

Care Quality Commission

Inspection Evidence Table

Loughton Health Centre (1-566522029)

Inspection date: 4 December 2018

Date of data download: 03 December 2018

Overall rating: Requires Improvement

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe

Rating: Good

The practice was previously rated as inadequate for providing safe services. This was because systems were not effective in ensuring that patients were safe from risks in prescribing, recruitment, infection control, safeguarding and health and safety.

At this inspection, we found that necessary improvements had been made and the practice is now rated as good for safe.

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were 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
There was active and appropriate engagement in local safeguarding processes.	Y
Systems were in place to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y

Safeguarding	Y/N/Partial
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y

Recruitment systems	Y/N/Partial
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 required medical indemnity insurance had it in place.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Improvements had been made since our inspection of 27 March 2018. All staff were now being safely recruited and records of this were being maintained. The practice had chosen to DBS check all staff and evidence of this was available. Systems to safeguard vulnerable adults and children were now effective.</p> <p>At our previous inspection of 21 August 2018, we said that the practice should maintain a central record of staff immunisation status. This was now in place.</p>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test:	Y 02.02.16
There was a record of equipment calibration. Date of last calibration:	Y 02.18
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure in place.	Y
There was a record of fire extinguisher checks. Date of last check:	Y 27.11.18
There was a log of fire drills. Date of last drill:	Y 14.11.18
There was a record of fire alarm checks. Date of last check:	Y 18.10.18
There was a record of fire training for staff. Date of last training:	Y 14.11.18
There were fire marshals in place.	Y
A fire risk assessment had been completed. Date of completion:	Y 24.1.18
Actions from fire risk assessment were identified and completed.	Partial
Explanation of any answers and additional evidence: Whilst there was a fire risk assessment which identified what remedial action needed to be taken, this had not been updated to reflect whether required action was completed.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Y 28.06.2018
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Y 28.06.2018
Explanation of any answers and additional evidence: Improvements had been made. There was a health and safety risk assessment and staff had received health and safety training. An electrical installation inspection had been completed, the relevant certificate dated 19.01.2018.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
An infection risk assessment and policy were in place.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit:	July 2018
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence:	
Systems to mitigate risks presented by poor infection control were now in place. The results of infection control audit were circulated to all clinicians. The audit was colour coded to highlight the immediacy of the action required, for example, red indicated immediate action, yellow to be completed in one calendar month and green to be discussed and actioned within a time frame to be decided.	
All staff received infection control training.	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y

Explanation of any answers and additional evidence:

All staff had sepsis awareness training. A salaried GP who worked at the practice was appointed sepsis champion for Essex. The role of the practices' sepsis champion was to promote sepsis awareness in the locality. There was information displayed around the practice to inform patients and staff about red flag symptoms.

Safety was monitored through the weekly practice meeting where clinical and non-clinical risks were discussed.

A system had been set up whereby clinicians would immediately inform the practice when they arrived and departed from patient's homes when home visits were being conducted. This was done to mitigate the risks of lone working.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Partners were allocated lead roles to ensure that test results and correspondence were efficiently and effectively managed. On the day of our inspection, there were no outstanding pathology results.</p> <p>The practice was implementing a new documents management system to reduce GP workload. Staff were receiving regular training and oversight with a view to ensuring a safe transition to the new system.</p>	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

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) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)	1.06	1.06	0.94	No statistical variation
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). (01/10/2017 to 30/09/2018) (NHSBSA)	11.0%	10.0%	8.7%	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	N/A
There was a process in place for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures in place for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A

Medicines management	Y/N/Partial
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols in place for verifying patient identity.	N/A
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y See below
There was medical oxygen and a defibrillator on site and systems were in place to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice now stored all emergency medicines recommended by guidance. Emergency equipment was regularly checked to ensure this was safe to use.</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 oversight.</p> <p>At our previous inspection, concerns were identified with prescribing practices as data reflected that some antibiotic prescribing was higher than local and national averages. The practice had taken steps to improve. They were 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. Audits completed by the practice evidenced improvement in the number of antibiotic prescriptions issued.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	6
Number of events that required action:	5
Explanation of any answers and additional evidence: Significant events were discussed at the weekly meeting.	

Example(s) of significant events recorded and actions by the practice.

Event	Specific action taken
Unprocessed prescriptions inadvertently shredded.	Task sent to reception and local pharmacies to inform there may be a delay in processing prescriptions. Reception advised that if patient presented requesting to collect their prescription and this was not available, the patient should be asked to wait whilst this was immediately processed.
Incorrect medicine issued on prescription.	Systems updated - additional checks implemented on new documents management system.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: The practice had an effective system for managing safety alerts, including Medicines and Healthcare Regulatory Agency (MHRA) alerts. This system was underpinned by a policy. This policy had been circulated to all clinicians by the practice manager. When a relevant safety alert was received, this was discussed at the next weekly meeting. Patients were identified and where relevant, ongoing searches were completed. A patient safety alert was issued in July 2018 which related to bowel care for patients at risk of autonomic dysreflexia, a potentially life-threatening condition. In response to this, the practice had identified patients who may be at risk and scheduled a training event at a local care home to teach carers to recognise the condition. Further, they had drafted and given patients who may be at risk a	

letter to take to Accident and Emergency should they develop symptoms of concern.

