

# Care Quality Commission

## Inspection Evidence Table

### Pathfields Practice (1-572107342)

Inspection date: 16 October 2018

Date of data download: 05 October 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(s) of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
Explanation of any answers:	
The practice held a register of medical indemnity insurance which demonstrated all staff were covered	

under the group scheme and their insurance was valid when we inspected.

We looked at the files for two new employees. The practice used a national jobsite, which enabled applicants to upload their curriculum vitae to it. An interview process was developed to meet equal opportunities standards. The practice did not have an occupational health service in place, but had recently met the NHS service to set this up. We saw the letter of conditional offer of employment outlined the requirement for satisfactory DBS and references to be obtained. Staff had signed to confirm the practice held data about them as per General Data Protection Regulations.

The team had reviewed of all employees records to ensure immunisation status was updated. The practice had employed a Human Resources manager who had recently started and streamlined recruitment procedures. The actions gave the provider assurance that these were now aligned across the practice having found different systems in place resulting from merging with other practices over the last two years. Where evidence gaps were found the HR manager had requested this from staff. For example, immunisation status was being updated for all staff.

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: October 2017, next due October 2018	Yes
There was a record of equipment calibration Date of last calibration: October 2018	Yes
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion June 2017, reviewed September 2018.	Yes
Actions were identified and completed.  The practice is sited in a shared building with Beacon Medical Group. The building is majority owned by the latter partnership and there is a board of Trustees who manage the building with representatives from both practices with governance oversight. Fire and health and safety risk assessments were completed recently and Pathfields practice had obtained assurance of this for their records. The fire risk assessment had just been completed and identified actions requiring building alterations. Records demonstrated	Yes

<p>the board of Trustees were to be sent a copy of the recommendations. Correspondence showed a meeting to discuss the recommendations and agree funding and actions was arranged for 26 November 2018.</p> <p>The practice employed an external cleaning company for most of its needs. We saw the practice had reviewed COSHH policy in August 2018. Information about substances used in the building was held on file providing staff with guidance about using these safely. The practice had access to the contract cleaning company's quality assurance records provided assurance that a cleaning schedule was followed, including deep cleaning of the building. Monthly quality audits were carried out by the company.</p> <p>Written evidence was seen demonstrating fire marshal training for 10 staff employed by Pathfields Medical Group (across this location and the branch surgeries) had been booked and was taking place on 16 November 2018.</p>	
<p>Additional observations:</p> <p>The practice had identified a security risk regarding patient paper notes as access to these in reception area was not secure. The practice had purchased a shipping container, which was being converted to become a notes storage facility for the practice.</p>	
<p><b>Health and safety</b></p> <p>Premises/security risk assessment?</p> <p>Date of last assessment: September 2018</p>	Yes
<p>Health and safety risk assessment and actions</p> <p>Date of last assessment: September 2018</p>	Yes
<p>Additional comments:</p> <p>Documents demonstrated arrangements were in place for the portable appliance checks to be repeated on or before 25 October 2018.</p> <p>At the calibration check identified a thermometer had failed and was taken out of use.</p>	

Infection control	Y/N
<p>Risk assessment and policy in place Date of last infection control audit: August 2018 The practice acted on any issues identified</p> <p>Detail: Annual infection control audits were completed at all sites in the Summer 2018. This included Plympton Health Centre in August 2018.</p> <p>Actions included minor repairs in treatment rooms, decluttering and replacing chairs in the waiting room which were cleanable.</p>	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes
<p>Explanation of any answers: Contracts were held for the management of clinical waste. Clinical waste was securely stored and sharps bins appropriately labelled and secured.</p>	

## Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
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.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
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.	Yes
<p>Explanation of any answers:</p> <p>The practice had reviewed staffing resources to diversify and meet patient demands. Every full time GP had 3,000 patients as the 'named GP', which had been increasing year on year within a national context of GP shortages. Succession planning was evident and since we last inspected, the team had increased to include: four advanced nurse practitioners, one being a paediatric specialist. A practice based pharmacist and pharmacist technician. An emergency care practitioner was due to start soon after the inspection and plans were in place for them to play a significant role in visiting vulnerable patients at home to avoid unplanned admissions to hospital.</p> <p>The practice utilised the services of a list of approved locum GPs known to the practice in the event of</p>	

absence or leave. A named manager was responsible for arranging locum appointments and induction, which had also been standardised across the practice. The manager was the point of contact with the locums prior to and during first day of working at the practice. New locums were invited for an induction to meet the team and join the early morning team huddle to reduce safety risks.

Training records verified all staff had received basic life support training, with clinical staff having completed anaphylaxis training in the event of a patient emergency. All staff, including the reception staff had received training and had access throughout the practice to information about sepsis. They were able to describe how to recognise when a patient was becoming unwell and actions to take, seeking immediate assistance from a GP and/or advanced nurse practitioner.

Adult and paediatric emergency equipment and medicines was seen and in date.

## Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
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.	Yes
<p>Explanation of any answers:</p> <p>The practice summarised vulnerable patients care and health conditions in their records, which patients were made aware of and consented to. This enabled information to be shared with other authorised healthcare professionals.</p>	

## 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) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	1.61	0.93	0.95	Variation (negative)
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). (01/07/2017 to 30/06/2018) (NHSBSA)	11.3%	9.7%	8.7%	Comparable with other practices

### Any additional evidence or comments

Data showed the practice was an outlier regarding antibiotic prescribing in 2017/18. However, clinicians demonstrated this data was combined performance when practices had merged. The practice showed us evidence of prescribing practice which was in line with guidelines aimed at reducing the risks associated with over prescribing antibiotics. The patient record system prompted prescribers to consider alternative antibiotics in alignment with the Devon Formulary. Recent data provided a comparative over the last two and half years showed there was a positive downward trajectory of antibiotic prescribing.

Medicines Management	Y/N
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.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
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.	Yes
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	NA
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes

For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	NA
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
<p>Explanation of any answers:</p> <p>Since the practice mergers PGD's had been standardised and were now accessible on all computers. Additional paper versions were stored at each practice which contained signed evidence of agreements from staff.</p> <p>Prescription stationary was stored within a locked filing cabinet in a locked room. Reception staff on duty at 6pm were responsible for removing unused scripts from printers and storing these in a folder in the locked cabinet. New batches of prescriptions were logged as they left the storage areas and details of staff removing them and destination were recorded on the log sheets.</p> <p>Plympton health centre shared facilities with another GP practice and shared emergency equipment and medicines with this practice. The practices had agreed the range of medicines held. The other practice held overall responsibility for the maintenance and checks, however Plympton Health Centre had sight of records providing assurance the maintenance and checks were carried out. This included expiry dates of the medicines. All emergency bags were secured with coded anti tamper bags to demonstrate they had not been used. All staff knew where to access this equipment.</p> <p>The practice employed a pharmacist and pharmacy technician who monitored and processed approximately 80% of the routine repeat medicines. The technician explained their role was to ensure repeat prescriptions were recommended brands of medicine and in line with current guidelines.</p> <p>The practice had three fridges, two medicine fridges and a specimen fridge. All fridges had daily temperatures recorded which were logged on a central spreadsheet. In addition, electronic temperature data loggers were used in each fridge which continually recorded the internal temperature. These were then downloaded monthly to demonstrate any fluctuations in temperature.</p> <p>There had been a significant event involving the vaccines fridge. This had been replaced immediately and appropriate action taken. For example, contacting Public Health England and disposal of vaccines where necessary.</p>	

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## Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	5
Number of events that required action	5

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

Event	Specific action taken
Failure of vaccines fridge	During routine daily fridge temperature checks it was noted there had been a fluctuation of temperature, which was of concern. Nursing staff reported this and following unsuccessful repair a new fridge was immediately purchased. Appropriate advice was taken and vaccines disposed of where needed for patient safety. The event was discussed as the event occurred and more formally at clinical meetings.
Breach of confidentiality	The practice investigated the matter and reported it to NHS England. Additional quality checks were put in place for staff to verify they had double checked who and where notes were being sent to and the individuals authority to request these before any were sent out.
A child was wrongly diagnosed with tonsillitis by clinician	Additional training and support was provided for the clinician. Paediatric equipment was purchased to facilitate appropriate assessment of children. The practice decided to fund and had employed a Paediatric Advanced Nurse practitioner with expertise to triage children.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place:  The practice had a policy in place. Safety alerts about appliances, prescribing and violent patients had been acted on. Safety Alerts were discussed at clinical meetings, the daily huddles and communicated by email. Named managers were responsible for disseminating information to key staff to follow up. Actions were recorded on a spreadsheet and monitored as having been completed. A recent alert from a manufacturer had been actioned regarding INR (international normalised ratio is a measurement of how long it takes blood to form a clot) testing strips used with a specific machine. An audit was carried out to provide assurance of accuracy and validity of results to promote patient safety when dosing with	



anti-clotting medicines.

Medicines safety alerts had been actioned. An example seen was an audit was undertaken on receipt of the safety alert in 2017 about the risks of sodium valproate (a medicine for epilepsy). This demonstrated the practice had identified all childbearing female patients who were prescribed sodium valproate, reviewed and altered the prescription where appropriate and advised them of the associated risks during pregnancy.

### Any additional evidence

In response to countywide challenges around GP and Nurse recruitment the practice had employed staff from a variety of clinical backgrounds including; advance nurse practitioners, a paediatric nurse, a pharmacist and a pharmacy technician. These staff, along with the rest of the clinical team helped deliver safe and effective patient care which was responsive to patient needs.

Nursing staff said the recent mergers had been an opportunity to review the needs of the nursing team. Following reconfiguration of clinics and skill mix it was identified that there was a need to increase appointments for patients who needed blood tests performed. As a result, the leadership team were in the process of recruiting an additional phlebotomist.

Nursing staff said that reception staff had a timetable of which nursing staff were available at the practices and which skills they had so patients could access the most suitable appointment time for them to have their long-term condition reviewed and treated.

