

# Care Quality Commission

## Inspection Evidence Table

### Church Road Surgery (1-1754652641)

Inspection date: 8 March 2021

Date of data download: 03 March 2021

**Overall rating: Good**

Please note: Any Quality Outcomes Framework (QOF) data relates to 2019/20.

# 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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes

Explanation of any answers and additional evidence:

Prior to our site visit, we asked the practice to run a set of searches on their clinical system on our behalf. The searches included looking at several areas including prescribing of high-risk medication and asthma inhalers, potential missed diagnosis of conditions and no record of recent blood tests where it is required for the medication being prescribed. As a result of these searches, we found that a small number of these searches highlighted areas where further investigation on the results were required. These areas included reviews of patients who had been prescribed 12 or more asthma inhalers during the past 12 months and patients who had been prescribed Warfarin (a blood-thinning medicine) but there was no record of a blood test having been done in the last 56 days.

We contacted the provider about the concerns found prior to the inspection team being on site. When we were on site on March 8th, we re-ran the same searches and found that the provider had taken action to remedy our initial concerns about the clinical data held. The action from the provider included reviewing our initial search data, looking in depth at the data and noting on the clinical record what further action had been taken.

With reference to the patients who had been prescribed Warfarin with no record of a blood test having been done in the last 56 days, the practice was able to explain to the inspection team that the monitoring of these patients was overseen by the local hospital as part of a shared-care agreement. This meant that the care of the patient was shared between both the practice and the hospital. The hospital were responsible for conducting the blood test to ensure that the patient was being the

prescribed the correct dosage of medicine. The practice was able to access the hospital's systems in order to look at patient's blood test result and see notes regarding recommended medicine dosage prescribing. We asked the practice if there was a way to ensure that their records showed patients had undertaken blood tests. The practice told us they would identify a relevant code on the system and apply it to reflect that these patients had undergone blood tests allowing the practice to prescribe this medicine.

NICE guidance was used at the practice. Additionally, the Clinical Commissioning Group (CCG) provided NICE key points and summaries, with masterclass training provided as continuing professional development for the clinical staff team.

The CCG medicines management team monitored anti-microbial prescribing and gave formal feedback to the practice on an annual basis regarding the provision of care in line with best practice.

There was a system to follow up patients undergoing investigations or presenting with symptoms that could indicate serious disease. This included a list of patients with the anticipated date they were next due to be seen, text messages or letters sent to remind them to make an appointment and reminders on the practice clinical system.

## Older people

## Population group rating: Good

### Findings

- 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.
- 87 out of 90 registered patients (97%) aged 80 and over had received their first dose of a COVID-19 vaccination on the day of inspection.
- 46 out of 51 registered patients (90%) aged 75 and over had received their first dose of a COVID-19 vaccination on the day of inspection.
- 84 out of 97 registered patients (87%) aged 70 and over had received their first dose of a COVID-19 vaccination on the day of inspection.

## 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.
- 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.
- Children with asthma were offered an asthma management plan.
- 102 out of 125 registered patients (81%) identified as clinically extremely vulnerable had received their first dose of a COVID-19 vaccination on the day of inspection.
- 129 out of 209 registered patients (62%) identified as having a medical condition which puts them at risk had received their first dose of a COVID-19 vaccination on the day of inspection.

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. (01/04/2019 to 31/03/2020) <small>(QOF)</small>	52.9%	76.0%	76.6%	Significant Variation (negative)
PCA* rate (number of PCAs).	3.2% (4)	6.2%	12.3%	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 (01/04/2019 to 31/03/2020) <small>(QOF)</small>	85.1%	91.8%	89.4%	No statistical variation
PCA rate (number of PCAs).	6.0% (3)	10.9%	12.7%	N/A

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	78.6%	85.0%	82.0%	No statistical variation
PCA rate (number of PCAs).	4.5% (2)	3.5%	5.2%	N/A