Effective

Rating: Requires Improvement

The practice was previously rated as inadequate for providing effective services. This was because patients were not receiving regular health checks and NICE guidelines were not consistently adhered to. There was limited quality improvement activity taking place.

At this inspection, we found that the practice had implemented effective improvements with a view to ensuring that patients had their health needs met. The practice was working with other healthcare professionals and looking at innovative ways of meeting the needs of their practice population. However, continued action was required to evidence improvements as up to date, verified data had not yet been published. The practice is now rated as requires improvement for providing effective services as two population groups have been rated as requires improvement. The new rating reflects the improvements that have been made by the practice.

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
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
Appropriate referral pathways were in place 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
Explanation of any answers and additional evidence:	
The practice had implemented a system of search and audit to identify and recall patients who may need to be reviewed as a result of new or updated NICE guidance. Best practice was discussed at the weekly practice meeting.	
There was proactive care and treatment for transgender patients. The practice had created their own bespoke template to enable them to effectively review and monitor the healthcare needs of these patients.	

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) (01/10/2017 to 30/09/2018) (NHSBSA)	0.63	0.60	0.81	No statistical variation

Older people

Population group rating: Good

This population group was previously rated as inadequate for providing effective services because the concerns found in the effective domain affected all population groups.

This population group is now rated as good as sufficient improvements have been made across the effective domain and in this population group.

Findings

- A new nurse had been employed whose role was to complete health checks to patients over 75 years of age. Improvements had been made and all eligible patients had now been invited for a health check.
- 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.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions Population group rating: Requires improvement

This population group was previously rated as inadequate for providing effective services because the concerns found in the effective domain affected all population groups.

This population group is now rated as requires improvement. This updated rating reflects the improvements made by the practice, although continued action is required to ensure that these achievements are reflected in verified data.

Findings

- Action plans had been immediately implemented following our inspection of March 2018. Systems and technology had been upgraded to enable efficient and effective methods of recalling patients with long-term conditions. However, continued action is required to ensure that these improvements are reflected in verified data.
- Using their own initiative, the practice was training and mentoring a local pharmacist who wished to train as an independent prescriber. As asthma reviews had been identified as an area which required improvement, their role would be to assist in completing these.
- Data evidenced timely improvement in most indicators where we had previously identified concerns with this patient group. Where data did not yet indicate improvement, the practice was aware of data and already had plans to improve underway.
- Effective systems had been implemented with a view to ensuring patients with long-term conditions who were prescribed high-risk medicines were being effectively monitored. This was also the case for patients prescribed medicines for chronic pain.
- The practice had identified patients with certain long-term conditions who may be at risk of autonomic dysreflexia. They had scheduled a training event at a local care home to teach carers to recognise the condition. Further, they had drafted and given patients who may be at risk a letter to take to Accident and Emergency should they develop symptoms of concern.
- The practice managed diabetic patients who were prescribed insulin. This was overseen by a GP and nurse who had each obtained an additional qualification for the role.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

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	73.0%	75.9%	78.8%	No statistical variation

(01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	12.5% (70)	14.3%	13.2%	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 (01/04/2017 to 31/03/2018) (QOF)	61.8%	74.8%	77.7%	Variation (negative)
Exception rate (number of exceptions).	12.9% (72)	11.4%	9.8%	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 (01/04/2017 to 31/03/2018) (QOF)	78.0%	77.1%	80.1%	No statistical variation
Exception rate (number of exceptions).	16.3% (91)	15.5%	13.5%	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 (01/04/2017 to 31/03/2018) (QOF)	27.7%	72.9%	76.0%	Significant Variation (negative)
Exception rate (number of exceptions).	1.8% (11)	8.4%	7.7%	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 (01/04/2017 to 31/03/2018) (QOF)	87.3%	89.2%	89.7%	No statistical variation
Exception rate (number of exceptions).	14.9% (29)	15.3%	11.5%	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 (01/04/2017 to 31/03/2018) (QOF)	74.0%	81.1%	82.6%	Variation (negative)
Exception rate (number of exceptions).	4.2% (78)	4.7%	4.2%	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 (01/04/2017 to 31/03/2018) (QOF)	75.0%	90.3%	90.0%	Variation (negative)
Exception rate (number of exceptions).	2.9% (6)	5.2%	6.7%	N/A

Any additional evidence or comments

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. Further clinical staff had been appointed to carry out health checks, such as asthma checks, learning disability checks and those for patients over 75.

