57.2%    | 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)  | 63.6%    | 67.8%       | 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)  | 45.8%    | 45.8%       | 58.0%           | N/A                |
| The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as   | 40.3%    | 59.7%       | 68.1%           | N/A                |

|  |       |       |       |                          |
|--|-------|-------|-------|--------------------------|
| occurring within 6 months of the date of diagnosis. (01/04/2018 to 31/03/2019) <sup>(PHE)</sup>  |       |       |       |                          |
| 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) <sup>(PHE)</sup> | 62.9% | 54.6% | 53.8% | No statistical variation |

### Any additional evidence or comments

The practice was aware that they were below the Public Health England target of 80% uptake for cervical screening.

They ensured all eligible patients received three reminders to attend for screening and appointments were available in the evenings and weekends.

The practice informed us the lower achievement was in part due to their practice population, some of whom sought screening from alternative providers and some were only registered with the practice for a short time frame. For example, patients who were born in Poland accessed cervical screening in their own country once a year. Unverified data supplied from the practice's patient computer record system showed 489 patients had received cervical screening in Poland. The practice had developed an information leaflet written in Polish to explain why the cervical screening programme in England was robust and they did not need to go back to Poland for screening. The practice informed us they attended a Polish parent and toddler group once a year to speak about the importance of cervical screening.

To improve the uptake of cervical screening amongst patients from the Asian population the practice employed a physician's associate from the same ethnic background to increase community education and engagement.

The practice informed us they worked with Cancer Research UK to help them improve their cancer screening rates. Appointments were available from 7.30am to 7pm on weekdays and from 8am to 1pm on Saturdays. Letters were sent to patients in different languages.

When new patients registered with the practice if there was no record of previous cervical screening, they were contacted by telephone to invite them straight away to have this done.

**People whose circumstances make them vulnerable**

**Population group rating: Good**

### Findings

- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice had developed a bespoke counselling service. Patients who used this service could be seen in their home. This allowed those with anxiety counselling in a familiar place where they felt comfortable.

**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.
- Patients with poor mental health, including dementia, were referred to appropriate services.

| Mental Health Indicators  | Practice   | CCG average | England average | England comparison       |
|---|------------|-------------|-----------------|--------------------------|
| The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small> | 90.6%      | 90.5%       | 89.4%           | No statistical variation |
| Exception rate (number of exceptions).  | 25.6% (77) | 13.7%       | 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>                          | 94.2%      | 91.6%       | 90.2%           | No statistical variation |
| Exception rate (number of exceptions).  | 19.9% (60) | 10.4%       | 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>  | 74.2%      | 85.2%       | 83.6%           | No statistical variation |
| Exception rate (number of exceptions).  | 3.6% (5)   | 6.8%        | 6.7%            | N/A                      |

**Any additional evidence or comments**

The practice was aware they had high exception reporting rates in some areas. Exception reporting was used for patients who did not attend for a review, or where a medicine couldn't be prescribed due to a contra-indication or side-effect. The practice informed us they had a transient patient population due to their location in the town, close to the airport. Patients registered with the practice in the short-term before moving to other areas. For example, in the last 12 months they had registered 16,000 new patients but only had a growth of 4,000 to their list size. During the inspection we were assured that their exception reporting was clinically appropriate.

## 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)         | 543.2    | 531.5       | 539.2           |
| Overall QOF score (as a percentage of maximum) | 97.2%    | 95.1%       | 96.7%           |
| Overall QOF exception reporting (all domains)  | 13.4%    | 7.2%        | 5.9%            |

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

### Any additional evidence or comments

The practice had a clinical audit policy that outlined the process for staff to follow when completing clinical audits and quality improvement activity. It contained an explanation of the audit cycle and highlighted the need for patient confidentiality.

Clinical audits were discussed at Clinical Governance meetings every six months so all staff were aware of ongoing audits and the learning from completed audits.