The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	66.2%	66.7%	66.9%	No statistical variation
PCA rate (number of PCAs).	3.1% (5)	13.9%	15.3%	N/A
The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	64.2%	74.6%	72.4%	No statistical variation
PCA rate (number of PCAs).	3.6% (10)	5.3%	7.1%	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 (01/04/2019 to 31/03/2020) <small>(QOF)</small>	90.0%	90.4%	91.8%	No statistical variation
PCA rate (number of PCAs).	0.0% (0)	5.8%	4.9%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	71.2%	78.6%	75.9%	No statistical variation
PCA rate (number of PCAs).	3.8% (6)	8.2%	10.4%	N/A

### Any additional evidence or comments

We spoke with the practice regarding the number of patients with asthma, who have had an asthma review as the data contained within this report was lower than both the local and national averages.

The provider noted that our data was historic and told us that the practice system is to review asthma reviews and COPD assessment of breathlessness late in the QOF cycle, usually in March. Due to the pandemic, this activity was not concluded fully but patients were being invited in for reviews when required.

## Families, children and young people

Population group rating: **Good**

### Findings

- The practice has not met the minimum 90% for any of the four childhood immunisation uptake indicators. The practice has not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for all four childhood immunisation uptake indicators.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2019 to 31/03/2020) (NHS England)	36	42	85.7%	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) (01/04/2019 to 31/03/2020) (NHS England)	39	48	81.3%	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) (01/04/2019 to 31/03/2020) (NHS England)	39	48	81.3%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)	39	48	81.3%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)	27	38	71.1%	Below 80% uptake

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

### Any additional evidence or comments

Historically, the inspection team noted that the practice had recorded lower than the WHO comparison target. When we inspected the practice in October 2018, the practice achieved higher than the minimum target for one of the four childhood vaccination indicators. At this inspection, although the practice did not achieve the minimum target for any of the four indicators, we found that uptake of these vaccines were higher than the figures quoted in the October 2018 report.

We spoke with the practice about the childhood immunisation figures for the practice being lower than the national average. The practice told us that due to the pandemic, there are still parents/guardian of children reluctant to attend the practice to have their child vaccinated.

There is a recall system in place to invite parents/guardian in to have their child vaccinated. The practice uses a variety of methods to invite patients in including text messaging, letters and telephone calls. Patients are able to speak with a clinician to allay any concerns that they have regarding attendance at the practice.

The practice provided the inspection team with unverified recent data relating to the uptake of childhood vaccinations as follows:-

- The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) booster is 80%.
- The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) is 80%.
- 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) is 74%.
- The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) is 73%.
- The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) is 66%.

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

**Population group rating: Good**

**Findings**

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (Snapshot date: 30/09/2020) (Public Health England)	59.8%	N/A	80% Target	Below 70% uptake

Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)(01/04/2019 to 31/03/2020) (PHE)	68.1%	68.6%	70.1%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2019 to 31/03/2020) (PHE)	49.6%	N/A	63.8%	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 (01/04/2019 to 31/03/2020) (QoF)	100.0%	96.1%	92.7%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2019 to 31/03/2020) (PHE)	64.3%	58.4%	54.2%	No statistical variation

### Any additional evidence or comments

The practice cervical screening figures were lower than the England average. We spoke with the practice nurse regarding this who told us that due to the onset of the pandemic and the temporary cessation of screening services for a period during the first wave of the pandemic, their cervical screening figures were lower than previous years.

The inspection team were told that they were working to ensure that all patients that are eligible for screening are invited for an appointment. There was a recognition by the practice that some women are worried about attending the practice for their screening, however the practice nurse told us that she would personally contact patients to speak with them and reassure them about their safety within the practice and stress the importance of having their screening.

The practice was able to provide us with unverified data regarding the number of women who had screening conducted up to the day of inspection. The unverified data showed:-

- An uptake rate of 58% 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).
- An uptake rate of 65% of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 5.5 years for women aged 50 to 64).