Log-in screens had been upgraded to allow patients to input information pertaining to their smoking and alcohol habits. Further, there was a machine in the waiting area which allowed patients to take their pulse and blood pressure. These were handed into reception so that their patient record could be updated. Where concerns were identified, these were immediately flagged to clinicians.

The practice had upgraded their text messaging facility. This meant that they were able to send text messages to patients to advise them of health checks that were due and on receipt, patients were able to decline the invitation or provide updates. This would be sent directly to the practice's computer system.

Unverified data from April 2018 to December 2018 showed:

- 54% 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. Exception reporting, the means by which the practice can exclude patients with certain characteristics from the data, was 6%. Evidence sent after the inspection indicated that there had been further improvement, and achievement in this indicator had increased to 62%. As data was yet to be verified, an average was yet to be ascertained, so whilst this achievement was better than that of last year, this was yet to meet last year's CCG average.
- 37% 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. Evidence sent after the inspection indicated that there had been further improvement, and achievement in this indicator had increased to 53%. As data was yet to be verified, an average was yet to be ascertained, so whilst this achievement was better than that of last year, this was yet to meet last year's CCG average.

- 66% of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less. Evidence sent after the inspection indicated that there had been further improvement, and achievement in this indicator had increased to 77%. As data was yet to be verified, an average was yet to be ascertained, so whilst this achievement was better than that of last year, this was yet to meet last year's CCG average
- 75% of 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. Evidence sent after the inspection indicated that there had been further improvement, and achievement in this indicator had increased to 81%. As data was yet to be verified, an average was yet to be ascertained, so whilst this achievement was better than that of last year, this was yet to meet last year's CCG average

This unverified data did not assure us that patients with long-term conditions had yet been effectively monitored. Continued action was necessary to evidence that required improvements had been made.

Families, children and young people

Population group rating: Good

This population group was previously rated as inadequate for providing effective services because the concerns found in the effective domain affected all population groups.

This population group is now rated as good. This updated rating reflects the improvements made by the practice.

Findings

- The practice held a regular meeting with health care professionals to discuss children. This was attended by the school nurse, midwife and a representative from social services.
- A room was available if requested by breastfeeding mothers.
- Childhood immunisation uptake rates were now in line with the World Health Organisation (WHO) targets.
- 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 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.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018)(NHS England)	85	105	81.0%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	96	115	83.5%	Below 90% minimum (variation negative)
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) (01/04/2017 to 31/03/2018) (NHS England)	95	115	82.6%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	91	115	79.1%	Below 80% (Significant variation negative)

Any additional evidence or comments

Most recent data for 10.01.2018 to 01.10.2018 indicated that improvements had been made. Immunisation rates for children were between 91% to 98% and booster rates for children between 86% to 92%.

Working age people (including those recently retired and students)

Population group rating: **Good**

This population group was previously rated as inadequate for providing effective services because the concerns found in the effective domain affected all population groups.

This population group is now rated as good. This updated rating reflects the improvements made by the practice.

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.
- Appointment reminders and prompts for health checks were sent by text message to patients providing their telephone number. The system functionality allowed for patients to provide a text message response.
- The practice was taking to be taking part in a pilot to test online prescribing in the New Year.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	76.6%	74.6%	72.1%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	69.7%	70.1%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	53.7%	55.4%	54.6%	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. (PHE)	81.0%	62.9%	71.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	49.2%	48.4%	51.6%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

This population group was previously rated as inadequate for providing effective services because the concerns found in the effective domain affected all population groups.

This population group is now rated as good. This updated rating reflects the improvements made by the practice, although continued action is required to ensure that these achievements are reflected in verified data.

Findings

- Patients on the end of life register were coded and regularly reviewed to ascertain the level of care they required. Where there was an unexpected death of a patient, this was reviewed to establish whether lessons could be learnt.

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- There was proactive care and treatment for transgender patients. The practice had created their own bespoke template and an alert in the patient record to promote awareness and sensitivity.
- The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability.
- 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.
- There were 24 patients on the learning disability register. Three patients had attended for a health check, 14 patients had their health checks booked to take place in the coming months, three patients failed to attend their appointment and one patient declined the invitation.

People experiencing poor mental health (including people with dementia) Population group rating: Requires Improvement

This population group was previously rated as inadequate for providing effective services because the concerns found in the effective domain affected all population groups.

This population group is now rated as requires improvement. This updated rating reflects the improvements made by the practice, although continued action is required to ensure that these achievements are reflected in verified data.

- Unverified data did not yet assure us that patients with long-term conditions had been effectively monitored. Continued action was necessary to evidence that required improvements had been made.
- 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.
- 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.