We reviewed four two-cycle audits that had been completed in the past two years, they demonstrated improvements in clinical care. For example,

- an audit was undertaken to ensure patients with diabetes were correctly highlighted to receive appropriate management of their condition to reduce the risk of complications. Following the first cycle suggestions for improvement were identified and the second cycle demonstrated where these had been made. It was noted that 100% of patients with a new diabetes diagnosis were correctly identified on the patient computer record system and 100% of patients who had not attended for a review had received a follow up letter.
- An audit was undertaken to improve the quality of care for patients with identified anaemia. During the first cycle the patient computer record system was reviewed to see if patients with a blood test result outside of the normal range had been followed up appropriately. Recommendations were made to better highlight these patients to ensure appropriate actions were taken. The second cycle of the audit demonstrated an improvement had been made with an increase of patients receiving appropriate treatment.

## Effective staffing

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

|  | Y/N/Partial |
|--|-------------|
| Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.   | Y           |
| The learning and development needs of staff were assessed.   | Y           |
| The practice had a programme of learning and development.  | Y           |
| Staff had protected time for learning and development.   | Y           |
| There was an induction programme for new staff.  | Y           |
| Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.  | N/A         |
| Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.   | Y           |
| The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.   | 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:<br>The practice had a comprehensive induction programme for new staff. Inductions were designed for individual staff members according to their experience and the role they were undertaking.<br>Staff were issued with a new staff information pack that highlighted the practice visions and values and an overview of all staff members. Mandatory training was identified for individual staff roles.<br>All of the health care staff in the practice had a clinical mentor. A de-brief was held at the end of each clinical session where complex consultations were discussed and reflected upon. |             |

## 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)<br>(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.   | N/A |
| <p>Explanation of any answers and additional evidence:</p> <p>The practice had developed a clinical model of care that promoted a multi-disciplinary approach that involved the whole practice team with the patient at the centre.</p> <p>Multi-disciplinary team meetings with community teams were held once a month.</p> |     |

## Helping patients to live healthier lives

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

|  | Y/N/Partial |
|--|-------------|
| The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.  | Y           |
| Staff encouraged and supported patients to be involved in monitoring and managing their own health.  | Y           |
| Patients had access to appropriate health assessments and checks.  | Y           |
| Staff discussed changes to care or treatment with patients and their carers as necessary.  | Y           |
| The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.  | Y           |
| <p>Explanation of any answers and additional evidence:</p> <p>A social prescribing link worker had been recruited via the Primary Care Network and worked in the practice three days a week. Social prescribing was promoted by the practice and all clinicians were encouraged to refer patients for health and well-being support.</p> |             |

| Smoking Indicator   | Practice  | CCG average | England average | England comparison                   |
|---|-----------|-------------|-----------------|--------------------------------------|
| The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small> | 90.7%     | 95.3%       | 95.0%           | Tending towards variation (negative) |
| Exception rate (number of exceptions).  | 1.1% (46) | 0.9%        | 0.8%            | N/A                                  |

## Consent to care and treatment

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

|  | Y/N/Partial |
|--|-------------|
| Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented. | Y           |
| Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.       | Y           |
| The practice monitored the process for seeking consent appropriately.  | Y           |
| Policies for any online services offered were in line with national guidance.  | Y           |
| Explanation of any answers and additional evidence:<br>All staff had received Mental Capacity Act training.  |             |

## Responsive

## Rating: Outstanding

The practice is rated as outstanding for providing responsive services because:

- The care delivered to the families, children and young people population group was focussed on education for their health needs. A Parent's Guide to Health tool had been developed and adopted by two local schools.
- The practice recognised the needs of vulnerable people by providing a specific registration process for homeless people that considered medicine reviews and appropriate referrals to secondary care. They worked with a local bail hostel to register patients newly released from prison and ensure they received a medicines review to ensure they had appropriate prescribing and supply of medicines.

