

# Care Quality Commission

## Inspection Evidence Table

### Loughton Health Centre (1-566522029)

Inspection date: 21<sup>st</sup> August 2019

Date of data download: 13 August 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

## Safe

### Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
Disclosure and Barring Service checks were undertaken where required	Y
Explanation of any 'No' answers:	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y
<p>Explanation of any answers:</p> <p>Whilst we found that staff had received vaccinations as appropriate to their role, there was no central record of this.</p>	

Safety Records	Y/N
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Y  28.06.2018
Health and safety risk assessment and actions Date of last assessment:	Y 28.06.2018
Additional comments:	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>The practice had completed an infection control audit and there was evidence that they were progressing their action plan.</p>	<p>Y</p> <p>July 2018</p> <p>Y</p>
<p>Explanation of any answers:</p>	

Any additional evidence

**Appropriate and safe use of medicines**

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2017 to 31/03/2018) NHS Business Service Authority - NHSBSA)	1.06	1.07	0.95	Comparable with other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2017 to 31/03/2018) (NHSBSA)	11.7%	9.9%	8.8%	Comparable with other practices

Medicines Management	Y/N
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y See below
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y See below
The practice had a defibrillator.	Y
This was checked regularly and this was recorded.	Y
<p>Explanation of any answers:</p> <p>Effective systems had been implemented to review patients who were prescribed medicines that required additional monitoring. The practice had set up monthly searches to identify patients who were due their blood tests. These patients were subsequently sent a blood form. Audits evidenced consistent improvement.</p> <p>The practice held three cannisters of oxygen, one of which was on the emergency trolley. This was regularly checked; however, there were two further cannisters of oxygen held elsewhere which were not being regularly checked. One of these cannisters was empty.</p>	

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>Comments on systems in place:</p> <p>The practice had revised their systems for managing safety alerts, including MHRA alerts. This system was underpinned by a policy.</p> <p>A comprehensive spreadsheet was maintained which detailed all alerts, when and if the alert was cascaded and what action was taken to mitigate risks. Where potential risks were identified with future prescribing, regular searches were set up to routinely identify patients at risk. This was the case for patients who were prescribed sodium valproate, for example.</p>	

Any additional evidence
<p>Steps had been taken with a view to improving prescribing practices in relation to Co-Amoxiclav, Cephalosporins or Quinalones. The practice was in regular contact with the CCG pharmacist who had attended the practice to lead a discussion regarding antibiotic prescribing. A monthly search had been set up to identify which antibiotics had been prescribed by which prescriber, with a view to reviewing and improving performance. Guidelines were available in all treatment rooms. However, data was yet to indicate improvement.</p>

# Effective

## Effective needs assessment, care and treatment

Prescribing				
Indicator	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) (01/04/2017 to 31/03/2018) (NHSBSA)	0.71	0.62	0.84	Comparable with other practices

## People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	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 (01/04/2016 to 31/03/2017) (QOF)	70.7%	77.5%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.3% (46)	13.5%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
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 (01/04/2016 to 31/03/2017) (QOF)	65.7%	75.9%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.8% (49)	9.8%	9.3%	

Indicator	Practice performance	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 (01/04/2016 to 31/03/2017) (QOF)	78.2%	78.4%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.5% (58)	14.8%	13.3%	

Other long term conditions				
Indicator	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 (01/04/2016 to 31/03/2017) (QOF)	13.2%	73.9%	76.4%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.4% (9)	8.0%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
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 (01/04/2016 to 31/03/2017) (QOF)	85.0%	90.9%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.4% (18)	13.2%	11.4%	



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 (01/04/2016 to 31/03/2017) <small>(QOF)</small>	62.5%	81.6%	83.4%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.7% (70)	3.5%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
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 (01/04/2016 to 31/03/2017) <small>(QOF)</small>	77.1%	88.4%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.2% (9)	6.0%	8.2%	
<b>Any additional evidence or comments</b>				