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 (01/04/2017 to 31/03/2018) (QOF)	90.5%	89.9%	89.5%	No statistical variation
Exception rate (number of exceptions).	44.7% (51)	15.6%	12.7%	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 (01/04/2017 to 31/03/2018) (QOF)	66.2%	87.1%	90.0%	Variation (negative)
Exception rate (number of exceptions).	40.4% (46)	12.5%	10.5%	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 (01/04/2017 to 31/03/2018) (QOF)	82.5%	81.1%	83.0%	No statistical variation
Exception rate (number of exceptions).	10.0% (7)	8.4%	6.6%	N/A

Any additional evidence or comments

Performance for mental health reviews for the period April to December 2018 indicated that 64% of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months. Exception reporting, the means by which the practice can exclude patients with certain characteristics from the data, was 18%.

Although overall performance for this indicator was slightly lower than the percentage achieved for the whole of last year, there were three months of the year remaining and the practice was in a positive position to achieve the target required. However, continued action was necessary to evidence that required improvements had been made.

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)	484.48	-	537.5
Overall QOF exception reporting (all domains)	7.4%	5.8%	5.8%

	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

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

- Quality improvement activity took place following identified risks. There were now monthly searches taking place to identify patients who were prescribed medicines that require monitoring. These patients were then recalled to have their bloods checked. Audits were presented that considered hyperthyroidism and associated medicines and how prescribing could be improved.
- Three two-cycle audits were seen. One of these was an in-house audit which considered antibiotic prescriptions that had been generated and the number that were in accordance with guidelines, and those which were not. The audit was circulated to clinicians and provided guidance about how to reduce antibiotic prescribing. At this inspection, we found that actions had been implemented and improvements had been made.

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
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.	N/A
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A
Explanation of any answers and additional evidence:	
<p>Staff now had the skills, knowledge and experience to carry out their roles effectively. Practice managers were effectively utilising IT systems to record staff training and when this was due to expire. Staff had now been trained in safeguarding adults and children, infection control and health and safety as well as sepsis awareness and the accessible information standard.</p> <p>When additional training was requested, this was provided wherever possible. For example, reception staff had requested training to further their understanding of Quality Outcomes Framework (QOF) and this was being provided in the New Year. Further, clinical staff had received or were scheduled to complete training to inform practice when undertaking specific health checks.</p> <p>All staff had received an appraisal of their performance in the last year.</p>	

Coordinating care and treatment

Staff worked 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 (01/04/2017 to 31/03/2018) (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
<p>Explanation of any answers and additional evidence:</p> <p>There was a weekly practice meeting attended by clinical and non-clinical staff. This was used to discuss patients of concern, risks, alerts and the day-to-day running of the practice.</p> <p>Information was shared effectively with other healthcare professionals, including those working with children, patients at the end of their lives and those who had long-term health conditions.</p> <p>There was a weekly visit conducted at a local care home to review and support patients who lived there. The practice was scheduled to hold an educational event for staff at the care home in the month following our inspection in response to a patient safety alert.</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
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>Reception staff had completed care co-ordinator training to enable them to signpost patients to avenues of support.</p> <p>Patients were able to take their pulse and blood pressure in the waiting room. The sign-in screen on reception allowed patients to input information about their lifestyle, such as smoking and alcohol consumed so that this could be reviewed and monitored.</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 (01/04/2017 to 31/03/2018) (QOF)	95.5%	94.4%	95.1%	No statistical variation
Exception rate (number of exceptions).	4.5% (124)	1.0%	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
Explanation of any answers and additional evidence: Consent forms were completed by clinicians and signed by patients to indicate their consent. These were used for coil insertions, minor surgery and cryotherapy, for example.	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice held a register of transgender patients. There was an alert added into the patient record to promote awareness and sensitivity.</p>	

CQC comments cards	
Total comments cards received.	10
Number of CQC comments received which were positive about the service.	5
Number of comments cards received which were mixed about the service.	4
Number of CQC comments received which were negative about the service.	1

Source	Feedback
Patients	We spoke with three patients on the day of the inspection. All patients spoke positively about the care and treatment provided by the clinical and non-clinical staff.
Friends and Family test October 2018	<p>188 responses were received. 74% of patients indicated that they would recommend the practice. 8% said they didn't know and 18% said that they would not recommend the practice.</p> <p>The upgraded text messaging facility enabled the practice to ask for patients to complete the friends and family test via text message after the patients' appointment. This had significantly increased the responses that they received.</p> <p>Whether positive or negative feedback was received, the practice requested further information as to why the rating was provided to enable them to make improvements or record the positive interaction.</p> <p>Where positive responses were received, these were to praise the clinicians that</p>

	<p>they saw and the care and treatment that they had received. Whilst negative comments represented the minority, these mainly related to concerns with access and delays.</p>
<p>NHS Choices</p>	<p>Since our last inspection in August 2018, from September 2018 to December 2018 there had been 13 patients who provided feedback on the NHS choices website. 11 patients left a five-star review and two patients left a 1-star review.</p> <p>The practice responded to the majority of patients who have provided feedback, either to thank them for their comments or provide an explanation as to why problems were encountered, an apology or an invitation to discuss the matter further.</p>

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11651	258	95	36.8%	0.82%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	81.9%	88.0%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	81.9%	85.9%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	90.1%	94.6%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	64.7%	80.5%	83.8%	Variation (negative)

Any additional evidence or comments

The practice was aware of the recent survey results and had implemented an action plan to improve performance. They had completed their own survey to assess the effectiveness of the changes they had made following the GP survey.