### Responding to and meeting people's needs

#### The practice organised and delivered services to meet patients' needs.

|   | Y/N/Partial |
|---|-------------|
| The practice understood the needs of its local population and had developed services in response to those needs.  | Y           |
| The importance of flexibility, informed choice and continuity of care was reflected in the services provided.   | Y           |
| The facilities and premises were appropriate for the services being delivered.  | Y           |
| The practice made reasonable adjustments when patients found it hard to access services.  | Y           |
| There were arrangements in place for people who need translation services.  | Y           |
| The practice complied with the Accessible Information Standard.   | Y           |
| Explanation of any answers and additional evidence:<br>The service operated across three sites. We visited two of them as part of the inspection.<br>There were wide doors and corridors that were suitable for patients with wheelchairs and pushchairs.<br>A lift was available for patients who could not use the stairs.<br>They were visibly clean and tidy. |             |

#### Practice Opening Times

| Day   | Time  |
|---|---|
| Opening times: Main site, Liverpool Road Health Centre          |   |
| Monday  | 7.30am to 7pm                               |
| Tuesday   | 7.30am to 7pm                               |
| Wednesday   | 7.30am to 7pm                               |
| Thursday  | 7.30am to 7pm                               |
| Friday  | 7.30am to 7pm                               |
| Saturday  | Pre-booked morning appointments on request. |
| Opening times available: Branch site, Whipperley Medical Centre |   |
| Monday  | 8.30am to 1pm and 2pm to 6pm                |
| Tuesday   | 8.30am to 1pm and 2pm to 6pm                |

|           |                              |
|-----------|------------------------------|
| Wednesday | 8.30am to 1pm                |
| Thursday  | 8.30am to 1pm and 2pm to 6pm |
| Friday    | 8.30am to 1pm and 2pm to 6pm |
|           |                              |

Opening times: Branch site, Bushmead Medical Centre

|           |                           |
|-----------|---------------------------|
| Monday    | 9am to 1pm and 2pm to 6pm |
| Tuesday   | 9am to 1pm and 2pm to 6pm |
| Wednesday | 9am to 1pm                |
| Thursday  | 9am to 1pm and 2pm to 6pm |
| Friday    | 9am to 1pm and 2pm to 6pm |

**Any additional evidence or comments**

The telephone lines were open from 8am to 6.30pm. Appointments were available at various times throughout the day at all three sites.

Extended hours opening was offered via The Luton Extended Access Service which was available for patients to book routine appointments with a GP, practice nurse or health care assistant (HCA) via the practice. The service operated on Monday to Friday evenings from 6pm to 9pm and Saturday and Sunday mornings from 8.30am to 2.30pm at two local GP Practices.

**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) | 96.9%    | 91.2%       | 94.5%           | No statistical variation |

**Any additional evidence or comments**

The practice had developed a clinical team of different skill mixes to meet the needs of their patients. This included paramedics, pharmacists, physician associates and nurses in addition to GPs.

**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.
- 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.
- To help combat loneliness the practice sent hand-written Christmas Cards to all patients over 85 years of age. We saw positive responses from patients who had welcomed the gesture.

**People with long-term conditions**

**Population group rating: Good**

**Findings**

- Holistic reviews were offered so 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: Outstanding**

### **Findings**

- The emergency care practitioner had developed an online paediatric health education guide for parents called Parents Guide to Children's Health. The guide was interactive with information a maximum of 'four clicks of the button' away. It contained guidance related to consultations, paediatric development and clinical conditions. There was also key information for managing fevers in babies and children. The guide had been shared with two local primary schools and was available on the school websites.
- We were informed that parents or guardians were encouraged to be involved in their child's consultation with the emergency care practitioner. For example, looking at a child's throat or listening to their chest. Education was given on appropriate antibiotic prescribing.
- Additional nurse appointments were available after school hours and on Saturday mornings
- 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.
- Telephone triage appointments were available with the emergency care practitioner. Appointments or home visits were arranged as necessary.

## **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.
- Evening and Saturday morning appointments were available.
- There was online access for appointment bookings, cancellations and repeat prescription requests.
- Telephone consultations and webchats were available.

**People whose circumstances make them vulnerable**

**Population group rating: Outstanding**

**Findings**

- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- The practice recognised there was a large number of homeless people in the area who were unable to register with a GP. In response to this they developed a new pathway for registration of these people. This had been running for two months and in that time, they had registered 14 homeless people. The practice had completed medicine reviews for those on multiple medicines and made appropriate referrals to other service providers that reduced the patient's reliance on local urgent treatment centres and A&E.
- The practice worked with a local bail hostel to register patients who were due to be released from prison to the hostel. They visited patients at the hostel on the day of their release to carry out a medicines review to ensure they had appropriate prescribing and supply of medicines.
- The practice had developed a bespoke counselling service. Patients who used this service could be seen in their home. This allowed those with anxiety counselling in a familiar place where they felt comfortable.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. Flexible appointment booking was available.
- Patients who were identified as having caring responsibilities were offered an appointment with the social prescriber to identify support needed.
- Same day appointments and longer appointments were offered when required.