### People whose circumstances make them vulnerable

Population group rating: Good

### Findings

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

- The practice demonstrated that they had a system to identify people who misused substances. These patients were referred on to services provided within the community.

**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.
- 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.
- Clinical staff had received dementia and mental health training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	47.1%	89.1%	85.4%	Variation (negative)
PCA rate (number of PCAs).	10.5% (2)	7.8%	16.6%	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 (01/04/2019 to 31/03/2020) <small>(QOF)</small>	64.7%	79.8%	81.4%	No statistical variation
PCA rate (number of PCAs).	0.0% (0)	4.8%	8.0%	N/A

**Any additional evidence or comments**

The practice achievement for patients with schizophrenia, bipolar and other psychoses with a comprehensive care plan documented over the past 12 months was significantly lower than the national average. We spoke with the provider about this and was told that this was attributed to coding issues that meant not all records of patients who had a review had their record noted accordingly. Comprehensive reviews are done by the local community health mental health team or hospital psychiatrists. Once reviews have been completed by these organisations and have been forwarded on to the practice, the documents are reviewed, and all recommendations are actioned by the practice. The care plan is reviewed at this stage, but patient records were not always amended to reflect this.

The practice has now reviewed all patients on their register who have been diagnosed with experiencing poor mental health and have booked reviews for four patients who records are showing as not having a review during the past 12 months.

### 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)	415.8	Not Available	533.9
Overall QOF score (as a percentage of maximum)	74.4%	Not Available	95.5%
Overall QOF PCA reporting (all domains)	4.1%	Not Available	5.9%

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

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

The practice had conducted a two cycle audit focusing on the reduction of antibiotic prescribing alongside ensuring clinicians reviewed their prescribing when outside of the recommended guidelines.

Over the two cycles, the practice achieved a 19% reduction in accordance to CCG guidelines of adherence in antibiotic prescribing, and a 31% reduction in accordance to NICE guidelines of antibiotic prescribing.

### Any additional evidence or comments

The provider told us that they liaised with Hillingdon Hospital, who used the Predicting and Reducing Re-admission (PARR) to hospital system, to review patients. By using this information alongside the Electronic Frailty Index the provider told us, they identified patients at a high risk of re-admission to hospital. The practice worked with the community matrons to discuss support for these identified patients to work to reduce the incidence of re-admission. Minutes of meetings with the community matrons and district nurse team were reviewed, which demonstrated that this system was embedded at the practice

## Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence:	
The learning needs of all staff were assessed at appraisal. There were examples of administrative staff progressing within the practice and of training being identified to enable progression.	
On the day of inspection we looked at four staff files and found that all relevant training, certification and job description were included within all files.	

## Coordinating care and treatment

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

Indicator	Y/N/Partial
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
Explanation of any answers and additional evidence:	

The provider told us that the practice uses the GP to GP notes transfer service to help ensure that clear medical records are transferred to any new service.

The practice was seen to be part of a London-wide system where the medicine Warfarin (an anti-coagulant, or blood thinning medicine) was monitored by secondary care, with prescribing of the medicine conducted in primary care. This meant that registered patients prescribed Warfarin had their international normalized ratio (INR) (or time it takes for their blood to clot), monitored by the hospital. The results of the tests were uploaded onto the Integrated Clinical Environment (ICE) system and the practice checked the patients' INR levels prior to re-prescribing the medicine. This was to make sure they determined the correct dose for the patient.

The practice nurse was able to talk to us about how they work in partnership with the district nursing team to ensure the correct care is being given to registered patients who are unable to come to the practice.