## 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) (01/07/2017 to 30/06/2018) (NHSBSA)	2.73	0.99	0.83	Variation (negative)
Any additional evidence or comments				
Data showed the practice was an outlier regarding hypnotic prescribing in 2017/18. However, clinicians demonstrated this data was combined performance when practices had merged. The practice showed us prescribing practice was in line with guidelines aimed at reducing the risks associated with over prescribing hypnotics. The patient record system prompted prescribers to consider before approving prescriptions and was actively engaged with patients encouraging non-medical interventions where ever possible. Recent data provided a comparative over the last two and half years showed there was a positive downward trajectory of hypnotic prescribing.				

## 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)	88.7%	81.6%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.7% (88)	13.6%	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)	85.2%	76.6%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.7% (82)	12.1%	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)	84.6%	81.3%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.1% (110)	15.7%	13.3%	
Any additional evidence or comments				
There was a team responsible for the management of near patient INR testing (a test to check blood clotting). This included a lead Healthcare assistant who had nursing support. There were systems and protocols to follow where the results changed. All results were monitored. The equipment was titrated and calibrated appropriately. Any results or changes outside the permitted range were always referred to the GP.				

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)	92.2%	76.7%	76.4%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.4% (164)	11.3%	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)	98.9%	90.0%	90.4%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.7% (73)	13.0%	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) (QOF)	88.4%	84.2%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.5% (61)	5.1%	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) (QOF)	91.3%	89.9%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.0% (18)	8.5%	8.2%	

### **Any additional evidence or comments**

There was a clear system in place for monitoring long term conditions. The practice utilised a systematic approach to using READ Codes, which enabled named staff to complete thorough and regular searches of patient registers. Patients were then invited to attend for a review of their health by letter, which was repeated three times and included being contacted by staff to discuss the importance of being reviewed. Governance arrangements were in place, including weekly and monthly discussion of performance so that any gaps could be dealt with in an ongoing way throughout the year. The clinical team had overall responsibility for determining when a patient should be exception reported (excluded from being reviewed) against strict criteria either for personal dissent or clinical reasons.

The management was nurse led by a team of staff who had lead roles and special interest in the long-term conditions. There was a clear system to recall patients for their reviews and the nursing staff had received additional training and updates in line with these roles. For example, we saw evidence of training updates in immunisations, respiratory disease, cervical screening and diabetes. Nursing staff accessed the in house monthly clinical educational meetings where external speakers provided educational talks. For example, on dermatology and diabetes.

Nursing staff used a series of clinical templates to collect information and prompt investigation and discussion. Patients were invited to reviews by letter and reminded about their forthcoming appointments by text message. Any patients who failed to attend were sent three letters and contacted before they were exception reported. We were informed that blanket exception reporting was not used. For example, a frail elderly patient with diabetes may be excluded from some diabetic indicators but they would not be exception reported for high blood pressure or dementia.

Patients were able to access long term condition reviews at a time and place suitable to them. Reception staff had a timetable indicating which nurse with the appropriate skill was available at each of the practices. Extended services included practice nurses visiting up to 500 patients who were housebound or in care homes and offered reviews of long term conditions.

Nursing staff offered reviews opportunistically when they saw patients and had 'pop up' alerts on the patient records prompting any information that needed to be collected for the Quality Outcome Framework (QOF – measuring the practice performance for reviewing patients on long term condition registers).

## Families, children and young people

Child Immunisation				
Indicator	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) (01/04/2016 to 31/03/2017)(NHS England)	138	143	96.5%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	135	144	93.8%	Met 90% minimum (no variation)
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) (01/04/2016 to 31/03/2017) (NHS England)	134	144	93.1%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	136	144	94.4%	Met 90% minimum (no variation)
<b>Any additional evidence or comments</b> <p>Children could access vaccination appointments outside of school hours. Nursing staff had attended immunisation training updates and were able to access current national guidance online.</p> <p>The organisation employed a paediatric advanced nurse practitioner (ANP). She worked from two of the sites which was a conscious decision in line with deprivation, patient compliance and public transport facilities. The ANP worked with children up to 14 years of age. Their role was to triage all calls and requests for an appointment. The service meant that patients had quicker access. For example, the ANP aimed to call back all parents/carers within 30 minutes. The majority of telephone calls from parents were regarding coughs, colds, ear nose and throat issues and rashes.</p> <p>The ANP received support from the GPs, leadership team and other ANPs in the organisation but also had an external ANP mentor for support as required. The ANP also accessed support from other paediatric ANPs throughout the country via an online forum.</p> <p>The service had been in operation for seven months and the ANP was considering capturing data to demonstrate benefits of the service to the patients and practice.</p>				