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

Mental Health Indicators				
Indicator	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 (01/04/2016 to 31/03/2017) (QOF)	80.0%	90.4%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	53.3% (57)	16.9%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	67.2%	88.6%	90.7%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	45.8% (49)	15.4%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	70.0%	83.9%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.8% (8)	6.2%	6.8%	
<b>Any additional evidence or comments</b>				

## Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	466	532	539
Overall QOF exception reporting (all domains)	6.4%	5.5%	5.7%

## Any additional evidence

Systems were implemented to facilitate effective recall of patients to their health checks: QOF achievement was routinely discussed at a weekly clinical meeting and administrative staff were involved in furthering QOF achievement; for example, a non-clinical member of the team reviewed patients that were booked in each day to highlight any outstanding QOF checks to the relevant clinician.

The healthcare assistant held a regular blood pressure clinic, and GP input was sought where risks were identified. The practice was in the process of recruiting a further healthcare assistant to undertake planned and opportunistic health promotion.

Log-in screens had been upgraded to allow patients to input information pertaining to their smoking and alcohol habits. The practice had also upgraded systems to allow patients to communicate health information by text message.

Unverified data from April 2018 to the August 2018 indicated improvement when compared to the same period in 2017:

- Performance for hypertension was improving. Data for August 2018 indicated that the practice had achieved 23 points, compared to 6 points in 2017/18.
- Performance for diabetes was improving. Data for August 2018 indicated that the practice had achieved 61 points, compared to 7 points in 2017/18.
- Performance for asthma was improving. Data for August 2018 indicated that the practice had achieved 24 points, compared to 19 points in 2017/18.
- Performance for dementia was improving. Data for August 2018 indicated that the practice had achieved 46 points, compared to 10 points in 2017/18.
- Performance for mental health was improving. Data for August 2018 indicated that the practice had achieved 24 points, compared to 7 points in 2017/18.

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08.00am – 6.30pm
Tuesday	08.00am – 6.30pm
Wednesday	08.00am – 6.30pm
Thursday	08.00am – 6.30pm
Friday	08.00am – 6.30pm

Appointments available	
Monday to Friday	08.30am - 11.30am 3pm – 6.30pm
Extended hours opening	
Stellar 'hub'	Tuesday & Thursday evening Saturday and Sunday – all day

## Timely access to the service

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11,774	262	122	46.56%	1.04%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practice opening hours (01/01/2017 to 31/03/2017)	72.8%	77.1%	80.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' (01/01/2017 to 31/03/2017)	22.9%	62.4%	70.9%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	61.7%	74.0%	75.5%	Comparable with other practices

The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	42.0%	69.4%	72.7%	Variation (negative)
<b>Any additional evidence or comments</b>				
<p>The new GP Patient Survey was published on Thursday 9<sup>th</sup> August 2018. The 2018 GP Patient Survey questionnaire has gone through a significant re-development. This includes widening the sample of patients surveyed to include patients aged 16-17 years old, asking new questions, and changing the order of the questions. This means that the 2018 survey is effectively a new survey, and direct comparisons cannot be made although the 2018 survey results indicate continued dissatisfaction with access:</p>				
<ul style="list-style-type: none"> <li>• 18% find it easy to get through to this GP practice by phone compared to the local (CCG) average of <b>61%</b> and national average of <b>70%</b>.</li> <li>• 71% find the receptionists at this GP practice helpful compared to the local (CCG) average of <b>87%</b> and national average of <b>90%</b></li> <li>• 30% are satisfied with the general practice appointment times available compared to the local (CCG) average of <b>60%</b> and national average of <b>66%</b></li> <li>• 19% usually get to see or speak to their preferred GP when they would like to compared to the local (CCG) average of <b>43%</b> and national average of <b>50%</b></li> <li>• 37% were offered a choice of appointment when they last tried to make a general practice appointment compared to the local (CCG) average of <b>54%</b> and national average: <b>62%</b></li> <li>• 46% were satisfied with the type of appointment they were offered compared to the local (CCG) average of <b>70%</b> and national average: <b>74%</b></li> <li>• 36% describe their experience of making an appointment as good compared to the local (CCG) average of <b>63%</b> and national average of <b>69%</b></li> <li>• 49% waited 15 minutes or less after their appointment time to be seen at their last general practice appointment compared to the local (CCG) average of <b>65%</b> and national average of <b>69%</b></li> </ul>				
<p>The practice was aware of the recent survey results and had implemented an action plan to improve performance; this included submitting a proposal to offer extended hours, updating the telephone system, recruiting additional clinical staff and making more staff available to answer the telephones at peak times.</p>				
<p>Patients were being actively encouraged to register for online appointment access and 42% of patients were registered for this service.</p>				
<p>The practice was intending to complete their own in-house survey in September/October 2018 to measure the effectiveness of these changes.</p>				