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

**Population group rating: Good**

**Findings**

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

## Timely access to the service

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

National GP Survey results

|  | Y/N/Partial |
|--|-------------|
| Patients with urgent needs had their care prioritised.   | Y           |
| The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. | Y           |
| Appointments, care and treatment were only cancelled or delayed when absolutely necessary.   | Y           |

| Indicator   | Practice | CCG average | England average | England comparison               |
|---|----------|-------------|-----------------|----------------------------------|
| The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2019 to 31/03/2019) | 38.0%    | N/A         | 68.3%           | Significant Variation (negative) |
| The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)                             | 61.5%    | 55.6%       | 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)                    | 55.6%    | 54.2%       | 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)                     | 69.6%    | 62.9%       | 73.6%           | No statistical variation         |

#### Any additional evidence or comments

The practice was aware of the significant negative variation in the survey scores for getting through to someone by the telephone. The National GP Patient Survey published in 2018 showed the practice achieved 20.5% so they developed a one-year plan to improve this.

A new telephone system was installed which had a dashboard that showed calls waiting to be answered and the abandonment rate. This allowed for staff to be allocated to answer the telephones at times of peak demand.

In response to suggestions from staff members a call back facility was put in place. Patients could request a call back rather than wait on the telephone. They did not lose their place in the queue and were called back by a receptionist.

The practice had a dedicated call centre manager who monitored and managed calls and workflow into the practice.

A live webchat facility was installed on the practice website. This was staffed by two receptionists from 8am to 6.30pm. Patients could use this to book appointments or make other non-urgent requests. Patient feedback supplied by the practice was positive regarding this service. Patients commented that the service was efficient and timely and the staff were described as helpful.

Patients could use the practice website for other requests such as for fit notes, making or cancelling appointments and updating personal details.

The practice sent a patient leaflet to all new patients that outlined how to access the practice appropriately with alternatives to telephoning. The use of the practice website was promoted for non-urgent clinical queries, administration issues and online services such as repeat prescription requests and appointment booking.

SMS text messaging was used to invite patients for health checks and long-term condition reviews. The practice informed us that patients were contacted by text message and invited to reply with a yes response if they wanted an appointment. The practice then contacted the patient to make the appointment rather than the patient telephoning the practice.

Direct dial telephone numbers were installed for key staff members to reduce the amount of calls handled on the main reception telephone line.

Unverified data supplied by the practice from their telephone system demonstrated an increase in successful patient contacts and a reduction in calls abandoned. Their overall success rate for patient access had increased from 67% in 2017/2018 to 78% in 2019/2020. The data showed for the year 2019/2020 they had provided 6,508 web chats, answered 8,977 queries via the website and provided 4,133 call backs to patients.

The practice had plans in place to continue making improvements that included working with the Primary Care Network (PCN) to share reception and administrative services and employing additional staff to staff the webchat facility.

| Source                     | Feedback   |
|----------------------------|--|
| CQC patient comments cards | We received 13 completed comments cards and all contained positive comments regarding the care received at the practice. Patients commented that they felt listened to and had their needs met.<br><br>Staff were described as friendly, professional and helpful. |
| Patients                   | Patients we spoke with on the day of the inspection were positive about the practice and the care received. They commented they could usually get an appointment when needed.  |

## 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. | 36 |
| Number of complaints we examined.               | 2  |

|  |   |
|--|---|
| Number of complaints we examined that were satisfactorily handled in a timely way. | 2 |
| Number of complaints referred to the Parliamentary and Health Service Ombudsman.   | 0 |

|   | Y/N/Partial |
|---|-------------|
| Information about how to complain was readily available.  | Y           |
| There was evidence that complaints were used to drive continuous improvement.   | Y           |
| Explanation of any answers and additional evidence:<br>There was information available in the patient waiting area and on the practice website for patients who wished to complain. |             |