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	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)	76.0%	75.6%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	75.0%	76.1%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	63.6%	61.3%	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)	72.3%	68.1%	71.2%	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)	56.3%	56.5%	51.6%	Comparable with other practices
<b>Any additional evidence or comments</b>  <p>Patients were invited to cervical screening by letter and reminded about their forthcoming appointments by text message. Any patients who failed to attend were sent three letters by a practice administrator who monitored responses. These patients were also contacted verbally if they declined to attend. Opportunistic screening was offered.</p> <p>The practice had a high number of patients with learning disabilities (LD). The nursing team worked effectively with the local learning disability nurse who supported patients and the practice. The practice and LD specialist nurse offered visits before the screening and used posters and easy read booklets to explain the cervical screening test.</p>				

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)	97.5%	85.4%	90.3%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.0% (21)	15.5%	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)	92.5%	87.1%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.0% (20)	13.5%	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)	98.1%	85.9%	83.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.6% (10)	8.4%	6.8%	
<b>Any additional evidence or comments</b> The practice explained they used care home ward rounds and opportunistic reviews during home visits to achieve higher rates of review compared with the locality and national figures. The practice had systems in place monitoring quality outcome framework performance monthly, with recall letters being sent out and patients being called to arrange reviews.				

## Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	543	539
Overall QOF exception reporting (all domains)	7.4%	6.5%	5.7%

## Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Yes

## Helping patients to live healthier lives

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 (01/04/2016 to 31/03/2017) (QOF)	95.5%	95.0%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.9% (26)	0.9%	0.8%	

## Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
<p>A comprehensive set of clinical templates were used by the nursing staff when completing tests, procedures or screening. These all contained prompts regarding consent which automatically recorded in the patient record.</p> <p>Minor surgery consent forms were downloaded by the GP, signed by the patient and scanned back into the patient electronic record. The information in the consent forms included verification of risks and benefits of the procedure having been discussed with the patient.</p> <p>GPs and nursing staff had completed Mental Capacity Act training online. Nurses told us if they had any concerns about a patients capacity they referred the patient to the GP for further assessment.</p>



### Any additional evidence

New patients were screened after completing a comprehensive questionnaire about their health conditions, life style habits such as alcohol consumption, smoking history and carer status.

The practice held a register of vulnerable patients, which was monitored weekly using a traffic light system to denote needs ranging from low, medium and high risk. When we inspected 20 patients were receiving palliative care with GPs working collaboratively with the palliative care and community nursing teams.

Patients over 65 years living with moderate or severe frailty were assessed at the practice using an electronic frailty index to determine the level of risk and identify actions needed to develop care plans for each patient.

## Caring

### Kindness, respect and compassion

#### CQC comments cards

Total comments cards received	42
Number of CQC comments received which were positive about the service	28
Number of comments cards received which were mixed about the service	8
Number of CQC comments received which were negative about the service	6

Examples of feedback received:

Source	Feedback
NHS Choices, CQC comment cards	<p>Comment cards received from patients attending Pathfields practice included statements about kind, caring and understanding staff; an excellent service from helpful staff; timely services; listening and attentive staff (at all levels) and being excellent, always.</p> <p>Where negative comments were made these were largely about challenges in gaining appointments via the telephone system or having to wait for several days to access a non-urgent appointment. The practice were aware of these challenges and had implemented some measures to improve the telephone system.</p> <p>Comments from other sources such as NHS Choices and Iwantgreatcare reflected the above views of patients.</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 has changed in 2018. This means that we cannot be sure whether the change in scores was due to the change in methodology, or was due to a genuine change in patient experience.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11092	245	100	40.8%	0.90%

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)	86.6%	92.5%	89.0%	Comparable with other practices
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)	81.7%	91.7%	87.4%	Comparable with other practices
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)	92.8%	97.0%	95.6%	Comparable with other practices
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)	75.9%	89.0%	83.8%	Comparable with other practices
<b>Any additional evidence or comments</b> The practice had recognised improvements could be made to improve access to appointments. A monitored triage system had been introduced, "on the day" appointments had been introduced at all the groups locations in addition to normal bookable and online appointments and telephony improvements were planned and partially implemented. Patients we spoke with noted improvements had occurred in recent months.				

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes

Date of exercise	Summary of results
Functional illness survey	The practice had carried out a survey to obtain feedback from patients about the quality of consultations with a GP when discussing symptoms, information and guidance given and overall experience.

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	<p>Patients commented positively about the care and treatment received from the GPs and nursing team. Patients spoke about being involved in decisions about their care and treatment, receiving reminders about attending appointments and receiving information about their illness or treatment in addition to the verbal guidance from clinicians.</p> <p>Patients noted it was challenging to access appointments at times, particularly for those who were in work and couldn't phone the practice early in the day. Many of these patients used the online booking system to access non-urgent appointments.</p>
Data provided by the practice	<p>The practice provided data demonstrating a commitment to fulfil patients end of life wishes. For example, 36 residents out of 38 living in a nursing home were registered with the practice; of these 32 patients had a current Treatment Escalation Plan in place outlining their own and their relatives wishes. Out of 21 patient deaths at the home in the previous 12 months, 15 died at the care home as they/and or their relatives had expressed a wish to do so. The clinical team worked in collaboration with district nursing service and palliative care team respecting wishes of patient and family and avoiding unplanned admissions</p>