**Helping patients to live healthier lives**

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence:	
<p>The practice signposted patients to community health and secondary care services as appropriate. For example, they referred to the community mental health team at Hillingdon Hospital and to Improving Access to Psychological Therapies (IAPT) for talking therapies. They also referred patients to drug and alcohol support and the memory clinic as required.</p> <p>The practice provided patients with access to home blood pressure monitoring over a two-week period, with the results discussed with a clinician.</p>	

## 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.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	Yes
Explanation of any answers and additional evidence: The practice had a comprehensive consent policy. Clinicians spoken with had clear understanding of consent, including Gillick competencies. They told us that Mental Capacity Act training was part of their safeguarding training and that there were no deprivation of liberty safeguards on patients registered at the practice.	

# 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.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Services provided had been developed with the needs of patients in mind. An example of this was the distribution of blood pressure monitors and pulse oximeters to relevant patients in order for them to monitor (and record) their oxygen and blood pressure at home during the pandemic. This information would be discussed at future telephone consultations with a clinician.</p> <p>Longer appointments were standard when consulting with patients who had long standing health conditions.</p> <p>Patients were asked for their opinions when choosing continuity of care from community healthcare providers.</p> <p>Staff at the practice spoke a number of languages including Russian, Tamil, Farsi, Gujarati, Hindi, Punjabi, Sinhalese, Urdu, Bulgarian, Arabic, Dari and Dutch.</p> <p>The practice did not offer extended opening hours. Patients requiring appointments outside of core opening times were directed to the local out-of-hours provider, details of which were provided by the practice.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am - 6pm
Tuesday	8am - 6pm
Wednesday	8am - 1pm
Thursday	8am - 6pm
Friday	8am - 6pm

Appointments available:	
Monday	8:30am – 12:30pm; 2pm – 6pm
Tuesday	8:30am – 12:30pm; 2pm – 6pm
Wednesday	8:30am – 12:30pm
Thursday	8:30am – 12:30pm; 2pm – 6pm
Friday	8:30am – 12:30pm; 2pm – 6pm

## Older people

**Population group rating: Good**

### Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- 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.

## People with long-term conditions

**Population group rating: Good**

### Findings

- 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 until 6pm on Tuesdays, Thursdays and Friday for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

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

**Population group rating: Good**

**Findings**

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 6pm on a Monday, Tuesday, Thursday and Friday.

**People whose circumstances make them vulnerable**

**Population group rating: Good**

**Findings**

- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

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

**Population group rating: 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.

**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.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes

**Explanation of any answers and additional evidence:**

As a result of the pandemic that practice has recently started to use video consultations (if possible) alongside telephone consultations to assess patients who request a home visit. If a clinician determines that a home visit is required, the clinician will contact the patient to inform them of the the time they will be attending.

All clinicians conducting home visits attend wearing full personal protective equipment (PPE) and this equipment is disposed of following current Public Health England (PHE) guidance.

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 (01/01/2020 to 31/03/2020)	78.1%	N/A	65.2%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2020 to 31/03/2020)	45.4%	65.9%	65.5%	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 (01/01/2020 to 31/03/2020)	53.4%	60.6%	63.0%	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 (01/01/2020 to 31/03/2020)	49.7%	69.9%	72.7%	Tending towards variation (negative)

**Any additional evidence or comments**

The practice were aware of that some of their GP survey results were lower than local averages. Due to priority changes as a result of the pandemic, the practice has not been able to conduct their own in-house survey to gauge the views of patients. Views from patients are currently collated by the patient participation group (PPG) and will be brought to the attention of the practice at the next scheduled PPG meeting.

Source	Feedback
nhs.co.uk	Five reviews over last 12 months. Patient view tending towards negative due to levels of care received from salaried GP's at practice. Reviews mentioning the provider's personal level of care for patients was positive.

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

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: The practice investigated complaints in a timely way. There was evidence of shared learning and action taken to prevent recurrence.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Level of care provided by surgery	Patient records reviewed, written apology sent and patient invited to practice to discuss findings. Patient signposted to Ombudsman to take complaint further if they were unhappy with practice response. Clinicians and practice management team discussion regarding this complaint held to review information held on patient was correct and that complaint was actioned timely.