Examples of learning from complaints.

| Complaint   | Specific action taken  |
|---|--|
| Complaint regarding cervical screening                                    | The patient was invited into the practice to discuss the care received when undergoing cervical screening. The outcome of the discussion was shared with the nursing team who carried out cervical screening for learning. |
| Complaint regarding the management of a patient with mental health needs. | The policies relating to the care of patients with mental health needs were reviewed and updated. The response to this complaint was reviewed by NHS England and was found to be satisfactorily handled.                   |

## Well-led

## Rating: Outstanding

The practice is rated as outstanding for providing well-led services because:

- The culture of the practice and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.
- They had developed a partnership and clinical model to reflect the needs of their patients that included different skill mixes. The practice contributed to national learning by sharing their clinical and partnership models with other practices.
- The well-being of staff was supported by the use of flexible and homeworking, a well-being counsellor and improvements to terms and conditions.
- Staff views and suggestions were actively used to make improvements to services within the practice.
- The practice contributed to national learning by sharing their clinical and partnership models with other practices. They had created educational videos with NHS England that were available on video sharing websites and were finalists of The GP Practice Team of the Year in 2018.
- The practice worked with local providers and stakeholders to design a pilot to reduce opioid prescribing.
- The practice had developed a bespoke counselling service that allowed patients referred for counselling to be seen in their own homes.

### Leadership capacity and capability

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

|   | Y/N/Partial |
|---|-------------|
| Leaders demonstrated that they understood the challenges to quality and sustainability.   | Y           |
| They had identified the actions necessary to address these challenges.  | Y           |
| Staff reported that leaders were visible and approachable.  | Y           |
| There was a leadership development programme, including a succession plan.  | Y           |
| Explanation of any answers and additional evidence:<br>Following the retirement of four GP partners the practice reviewed their clinical model and partnership. They developed a new partnership to include two managers, a practice nurse, a paramedic and a pharmacist, in addition to GPs, to reflect the changing nature of the workforce in primary care.<br>The practice informed us they developed a clinical model following a review of demand for services that identified three areas of focus, acute demand, complex demand and non-clinical demand.<br>In order to retain staff members, the practice introduced homeworking and flexible working. This meant that staff who had moved away from the area could still work for the practice and GPs returning from maternity leave could carry out telephone consultations from home.<br>The practice had a GP who worked from Pakistan for nine months of the year. They completed telephone consultations and attended clinical meetings via video conferencing. The GP had secure access to all of the clinical and operational systems in place in the practice. Appropriate risk assessments had been completed and the practice had sought approval for this from the general medical council, Luton Clinical Commissioning Group, the medical defence union and the information commissioner. |             |

## 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           |
| <p>Explanation of any answers and additional evidence:<br/>           The practice had a mission statement, "Working, learning, innovating and improving together to empower our patients to live the best lives they are able to". They demonstrated that this was used in their strategy to make improvements. For example, when improving the uptake of baby immunisations and cervical screening.</p> |             |

## 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           |
| <p>Explanation of any answers and additional evidence:<br/>           The practice employed a staff well-being practitioner one day a week to provide confidential support for their staff members. Staff were encouraged to seek support when needed and also to celebrate any successes with the well-being practitioner. A return to work interview was also carried out with the well-being practitioner following any periods of absence due to ill-health.</p> |             |

One-to-one meetings and team meetings were held to discuss personal and team motivations. Following these meetings, the practice offered improved working terms for their staff that included,

- two extra days of annual leave per year pro rata.
- two days of fully paid volunteer leave.
- a pay review that reflected cost of living increases.