## 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)	95.3%	95.9%	93.5%	Comparable with other practices
<b>Any additional evidence or comments</b> <p>Patients spoke about being involved in decisions about their care and treatment, receiving reminders about attending appointments and receiving information about their illness or treatment in addition to the verbal guidance from clinicians.</p>				

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes

Information leaflets were available in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	<p>The practice had identified 6% (667) of the total patient population of 11,100 at Plympton Health Centre as being carers. Of these, 265 were known to be young carers.</p> <p>The practice used every opportunity to identify carers. Examples seen included a survey used for every patient attending the flu clinics to identify if they were a carer. The new patient registration pack also asked patients to identify themselves as a carer. Clinical staff ask patients at consultation if they are a carer.</p>
How the practice supports carers	<p>The carers health check had been discontinued as an enhanced service. However, the practice continued to encourage patients who were carers to access health monitoring clinics available. The practice was part of the social prescribing initiative in Plymouth. Carers were signposted to support services, such as live well events taking place regularly in the community.</p> <p>Carers were offered flu vaccination. GPs triaged all requests for appointments and made reasonable adjustments for length of time and timing of these to meet patient needs. Patients were able to attend Plympton Health Centre or any of the branch surgeries for an appointment at a date and time that suited them.</p>
How the practice supports recently bereaved patients	<p>Morning "Huddle" meetings were used to inform staff of patient deaths to enable them to support bereaved family members. A GP or other key staff member would contact the family to offer support. The practice could also signpost patients to voluntary or charitable organisations who could offer support and advice.</p>

## Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes

	Narrative
Arrangements to ensure confidentiality at the reception desk	<p>Patients were requested to wait behind a marked area to provide privacy to patients speaking with reception staff at the desk.</p> <p>Consulting room doors were closed when patients were being seen. Conversations in the consulting rooms could not be overheard in the waiting areas.</p>

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Question	Y/N
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes

Examples of specific feedback received:

Source	Feedback
Patient conversations	Patients confirmed consulting and treatment room doors were closed when they were being seen.

## Responsive

### Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	Plympton Health Centre 8am to 6pm Efford Surgery 8am to 6pm Lara Surgery (branch) 8am to 6pm Crownhill Surgery (branch) 8am to 6pm Beaumont Villa Surgery (branch) 8am to 6pm
Tuesday	Plympton Health Centre 8am to 6pm Efford Surgery 8am to 6pm Lara Surgery (branch) 8am to 6pm Crownhill Surgery (branch) 8am to 6pm Beaumont Villa Surgery (branch) 8am to 6pm
Wednesday	Plympton Health Centre 8am to 6pm Efford Surgery 8am to 6pm Lara Surgery (branch) 8am to 1pm Crownhill Surgery (branch) 8am to 6pm Beaumont Villa Surgery (branch) 8am to 6pm
Thursday	Plympton Health Centre 8am to 6pm Efford Surgery 8am to 6pm Lara Surgery (branch) 8am to 6pm Crownhill Surgery (branch) 8am to 6pm Beaumont Villa Surgery (branch) 8am to 6pm
Friday	Plympton Health Centre 8am to 6pm Efford Surgery 8am to 6pm Lara Surgery (branch) 8am to 6pm Crownhill Surgery (branch) 8am to 6pm Beaumont Villa Surgery (branch) 8am to 6pm

Appointments available	
Patients registered at the practice were able to attend any of the surgeries under the Pathfields Group for appointments.	Same day Routine Telephone
Extended hours opening	
	<p>Plympton Health Centre 7.30am to 8.30 am every Monday (Nurse) 7.30am to 8.30 am every Friday (GP and Nurse)</p> <p>Efford Surgery (branch) 6.30pm to 8.30 pm alternate Wednesdays</p> <p>Lara Surgery (branch) 6.30pm to 8.30pm every Wednesday</p> <p>Crownhill Surgery (branch) 6.30pm to 8.30 pm alternate Wednesdays</p> <p>Beaumont Villa Surgery (branch) 7.30 am to 8.30am Tuesday to Friday (nurse)</p> <p>Flu clinics held on Saturdays throughout the Autumn and Winter as advertised on the practice website and in waiting rooms.</p>

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
<p>The practice had a duty GP system with two teams responding to patients who needed on the day assessment. Reception staff verified they asked standardised questions to determine the priority for patients and immediately escalated any of concern to the duty GP. Patients (239) living in care homes registered with the practice were offered a home after being triaged by the duty GP. A named GP carried out a weekly visit to a nursing home to review patients living there.</p> <p>An emergency care practitioner had been appointed and was due to start working at the practice in November 2018. Their role and responsibilities would include running a home visiting service pilot for vulnerable patients to avoid unplanned hospital admissions.</p>	