## 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.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: The provider was able to give us an example of how the practice was able to address sudden changes to providing a quality service when the provider was unexpectedly absent for a period of eight days. The practice through existing clinical and administrative staff was able to maintain a consistent service to registered patients. Staff told us that leaders were approachable and supportive. The provider told us that their immediate and long term plans was to continue to grow and develop the practice alongside existing salaried GP's, clinical and non-clinical staff.	

### Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: Staff told us that the practice values were that they were able to provide high quality care accessible for all, delivered in a way that they themselves would want to be treated.	

The practice had a business development plan to identify priorities for the future which includes a mobility access ramp and a new telephone system.

The practice held weekly senior staff meetings to review progress against their priorities.

## Culture

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

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

Explanation of any answers and additional evidence:

We reviewed five staff where we viewed evidence of appropriate action taken when staff behavior did not meet with practice expectation.

Not all staff had undertaken equality and diversity training during the last 12 months.

There was a strong emphasis on safety and well-being of staff. On the day of inspection, we saw that staff on site were socially distanced and were wearing masks at all times.

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

Source	Feedback
Staff member	Relationships between all staff at practice are very good and we all work well together to provide the best care for our patients.

## Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	
<p>The provider was the principal GP across two locations registered to provide regulated activities. The two practices were approximately three minutes drive apart. They have separate patient lists, but have the same governance system. The senior staff team are responsible for governance at both locations. Joint clinical and senior staff team meetings are held, and staff are trained together.</p> <p>We saw evidence of the practice's governance arrangement with local stakeholders through correspondence viewed in relation to the provision of shared-care protocols.</p>	

## Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence:	
<p>We viewed online and hard copies of practice policies and found that the policies we viewed had been recently reviewed by the practice management team.</p> <p>Due to the pandemic, some members of staff could not work at the practice as they were shielding. The practice was able to facilitate these staff members to work from home and maintain contact with their colleague who were present on site.</p>	

We saw that the practice had established effective arrangements to manage and mitigate risk associated with the provider opting not being allied to a local primary care network (PCN).

In relation to the Covid-19 vaccine programme, we saw evidence that relevant cohorts of registered patients eligible for the vaccine to be had been vaccinated in line with national guidance. An example of this was shown to us on the day of inspection, where we viewed lists that had been printed by the practice for the over 55's. The practice was contacting patients within this cohort and offering to book appointments for at local vaccine sites. Patients who called the practice who were within relevant cohorts requesting a vaccination were also offered this booking facility.

### Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
Explanation of any answers and additional evidence:	
We saw evidence that the provider used data to adjust and improvement performance through the use of clinical audits to improve outcomes for patients.	
As described in the previous paragraph, the provider used reliable and accurate data to provider timely care to patients.	

### 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.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:	
We spoke with a member of the PPG who told us that the provider worked alongside the PPG to ensure that services provided at the practice covered the needs of patients. The PPG to us that they were listened to by the provider and that any suggestions by the PPG were taken on board and implemented if possible. If a suggestion was not able to be implemented, the provider would give a detailed explanation as to why it could not be implemented.	

The provider worked with the local clinical commissioning group (CCG), as well as other stakeholders to ensure that patients at the practice who had been referred to secondary care or community healthcare providers had access to quality care provision from suitable providers outside the practice.

**Continuous improvement and innovation**

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
<p>The practice is a training practice for medical students and students are encouraged to do a presentation at clinical meeting based on a recent consultation undertaken at the practice or on an area of clinical interest.</p> <p>Practice annual appraisals included a section on learning development goals which staff were encouraged to pursue if relevant to their line of work/and or beneficial to the practice as a whole.</p>	

**Examples of continuous learning and improvement**

We saw an example of learning and improvement through the upward progression of members of staff within the practice.

## Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

## Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **PHE:** Public Health England.
- **QOF:** Quality and Outcomes Framework.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
- **\*PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#) ).
- ‰ = per thousand.