Care Quality Commission

Inspection Evidence Table

The Alma Partnership (1-549906670)

Inspection date: 9 October 2018

Date of data download: 27 September 2018

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

Safe

Safety Records	Y/N
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Partial
Fire marshals	Y
Fire risk assessment: Interim review Date of completion: 17/7/18	Y
Actions were identified and completed. An external fire risk assessment had been booked for 19/10/18. Fire drill carried out 27/9/18 and plan in place for future fire drills. The training matrix for staff showed that one member of staff had not received fire safety training and one member of staff was overdue refresher training. The system to ensure all necessary training was up to date relied on staff having personal responsibility to complete the training required. In addition, the deputy practice manager would send out email reminders to all staff and review the training matrix monthly. However, there were no prompts in place for individual members of staff to ensure they had undertaken the required training.	
Any additional evidence	
Gas boiler serviced 4/10/18 and boiler maintenance and service agreement in place.	

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.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had 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

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	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Partial
Number of events recorded in last 12 months.	n/a
Number of events that required action	Na/

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)	0.69	0.81	0.83	Comparable with other practices

People with long-term conditions

Diabetes Indicators				
Indicator	**Practice performance**	**CCG average**	**England average**	**England comparison**
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to	63.0%	82.5%	79.5%	Variation (negative)

31/03/2017) (QOF)				
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	6.8% (23)	18.0%	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)	55.0%	78.5%	78.1%	Significant Variation (negative)
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	7.7% (26)	12.2%	9.3%	

Any additional evidence

We received unverified data from the practice (2017/18) which showed:

- 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: 69%
- 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: 50%

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)	62.6%	81.5%	80.1%	Significant Variation (negative)
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	10.9% (37)	17.3%	13.3%	

Any additional evidence

We received unverified data from the practice (2017/18) which showed:

- 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: 58%

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)	45.7%	76.6%	76.4%	Significant Variation (negative)
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	19.4% (89)	11.7%	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)	90.4%	91.6%	90.4%	Comparable with other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	33.6% (37)	16.0%	11.4%	
Any additional evidence				
We received unverified data from the practice (2017/18) which showed: • 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: 63% • 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: 90%				

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)	70.8%	84.3%	83.4%	Significant Variation (negative)

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.1% (8)	5.3%	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)	93.1%	87.9%	88.4%	Comparable with other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	25.0% (24)	9.6%	8.2%	

Any additional evidence or comments

We received unverified data from the practice (2017/18) which showed:

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less: 60%

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)	88	96	91.7%	Met 90% minimum (no variation)
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)	93	104	89.4%	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) (01/04/2016 to 31/03/2017) (NHS England)	92	104	88.5%	Below 90% minimum (variation negative)
The percentage of children aged 2 who	93	104	89.4%	Below 90%

have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)				minimum (variation negative)

Any additional evidence or comments

We received updated immunisations figures (July 2018) from the practice which showed that the target of 90% uptake had been achieved.

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)	66.8%	74.6%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	70.1%	75.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	57.3%	62.5%	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)	62.5%	63.8%	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)	51.2%	51.2%	51.6%	Comparable with other practices

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)	85.0%	91.7%	90.3%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.0% (5)	14.0%	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)	100.0%	89.7%	90.7%	Variation (positive)
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	4.8% (6)	14.0%	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)	76.2%	86.4%	83.7%	Comparable with other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	10.6% (5)	7.0%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	498	548	539
Overall QOF exception reporting (all domains)	8.5%	6.6%	5.7%

Responsive

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	n/a
Number of complaints we examined	n/a
Number of complaints we examined that were satisfactorily handled in a timely way	n/a

Number of complaints referred to the Parliamentary and Health Service Ombudsman	n/a

Additional comments:

- There was a process in place for complaints and significant events, but no oversight of trends or themes and action/learning that the practice needs to put into place.
- The practice had not received any formal complaints since the previous inspection.

Well-led

Leadership capacity and capability

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

- The nominated lead for safeguarding had received training appropriate for their role.
- Arrangements had been made to secure the services of two regular locum GPs and there was a rota planned for three months in advance.

Any additional evidence

- There are still shortfalls with broader oversight of how the practice is performing and whether steps are taken to ensure organisational learning.
- Leadership responsibilities still lack clarity, although there are plans on how Quality and Outcomes Framework achievements will be improved, but a lead person had not been nominated to have effective oversight of QOF achievements.
- The approach to QOF was still reactive and there were plans in place to promote positive engagement with patients to encourage them to attend for reviews.
- Comments made on NHS choices had not been responded to, the practice said that they did not have access. On 17/10/18 the website was reviewed, and there were still no responses from the practice to comments made. At the time of the inspection we were told that the deputy practice manager was in the process of gaining access to respond.
- There is a process in place for complaints and significant events, but not oversight of trends or themes and action/learning that the practice needs to put into place.
- A limited number of meetings have been held since the previous inspection to disseminate learning, however, there is a plan in place for further meetings to be held.

Governance arrangements

Any additional evidence

- A range of meetings had been planned for, these included senior management; nurses, clinical

and safeguarding meetings.

The practice had recently implemented a QOF recall plan, with a monthly topic for recalls, for example:

- December 2018- Asthma,
- January 2019-diabetes
- February 2019- mental health
- March 2019- cardio vascular,

There was a campaign board in waiting room and plans to update the website with relevant literature on these topics.

- The practice had reviewed significant events and complaints received. Significant events captured on RADAR, enables monitoring and when reported and what action taken. Locums were requested to ask a manager to sit with them whilst they record events to ensure all details were correct.
- Childhood immunisations data had been reviewed and the practice found there was a backlog of data entries, which have now been completed.
- PPG launch campaign on 26/10/18 Chair of PPG from another practice will help recruit at flu clinic.
- Patient survey underway for feedback for next four weeks to capture information on appointments.

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 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 ≤-3
2	Variation (positive)	-3 < Z ≤ -2
3	Comparable to other practices	-2 < Z < 2
4	Variation (negative)	2 ≤ Z < 3
5	Significant variation (negative)	Z ≥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).