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11092	245	100	40.8%	0.90%

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)	93.1%	96.4%	94.8%	Comparable with other practices
<b>Any additional evidence or comments</b> <p>There were nurses on the team who had the skills to deliver travel advice and vaccines. The practice referred patients requiring non-NHS vaccines (yellow fever) to the local travel clinic or pharmacies but offered NHS travel vaccines and immunisation updates. For example, Hepatitis A, Typhoid, measles, mumps, rubella, diphtheria, tetanus and meningitis. A pre-travel assessment was completed by patients and immunisation advice given in line with national guidance.</p> <p>Smoking cessation clinics were available for any patients wishing to quit smoking. Healthcare assistants were trained to deliver weight loss clinics providing regular support for any patient wishing to improve their health.</p> <p>Four GPs had appropriate skills and qualifications to give joint injections and carry out minor surgical procedures for patients.</p>				

## Timely access to the service

### National GP Survey results

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)	49.8%	81.0%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	47.7%	78.0%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment	39.3%	73.2%	65.9%	Variation (negative)



Indicator	Practice	CCG average	England average	England comparison
times (01/01/2018 to 31/03/2018)				
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	60.4%	82.5%	74.4%	Comparable with other practices
<b>Any additional evidence or comments</b>  Care homes had a direct number to access the appointment system and make requests for home visits where needed. IT systems enabled care homes to request repeat prescriptions for patients online.  Patients told us it was challenging to access appointments at times, particularly those who were in work and couldn't phone the practice early in the day. Many of these patients used the online booking system to access non-urgent appointments. Those patients who had appointments on the day of the inspection said they had been able to get appointments when needed and noted they may have to wait several days to access a non-urgent appointment.				

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	<p>Comments from sources such as NHS Choices and Iwantgreatcare reflected the views of patient comment cards. Statements included: kind, caring and understanding staff; an excellent service from helpful staff; timely services; listening and attentive staff (at all levels) and staff being excellent.</p> <p>Where negative comments were made these were largely about challenges in gaining appointments via the telephone system or having to wait for several days to access a non-urgent appointment.</p>

## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	86
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
<b>Additional comments:</b>  The practice complaint procedure followed national guidelines and was accessible to patients online, in leaflets in the waiting areas and explained by staff.  We looked at a sample of complaints, which included one about a delayed diagnosis. Written	



responses to the patient and/or their representative were compassionate, caring demonstrating the duty of candour process had been followed. Patients were invited for resolution meetings and given an apology where appropriate.

### Example of how quality has improved in response to complaints

The practice had reviewed the complaints process and changed it so that the referral team provide an initial response and oversee timescales are met. The department does the investigation and provide a response, which is checked before being sent out to ensure it meets quality standards. A specific improvement resulting from a complaint was to determine which school a child was attending enabling the practice to establish whether school nursing team was running immunisation clinics and who to follow up with where appropriate.

### Any additional evidence

It had already become apparent to the practice that the existing Hub triage system in operation at Pathfields which had been implemented at Beaumont Villa was not providing the best service for patients. This was evidenced by the number of complaints (both written and verbal) received during Jan – April 2018 specifically identifying difficulties in getting through to the various sites by telephone, the difficulties obtaining an appointment in a timely manner and prescription issues. Measures implemented by the practice included: The addition of a Paediatric Advanced Nurse Practitioner which made services for the practice's children and young people much more accessible; offering pre-bookable appointments up to 6 weeks in advance with staggered release of these appointments over time to improve accessibility and reduce the number of appointments wasted due to patients not attending; the introduction of a prescribing team into the practice as a direct result of patient feedback and complaints regarding delays in receiving timely medication reviews; and the establishment of a 'Duty Team' as opposed a 'hub' model has resulted in more routine appointments being available for non-urgent matters. Specific clinicians were now part of the duty team, whereas previously all clinicians had time out of their clinics to support the hub. Complaints about access to appointments had significantly reduced as a result by the time of the inspection.

The practice made further increases to staffing to develop services. Examples seen included: A trainee Nurse Practitioner was employed and supported to further their qualifications. The practice sought funding from NHSE to employ an emergency care practitioner to develop the home visiting for vulnerable patient's and was due to join the team soon after the inspection. A GP retainer was employed and supported enabling them to return to clinical work after a period of parenting.

The practice reviewed its workflow, freeing up GPs to focus on clinical demand and priorities. This had increased clinical capacity allowing for a more stable rota base and for patients to be offered better continuity of care at all sites.

A clinical working group, comprising of clinical and non-clinical staff, was set up and reviewing how appointments were managed to improve patient access and to review the total triage model used. A new appointment system was implemented. Pre-bookable appointments and phone call appointments were available, the majority being book on the day. Patients accessed these appointments by phone or online from 8am every day. When booked by phone the patient is asked a few basic triage questions by reception to signpost the patient to the right team. Once the appointment capacity was reached, the

practice used the duty GP system to triage patients to determine whether the appointment was urgent. There was a separate triage pathway for children and housebound patients. The duty team was alerted to any urgent call-backs (red flag symptoms on triage protocol) by reception and these patients were phoned back with priority. The 2 duty teams worked out of Efford and Beaumont Villa surgery and had a number of appointments at all practice sites, which were held for the duty team only to book. There were child clinics held at Beaumont Villa and Efford each day. Housebound patients were triaged and offered home visits if clinically necessary.