Concerns that were highlighted in the GP survey related to accessing services as opposed to the care and treatment provided. The practice had analysed all feedback including friends and family, NHS choices and the GP patient survey. They had completed an in-house patient survey and an action plan was in the process of being completed.

Question

Y/N

The practice carries out its own patient survey/patient feedback exercises.

Y

Any additional evidence

The practice had completed their own in-house survey from 1st October to 19th November. 110 survey forms distributed to patients and 48 were completed and returned.

Feedback continued to be positive about interaction and treatment provided by the GPs and nurses.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Reception staff had completed care navigation training so that they could direct patients to avenues of support. Further, they had received training in the accessible information standard so that they were able to present clear information to patients in accordance with their communication requirements.</p>	

Source	Feedback
NHS Patient Choices	In the five-star reviews, patients praised the care and treatment offered by clinicians, practice manager and receptionists.
September – December 2018	In a one-star review, a patient raised concern about the attitude of receptionists.

Interviews with patients	We spoke with three patients on the day of the inspection. All patients said that they were involved by the GPs and nurses in decisions about their care.
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National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	89.8%	92.9%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Partial
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence:	
Information was available in larger fonts and with pictorial aids as required; however, the practice population was not sufficiently diverse to necessitate information leaflets being available in other languages. There were members of the clinical team who could communicate with patients in languages other than English.	

Carers	Narrative
Percentage and number of carers identified.	157 (1%)
How the practice supported carers.	The practice offered patients who were carers a health check. Out of 107 carers who were eligible for a health check, 60 had been invited to attend. 20 had attended for this check and five patients had declined the invitation. The outstanding patients had not yet indicated whether they would be accepting the invitation or otherwise.
How the practice supported recently bereaved patients.	Patients who had recently been bereaved were sent a sympathy card and signposted to other services.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence:	
The practice accommodated breastfeeding mothers who wished to breastfeed in a private room.	

Responsive

Rating: Requires Improvement

The practice was previously rated as inadequate for providing responsive services. This was because data reflected low patient satisfaction in relation to the services provided.

At this inspection, we found that the practice had acted on patient satisfaction results in the national GP patient survey and some improvements had been made, although continued action was necessary to improve patient satisfaction. The practice is now rated as requires improvement for providing responsive services. This updated rating reflects the improvements made by the practice, although continued action is required to ensure that these achievements are reflected in survey data.

Responding to and meeting people's needs

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

	Y/N/Partial
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
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Facilities were accessible to patients who used a wheelchair. A wheelchair was available should this be requested.• Translation facilities and a hearing loop were available.• The system to call patients to their appointments was audible as well as visual.• Appointments could be booked online. There was a concerted effort to improve the numbers of patients with online access.	

Practice Opening Times	
Day	Time
Monday	8am – 6.30pm
Tuesday	8am – 9.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm

Friday	8am – 6.30pm
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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

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11651	258	95	36.8%	0.82%

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 (01/01/2018 to 31/03/2018)	93.5%	94.1%	94.8%	No statistical variation

Older people Improvement

Population group rating: Requires

This population group was previously rated as inadequate for providing effective services because the concerns found in the responsive domain in relation to patient satisfaction affected all population groups.

This population group is now rated as requires improvement. This updated rating reflects the improvements made by the practice, although continued action is required to ensure that these achievements are reflected in the results of the next GP Patient Survey.

Findings

- Continued action was necessary to evidence that improvements had been made to accessing services.
- The practice was working with others in the neighbourhood to identify and manage patients who were frail.
- A nurse had been recruited to carry out and improve the number of senior health checks completed.
- 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.

People with long-term conditions Improvement

Population group rating: Requires

This population group was previously rated as inadequate for providing effective services because the concerns found in the responsive domain in relation to patient satisfaction affected all population groups.

This population group is now rated as requires improvement. This updated rating reflects the improvements made by the practice, although continued action is required to ensure that these achievements are reflected in the results of the next GP Patient Survey.