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

| Source | Feedback   |
|--------|--|
| Staff  | Staff we spoke with were all happy working in the practice. They reported that they felt supported by the management team and GPs, and they felt listened to and valued. |

### Governance arrangements

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

|   | Y/N/Partial |
|---|-------------|
| There were governance structures and systems which were regularly reviewed.   | Y           |
| Staff were clear about their roles and responsibilities.  | Y           |
| There were appropriate governance arrangements with third parties.  | Y           |
| Explanation of any answers and additional evidence:<br>The practice had an integrated governance framework in place that covered risk and performance management. This was regularly reviewed at the partnership meetings.<br>The practice had policies and procedures in place to support the governance in the practice.<br>All staff had a job description that outlined their roles and responsibilities. |             |

### 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 |
| <p>Explanation of any answers and additional evidence:</p> <p>A programme of audits was in place to demonstrate quality improvement.</p> <p>An annual review of complaints and significant events was carried out to identify trends and continued learning when things went wrong.</p> <p>The practice had a business continuity plan. This was implemented following recent incidents at the main surgery site and allowed for patients to be seen with no disruption, or loss of appointments at the two branch sites.</p> |   |

### Appropriate and accurate information

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

|  | Y/N/Partial |
|--|-------------|
| Staff used data to adjust and improve performance.   | Y           |
| Performance information was used to hold staff and management to account.  | Y           |
| Our inspection indicated that information was accurate, valid, reliable and timely.  | Y           |
| There were effective arrangements for identifying, managing and mitigating risks.  | Y           |
| Staff whose responsibilities included making statutory notifications understood what this entails.   | Y           |
| <p>Explanation of any answers and additional evidence:</p> <p>The practice business plans took available data into consideration and actions were taken to implement changes and improvements for areas that were below local and national averages. For example,</p> <ul style="list-style-type: none"> <li>changes were made to the telephone system and online functions via the practice website to improve access to the practice.</li> <li>parents were reminded of the baby immunisation schedule via birthday cards sent to children.</li> </ul> |             |

### 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.   | Partial     |
| 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           |
| <p>Explanation of any answers and additional evidence:</p> <p>The practice Patient Participation Group (PPG) had disbanded following the deaths of key members in</p> |             |

recent years. We were shown the practice plans to create a new PPG and were informed that meeting dates had been planned. The practice had recruited two new members and were using complaint responses to encourage other patients to join.

Feedback from patients was encouraged via the practice website and GPs completed patient surveys to support their revalidation.

Staff views and suggestions were used to develop services. For example,

- in response to a staff members suggestion to help combat loneliness the practice sent hand-written Christmas Cards to all patients over 85 years of age.
- The call back facility on the practice website was put in place following staff feedback. This enabled patients calling the practice to have a call back rather than wait on the telephone for a response. The facility meant they received a call from the practice when it was their turn in the queue.

## 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           |
| <p>Explanation of any answers and additional evidence:</p> <p>The practice used significant events to make changes. For example,</p> <ul style="list-style-type: none"> <li>• following threats of violence against staff members additional security measures were put in place including a glass screen at the reception desk to protect staff. The well-being coach was used to offer support to staff.</li> <li>• a change was made to the system for reviewing internal messages to ensure tasks were completed appropriately when GPs were on leave or not available in the practice.</li> </ul> <p>The practice contributed to national learning by sharing their clinical and partnership models with other practices. They had created educational videos with NHS England that were available on video sharing websites and were finalists of The GP Practice Team of the Year in 2018.</p> <p>The practice had supported the local clinical commissioning group (CCG) by providing caretaking services to a neighbouring practice.</p> <p>The practice designed a pilot service in conjunction with the CCG, the local hospital and Resolutions, a local drug and alcohol recovery service, in response to an audit that looked at opioid prescribing. They found that 71 patients were on the maximum daily dose of these medicines. A repeat audit at the end of the pilot showed that 31 patients had reduced the dose of medicines taken.</p> <p>The practice had developed a bespoke counselling service that allowed patients referred for counselling to be seen in their own homes. This was especially beneficial to those patients who were anxious and avoided a visit to the practice or other service. On the day of the inspection the provider showed us video evidence from patients who had benefitted from the service and the feedback was positive.</p> |             |

## Examples of continuous learning and improvement

The practice was a teaching and training practice. They had increased their training capacity in the past five years. For example, in 2015 they had one GP registrar and student nurses. They now trained four GP

registrars and two newly qualified doctors and hosted medical students from Cambridge University and student nurses from The University of Bedfordshire. They also trained Physician Associates. Information regarding these roles, what patients could expect during a consultation and how trainees were supported was available for patients on the practice website.

**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.