In response to the specific needs of groups, examples seen included practice nurses being allocated more appointments during the day and evenings for flu vaccinations for children, more appointments over half term were allocated.

## Well-led

### Leadership capacity and capability

#### Examples of how leadership, capacity and capability were demonstrated by the practice

The leadership within the practice maintained a high profile with all staff. They attended daily “Huddle” meetings, maintained regular contact through their attendance across a range of staff meetings and met informally with staff when having breaks. Capacity was maintained through the efficient use of permanent staff and locum resources from across the group as well as appointments across the group. Capability was demonstrated through the revalidation of clinical staff, an ongoing training programme and a range of supervision, support and mentoring.

### Vision and strategy

#### Practice Vision and values

Pathfields practice aimed to provide a GP practice at scale that is a community-oriented health service for all, seeing and treating people as equal. Planned services were designed to be flexible with a proactive and responsive approach to changing local needs. The practice was committed to ongoing improvement and development of services and personal skills to provide a safe and inspiring environment for all those who come into contact with the teams.

### Culture

#### Examples that demonstrate that the practice has a culture of high-quality sustainable care

Many of the staff team, including leaders, rotated their working week across a several sites under the Pathfields group. This enabled opportunities to observe how systems and processes were being utilised across the group to maintain consistency. Staff spoke with us about a sense of being “a team” and how everyone worked together to deliver good quality services to patients. All staff spoke highly and respectfully of one another and said the practice was a good place to work now the changes had settled. A weekly newsletter had been introduced to improve communications across the group of practices under Pathfields.

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

Source	Feedback
Nursing staff	Staff had highlighted patients were not able to access blood tests promptly. The leadership team had responded by recruiting additional phlebotomy staff.
Nursing staff	The nursing team had highlighted differences in appointment timings across all sites. The leadership team had listened to staff and expanded appointment times accordingly. Staff were also given additional time to 'set up' at the beginning of each session.
Staff survey	The recently completed staff survey demonstrated the practice had systems for obtaining and acting on feedback to ensure inclusivity for all staff working across the Pathfields group.

### Any additional evidence

Currently the practice held two contracts with NHS England (NHSE) and was negotiating with them to alter these after merging with other practices. The practice manager explained a review of services had been undertaken and a stepped approach was being taken to address the contract issues with NHSE. The practice had reduced risks and information for patients enabling them to register with the Pathfields Group and to have the choice to attend Plympton Health Centre or any of the other branch surgeries in the group.

## Governance arrangements

**Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.**

Practice specific policies	The practice had a common IT system across all group locations. Policies and procedures were available to all staff through this system; the staff we spoke with were aware of the policies, their location and the detail of what they should do in regard of the policies and procedures.	
Other examples	The practice utilised a shared drive, with electronic records so that senior managers were assured that quality measures were implemented as per procedures. Examples seen, included nursing governance of records of fridge temperatures and emergency medicines/equipment checks across the organisational sites demonstrating cold chain was adhered and only in date medicines were used promoting patient safety.	
		Y/N
Staff were able to describe the governance arrangements		Yes
Staff were clear on their roles and responsibilities		Yes

### Any additional evidence

The HR lead accessed an on-line training matrix to monitor when all staff had completed mandatory e-learning updates. Systems were set up to monitor when clinical staff revalidation dates were due and verification obtained when this was completed with the relevant regulatory bodies such as the General

Medical Council and Nursing, Midwifery Council.

## Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Oversight of professional revalidation and ongoing registration with bodies	The practice reviewed their system to alert when revalidation dates were coming up for renewal following a significant event. Appropriate steps had been taken to reduce risks, nurse missed NMC fee pay date by one day. NMC has zero tolerance policy now. Practice has downgraded duties to HCA after taking immediate advice from MDU group scheme. The practice was supporting the nurse to re-register. A new HR manager started two weeks prior to our inspection and implemented one system across all sites/employees for payroll system and HR purposes.
Rostering challenges across whole Pathfields practice	Named staff were responsible for managing rosters and worked six weeks in advance. The planning included identification of areas of risk. For example, the Advanced Nurse Practitioner (Paediatric) was rostered to work out of the Efford/Laira Surgeries as they are areas of highest deprivation plus greatest number of children on register living in that area. All children were triaged by the ANP. Managers reported summer rostering had been challenging but was now stable. Forward planning risks were also identified such as the need for maternity cover and locum coverage had been arranged up to Easter 2019. A further measure agreed by the practice to reduce staffing risks was for the partners being responsible for governance of all annual leave requests to ensure safety and workability.
Effective triage, care and treatment of patients	A clinical working group had reviewed the duty system to ensure staff responsible for triage were equipped and skilled to carry out this role. The practice had employed a Paediatric advanced nurse practitioner who was responsible for triaging all children. The number of book on the day appointments was increased. A protocol was developed providing receptionist with clear pathways to signpost or escalate any patient concerns to a clinician. Two duty teams were accessible across all sites under Pathfields practice, comprising of: three duty GPs and two advanced nurse practitioners (one being a paediatric specialist).