Findings

- Continued action was necessary to evidence that improvements had been made to accessing services.
- Text message facilities had been upgraded so that patients could be called to their health checks by text message. Patients were able to reply to this to confirm or decline invitations. There was also the functionality to provide test results to facilitate ongoing monitoring.
- There was a health check monitor in the waiting area which monitored blood pressure and pulse. Where concerning readings were identified, these were passed immediately to a GP.
- 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 Improvement

Population group rating: Requires

This population group was previously rated as inadequate for providing effective services because the concerns found in the responsive domain in relation to patient satisfaction affected all population groups.

This population group is now rated as requires improvement. This updated rating reflects the improvements made by the practice, although continued action is required to ensure that these achievements are reflected in the results of the next GP Patient Survey.

Findings

- Continued action was necessary to evidence that improvements had been made to accessing services.
- 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.
- There was a regular meeting with health professionals involved in the healthcare of children such as midwives, social workers and school nurses.

Working age people (including those recently retired and students) Population group rating: Requires Improvement

This population group was previously rated as inadequate for providing effective services because the concerns found in the responsive domain in relation to patient satisfaction affected all population groups.

This population group is now rated as requires improvement. This updated rating reflects the improvements made by the practice, although continued action is required to ensure that these achievements are reflected in the results of the next GP Patient Survey.

Findings

- Continued action was necessary to evidence that improvements had been made to accessing services.
- The practice had identified that changes needed to be made to the appointments system to meet the needs of the commuters.
- Telephone triage had been extended so that where appropriate, patient needs could be managed without requiring absence from work or studies.
- The practice was involved in a pilot to provide on-line consultations from January 2019.

- There was extended access on a Tuesday evening. Additional extended appointments were also available at the practice and other locations in the evenings and on the weekends. This was through the local 'hub'.

People whose circumstances make them vulnerable rating: Requires Improvement

Population group

This population group was previously rated as inadequate for providing effective services because the concerns found in the responsive domain in relation to patient satisfaction affected all population groups.

This population group is now rated as requires improvement. This updated rating reflects the improvements made by the practice, although continued action is required to ensure that these achievements are reflected in the results of the next GP Patient Survey.

Findings

- Continued action was necessary to evidence that improvements had been made to accessing services.
- The practice held a register of patients living in vulnerable circumstances including transgender patients, carers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those who lived in care homes.
- The practice nurse attended at patients' homes to deliver the flu vaccination if they were unable to attend the practice
- 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: Requires Improvement

This population group was previously rated as inadequate for providing effective services because the concerns found in the responsive domain in relation to patient satisfaction affected all population groups.

This population group is now rated as requires improvement. This updated rating reflects the improvements made by the practice, although continued action is required to ensure that these achievements are reflected in the results of the next GP Patient Survey.

Findings

- Continued action was necessary to evidence that improvements had been made to accessing services.
- 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.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice was in the process of trialling extended telephone triage of emergency appointments to enable the practice to make contact with more patients during the course of the day. This was being closely monitored to ascertain its effectiveness.</p> <p>Reception staff took calls from patients requesting emergency appointments and advised them that they would be called back by a GP. The GP then called patients to ascertain whether a face to face appointment was clinically necessary, or whether telephone advice and assistance would be sufficient.</p> <p>Over a three-week period, 70 patients requesting emergency appointments were contacted in this manner. Of these, 39 patients were called into the practice to be seen and the remainder were either provided with suitable telephone advice or booked into a routine appointment at a later date.</p> <p>Feedback was gathered from patients, and changes were made to improve the system in response to this, including providing patients with a time when the GP would be calling.</p> <p>The findings were to be discussed at the December clinical meeting.</p>	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	17.9%	61.0%	70.3%	N/A
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	36.1%	63.5%	68.6%	Variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	30.2%	59.7%	65.9%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the type	46.0%	70.6%	74.4%	Variation (negative)

Indicator	Practice	CCG average	England average	England comparison
of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)				

Any additional evidence or comments

The practice was aware of the recent survey results and had implemented an action plan to improve performance; this included: -

- Offering extended hours until 9.30pm on a Tuesday evening. This commenced at the beginning of October 2018.
- Recruiting additional GPs and nurses to the clinical team which equated to approximately 108 additional appointments a week, when compared to the number of appointments available at our inspection of March 2018.
- Upgrading text messaging services so that patients were sent a reminder of their appointments 24 hours before their appointment time. Patients could reply by text message to cancel their appointment which immediately updated the appointment system. This had reduced the number of patients who failed to attend their appointments. Cancelled appointments could then be offered to other patients.
- Promoting online access. 42% of patients were registered for this service. On the day of our inspection, patients told us that they preferred to book online.
- Updating the telephone system to advise patients of their position in the queue so that they could make an informed decision whether to stay on the line or call back later.
- Extending the duration of routine appointment from 10 minutes to 15 minutes.
- Trialling and closely monitoring the implementation of a new telephone triage system. Audit evidenced that more patients were contacted by the GP using this system.
- Taking part in a pilot which would trial on-line consultations. It was hoped that this would improve waiting times to see clinicians.