Examples of feedback received from patients:

Source	Feedback
NHS Choices	<p>Since our previous inspection on 27 March 2018, there have been 16 responses on NHS Choices. A majority of patients awarded the practice 5 stars. Patients praised the care and treatment received by the clinicians and the responsiveness of the services. Three patients raised concerns about the ability to see the same doctor and telephone access.</p> <p>The practice manager responded to comments and invited the patient to contact the practice when concerns were raised.</p>
Patients we spoke with	<p>We spoke with eight patients on the day of our inspection.</p> <p>All patients said that they could get an appointment in an emergency. They told us that appointments usually ran to time.</p> <p>Five patients told us that there were delays on the telephone if they phoned at 8am for an appointment that day.</p>

# Well-led

## Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice	
<ul style="list-style-type: none"> <li>• An effective action plan had been implemented and risks had been mitigated</li> <li>• Information was routinely cascaded to staff and other stakeholders.</li> <li>• We found examples of sharing best practice and working with other practices in the locality.</li> </ul>	

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Safeguarding, infection control, emergency drugs procedure, recruitment policy, safety alerts protocol.
Other examples	Regular engagement with other healthcare professionals and bodies for example CCG pharmacist, CCG, Health Education England, practices within locality.
	<b>Y/N</b>
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

## Managing risks, issues and performance

Risk	Example of risk management activities
Health & Safety	Health & Safety risk assessment.
Infection control	Infection control audit, training.
QOF performance	Regular audit & discussion at weekly meeting.
Monitoring high risk medicines	Regular audit, discussion at weekly meeting, engagement with CCG pharmacist.
Antibiotic prescribing	Regular audit, discussion at weekly meeting, engagement with CCG pharmacist.
Unsafe staff	HR systems effectively utilised, DBS checks completed, training records updated.
Safety alerts	Spreadsheet maintained of alerts, patients recalled as required, regular discussion at clinical meeting.
Safeguarding children and vulnerable adults	Policies updated, staff trained, systems implemented to follow up children who failed to attend appointments.

## Continuous improvement and innovation

Examples of improvements demonstrated as a result of clinical audits since previous inspection

Audit area	Improvement
Patients taking medicines that require monitoring.	Relevant patients contacted and advised to have their blood tests. Data indicated month on month improvement.
Patients over 35 taking oral contraceptive.	Patients contacted to advise of risks and search set to run every two months.

Any additional evidence
<ul style="list-style-type: none"> <li>A proposal had been submitted to the CCG to restart extended hours clinics to respond to patient demand. The practice had expressed an interest to develop the E consultation.</li> <li>The practice had upgraded its IT and messenger systems. Patients could now be reminded of their health checks by text message and there was a facility for communication to be in 'free text' so that patients could respond with test results etc. Log-in screens had been upgraded so that patients could input information about their smoking and alcohol consumption. HR systems were now being effectively utilised.</li> <li>Patients were actively being encouraged to book appointments online to improve access. 42% of patients now had online access.</li> </ul>

### 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 comparable, 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 comparable 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 Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

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.

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:

<http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.



- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **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. ( [See NHS Choices for more details](#)).