## Any additional evidence

The practice funded external mentoring support for the advanced nurse practitioners. This was done on a sessional basis by an Advanced Nurse Practitioner supervisor based at Exeter University. Monthly meetings were held for ANPs, to provide opportunities for peer review supporting the competency framework.



## Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	Yes

## Engagement with patients, the public, staff and external partners

### Feedback from Patient Participation Group;

Feedback
<p>We spoke with the chairperson from the patient participation group (PPG). The practice demonstrated a collaborative and close partnership with the PPG, which had a face to face group. The chairperson told us one of the challenges for the PPG as practices merged was ensuring the membership of the group was representative of the patient population and included young patients. There were plans to set up a virtual group and a social networking site to obtain feedback.</p> <p>The chairperson said the practice identified gaps in services or potential areas of concern raising these and solutions with the PPG in a proactive way. Developments at the practice were always discussed in a meaningful way with the PPG used as a sounding board before any changes were made. The changing care pathways and multidisciplinary approach at the practice was challenging for older patients who found more difficult having been used to being able to see their own GP within 48 hours in the past. The PPG recognised it had a role in educating patients about change and also being involved in health promotion in support of these changes.</p>

Any additional evidence
<p>Pathfields Medical Group was responsive to patient feedback and was proactively trying to address any problems raised by patients about the quality services provided. The practice had undertaken a review of Patient Survey 2018 data which was carried out in March 2018 for all sites in the Pathfields group and also NHS choices website.</p> <p>The practice routinely obtained feedback from staff, patients and other stakeholders. Examples of systems used included: the 360-degree survey for individual staff to provide feedback about their practise and facilitate their own professional development. Written feedback requested from a nursing home where a weekly scheduled visit to review patients takes place. We saw feedback received about two individual clinicians and also the care home visiting service, all of which were strongly positive.</p>

## Continuous improvement and innovation

Examples of improvements demonstrated as a result of clinical audits in past two years

Audit area	Improvement
Identification and targeted monitoring and support for	The practice carried out a research study to identify improvements needed for patients in the pre-diabetic range including patients who

patients in the pre-diabetic range	experienced gestational diabetes during pregnancy. The study identified the importance of consistent IT coding across the group to enable more accurate searches to be made to highlight patients at risk of developing diabetes. The practice then targeted these patients providing closer monitoring and support focussing on preventative health such as diet and exercise.
Faecal occult blood testing for non-responders as part of bowel cancer screening programme	A full cycle audit was carried out as part of the national campaign led by Cancer UK that suggested GP endorsement of this screening could improve uptake in response rate to test by up to 5%. Eligible patients were followed up and encouraged to be screened by their GP. The repeated audit of non-responders showed that across the practice, the response rate was now higher than both the local and national average with some branch surgeries at the practice performing better than others. The clinical team had decided to continue monitoring and endorsing this screening to eligible patients to reach patients in lower deprivation areas across the practice population.

### Any additional evidence

Pathfields practice demonstrated commitment to the on-going improvement of patient health and wellbeing and development of our services as an improvement-ready organisation. Several examples were seen: A GP partner was a trained patient safety officer working in close collaboration with the SWAHSN (South West Academic Health Science Network). The same GP partner was an active member of the national Health Foundation Q community. This collaborative working had enabled the practice to use a safety culture tool to assess, celebrate the good and identify opportunities to improve the team culture for the benefit of the team and patients. The introduction of the morning team Huddle to improve communication was directly linked to the feedback from this survey. The learning and Quality Improvement work on morning huddles in general practice had been shared nationally with Royal College of GPs Bright Ideas project. This featured at the RCGP annual meeting and was recently published in a clinical magazine.

Nursing staff were involved in collecting data by screening patients attending for routine health checks as part of the Atrial Fibrillation (AF) screening pilot. The aim of the pilot was early identification of any patients with symptoms of AF, diagnostic testing and treatment. Pathfields practice GPs told us they were one of the first in the South West region to trial the Alive Cor devices through this project and had given feedback about the barriers and solutions seen, which helped the spread of this technology to other practices. The practice had extended use of the device for patients living in nursing homes.

The practice had measured its Safety culture twice using the SCORE survey and was one of the first practices in the UK to test the survey and methodology in primary care. Pathfields practice told us they had actively shaped the process being used in the national Maternity and Neonatal Collaborative. The practice benefitted measuring safety culture as it merged with several practices over the last three years to facilitate safe implementation of changes required.

The practice created a prescribing Hub as part of its quality improvement project. GPs told us this project was carried out to improve the safety and efficiency of the prescribing process. The introduction of the hub with a pharmacy technician and prescribing administrator had led to 80% of prescription queries and reauthorisations being carried out by the hub (using a strict prescribing guideline) and 20% needing to be



reviewed by a GP. The majority of prescriptions were turned around within 24 hours, well within the 72-hour target. A practice based pharmacist had been appointed to improve prescribing processes and supported their prescribing team further, allowing for more specific project management and working directly with medicines optimisation teams to reduce spend.

#### 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](#)).