These changes had been recently implemented and so data had not been published which would evidence whether effective improvements had been made.

Source	Feedback
Patient feedback	<p>We spoke with three patients. Two out of three patients told us that they did not have concerns in accessing services, in terms of telephone access or delays in waiting to be seen. One patient indicated that they preferred to use the online booking system to make their appointments.</p> <p>One patient raised concern about the delay when requesting to see their preferred GP, although they said that they had managed to see their preferred GP on that day as they had been telephoned by reception to offer them a cancellation.</p>
Practice Survey	<p>The practice had completed their own in-house survey from 1st October to 19th November. 110 survey forms distributed to patients and 48 were completed and returned (although, please note, not all patients indicated a response to each question so numbers vary).</p>

	<ul style="list-style-type: none"> • 14 out of 45 patients indicated that that getting through on the phone was very easy or fairly easy. 31 patients indicated that getting through on the phone was not very easy or not at all easy. • 19 out of 21 patients indicated that they were satisfied with the appointment type of appointment they were offered. • 38 out of 42 patients indicated that the practice was open at times that were convenient to them. <p>Although we acknowledge the practice had carried out their own patient survey, this did not provide us with sufficient assurance that patient satisfaction overall had improved as a result of the improvements made.</p>
Staff feedback	<p>We spoke with the practice manager and reception manager. They informed us about ongoing audits that they were completing to monitor calls to ascertain whether these could be more effectively managed. They were committed to making improvements and told us about their continued research into phone systems. They had visited other practices in the locality to compare systems and share ideas and innovation.</p>
NHS Choices	<p>Patients who left a positive review said they could get an appointment when they needed one although one patient indicated that they had difficulties accessing the practice by telephone.</p>

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.	25
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
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
<p>Explanation of any answers and additional evidence:</p> <p>The complaints policy had been recently reviewed and updated in August 2018. Patients were provided with contact details of the practice manager. In the event that they were unhappy with the outcome of their complaint, they were advised of contact details of other relevant bodies.</p> <p>A designated clinician was appointed lead for complaints. Complaints were routinely discussed and reviewed during the weekly practice meeting.</p> <p>Where complaints were made on behalf of a third party, necessary consents were obtained before personal information was discussed or disclosed.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Repeat prescription issued was for fewer medicines.	Explanation provided as to why the patient had encountered delays and reduced medicines. Suggestions made to improve efficiency in medicines monitoring in the future.
Poor attitude of clinician	Telephone note detailing explanation and verbal apology from clinician. This included an invitation to make formal complaint, which was declined.

Well-led

Rating: Good

The practice was previously rated as inadequate for providing well-led services. This was because risks had not been identified or managed. There was not clear oversight of performance and there were no cohesive plans to improve.

At this inspection, we found that necessary improvements had been made and the practice is now rated as good for providing well-led services.

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 in place, including a succession plan.	Y
Explanation of any answers and additional evidence: The practice had taken action in response to the concerns identified during our March 2018 inspection. Action plans had been implemented and were being consistently reviewed. All partners had been open and transparent with staff and patients about the risks that had been identified and what they were doing to put things right. Lead roles were allocated within the partnership and amongst clinical and non-clinical staff. Additional clinical staff were recruited to meet patient demand for appointments and reviews. Training was now being delivered and all staff took ownership of their areas of responsibility. All staff now met on a Wednesday morning to discuss changes at the practice, clinical and non-clinical performance, improvements, risks and complaints. There were regular meetings with stakeholders, other healthcare professionals, patients and practices in the locality.	

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 in place 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:</p> <p>The practice had revisited their vision and strategy to reflect the changes and improvements that had been made over the last year. In this, they advocated empathy, holistic treatment, health promotion, professionalism and quality.</p> <p>The vision and values were evidenced throughout the course of the inspection. Patients were treated holistically, with measurable improvements evidenced across most physical and mental health indicators. Patients continued to praise the care that had been provided by the clinical team and there were clear examples of where information had been provided to promote good health and self-care where appropriate.</p> <p>All staff were valued members of the team, and the vision and values were prevalent during interactions at all levels. Quality was now an integral part of the workings of the practice; the partnership was open about risks and poor performance that had been identified in the past, and how they had used these findings to inform, improve and manage future performance.</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
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There was an open, innovative culture and staff were involved in the running of the practice.</p> <p>All staff attended the weekly practice meeting, where breakfast was provided. There was an open dialogue and ideas and innovation were shared. For example, a salaried GP informed the team of a telephone triage system that they had seen being used at another practice, and this system was now being trialled at the practice. Meeting minutes evidenced that the new triage system was being discussed and reviewed regularly.</p> <p>The reception manager visited other practices in the locality and was being actively supported to audit phone calls with a view to implementing improvements.</p> <p>An honesty box had been placed in the reception area for all staff to provide feedback or requests.</p> <p>Safety and well-being of staff was promoted and there were systems to support safe lone working. Whistleblowing policies were updated and available to all staff. Staff were aware of policies and knew of the external person nominated to manage whistleblowing concerns.</p>	

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

Source	Feedback
Honesty box	A member of staff had left an anonymous request in the honesty box to have a designated reception meeting to focus on issues specifically relevant to this team. As a result of this, a meeting had been scheduled to take place in the coming weeks.
Staff	Staff we spoke with told us of how the weekly meetings had improved outcomes and morale. Reception staff told us how these meetings had informed their understanding of their work, particularly QOF. As reception staff now had this awareness, they proactively reviewed patient records to identify what health checks were outstanding and remind patients and clinicians that these needed to be done.

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 in place 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:	
Policies were reviewed every three months. Staff were knowledgeable about the content of policies and knew where to find these.	
Staff were clear about their roles and staff training was now a priority. Records of training were maintained and staff were reminded to refresh training when it was identified that this was due to expire. Staff undertaking new responsibilities were closely monitored to ensure effective oversight and a safe transition.	

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 in place which were regularly reviewed and improved.	Y
There were processes in place 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>Audit was now an integral part of the mechanics of the practice. These were used to drive, target and monitor improvements. Where risks or concerns were identified, both clinically and administratively, an audit was carried out to benchmark current performance and identify action to be taken. Re-audit was conducted to ascertain whether changes had been effective. Audits were communicated at the weekly meeting and changes were made in line with feedback received.</p> <p>Clinical risks that had been identified included medicines that require monitoring and antibiotic and other prescribing. 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.</p> <p>Data remained low in some areas of QOF performance. The practice was aware of improvements required and had implemented an action plan to achieve this, which included training and mentoring a pharmacist to support them to complete asthma reviews. However, continued action was required to ensure the practice achieved required levels of performance by the end of the QOF year, being 31st March 2019.</p> <p>Audits were currently being undertaken with a view to improve access. This included an audit of the phone calls being received into the practice and also in respect of telephone triage.</p> <p>The infection control audit was regularly reviewed and communicate to all staff.</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
Explanation of any answers and additional evidence:	
<p>The practice was implementing a new documents management system to reduce GP workload. Staff were receiving regular training and oversight with a view to ensuring a safe transition to the new system.</p> <p>Partners were allocated lead roles to ensure that test results and correspondence were efficiently and effectively managed. On the day of our inspection, there were no outstanding pathology results.</p>	

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
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: Following a visit from the Clinical Commissioning Group (CCG), the practice had implemented and adhered to an action plan to effect improvements. The senior GP and practice manager had attended a primary care leadership conference at the CCG's invitation. In this, information was presented and shared about good practice management. Nurses attended a regular meeting with nurses from other practices to share best practice and ways of working. The reception manager attended at other practices to see how others managed access, with a view to making improvements. The practice was transparent with patients about risks that had been identified by inspectors and the action that they were taking. They had displayed this information on the practice website. In feedback, complaints and significant events, the practice displayed openness and the duty of candour.	

Feedback from Patient Participation Group.

Feedback
We spoke with two members of the patient participation group. They told us that they held quarterly meetings which were attended by the practice manager and three or four GPs. They told us that they feel listened to and have been updated about progress following the CQC inspections. They told us that patients have raised concerns about getting through on the phone and accessing appointments, although they had noted that improvements have been made.

Any additional evidence
A detailed patient survey had been undertaken to ascertain whether improvements had been effective. As the practice had upgraded their text messaging systems to enable feedback to be provided instantly via mobile phone, further feedback was being obtained and analysed through the friends and family test.

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
Explanation of any answers and additional evidence: As a training practice, partners were committed to the education and training of medical students and GPs. They were looking at ways of diversifying the clinical team, by mentoring a local pharmacist to become an independent prescriber and looking at ways of training and upskilling the nursing team.	

Examples of continuous learning and improvement

The practice was taking part in a pilot to deliver on-line consultations with a view to improving patient access.

There was proactive care and treatment for transgender patients. The practice had created their own bespoke template to enable them to effectively review and monitor the healthcare needs of these patients.

A patient safety alert was issued in July 2018 which related to bowel care for patients at risk of autonomic dysreflexia, a potentially life-threatening condition. In response to this, the practice had identified patients who may be at risk and scheduled a training event at a local care home to teach carers to recognise the condition. Further, they had drafted and given patients who may be at risk a letter to take to Accident and Emergency should they develop symptoms of concern.

A salaried GP who worked at the practice was appointed sepsis champion for Essex. The role of the practices' sepsis champion was to promote sepsis awareness in the locality. There was information displayed around the practice to inform patients and staff about red flag symptoms.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
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: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

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.