

# Care Quality Commission

## Inspection Evidence Table

### Garstang Medical Practice (1-543782164)

Inspection date: 19<sup>th</sup> December 2018

Date of data download: 13 December 2018

## Overall rating: Good

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

## Safe Rating: Good

### Safety systems and processes

**The practice did not always have 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.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were 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
There was active and appropriate engagement in local safeguarding processes.	Yes
Systems were in place to identify vulnerable patients on record.	Partial
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
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.	Yes

Safeguarding	Y/N/Partial
<p>Explanation of any answers and additional evidence:</p> <p>The practice safeguarding child and adult policies were comprehensive and in line with local and national guidance, designated leads and deputies were identified in the documents, policies had been reviewed in a timely manner. The practice supplemented these policies with a domestic violence policy. Staff we spoke with were clear on safeguarding procedures.</p> <p>We noted, whilst all children under safeguarding procedures were coded and there was an alert on the system for the individual, there were some missed opportunities to place alerts on all members of the household.</p> <p>The practice had policy guidance to ensure any patients who are considered vulnerable who did not attend an appointment would be contacted. This included working with the local safeguarding lead GP to review patients not attending mental health appointments.</p> <p>We saw good examples of GPs being extra vigilant by communicating with social services from other areas when patients moved out of the district.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	No
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 required medical indemnity insurance had it in place.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice recruitment policy did not make reference to all the checks required to comply with the requirement of Schedule 3 of the Health and Social Care Act in terms of information needed before a new member of staff should commence employment, for example, proof of identity (including a recent photograph), employment history (including an explanation of any gaps) and a declaration of medical fitness to perform their role.</p> <p>We examined 4 recruitment files for recently employed staff, a GP, a nurse practitioner and two members of reception staff. We noted that some of the required information was missing, for example medical declarations in two files. We also saw noted that some documents lacked information, for example some employment references were not dated and some it was not possible to establish who had completed them.</p> <p>We were later updated by the practice informing us that these matters had been attended to and some misfiled documents had now been placed in the correct recruitment files. The practice had also updated its recruitment policy to ensure compliance with Schedule 3 of the Health and Social Care Act.</p>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent	Yes

person. Date of last inspection/test: 25 <sup>th</sup> January 2018	
There was a record of equipment calibration. Date of last calibration: 26 <sup>th</sup> January 2018	Yes
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure in place. This had been reviewed February 2018	Yes
There was a record of fire extinguisher checks. Date of last check: December 2018 and had been serviced May 2018	Yes
There was a log of fire drills. Date of last drill: 29 <sup>th</sup> August 2018	Yes
There was a record of fire alarm checks. Date of last check: 12 <sup>th</sup> December 2018 – conducted weekly on rotation of areas.	Yes
There was a record of fire training for staff. Date of last training: All staff had been trained within the previous 12 months	Yes
There were fire marshals in place.	No
A fire risk assessment had been completed. Date of completion: 8 <sup>th</sup> January 2018	Yes
Actions from fire risk assessment were identified and either ongoing or completed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had decided not to have nominated fire marshals and had given all staff at the practice responsibility for fire procedures. For example, GPs were responsible for ensuring their rooms were evacuated and “managers” were responsible for attending the fire alarm panel. We asked the practice manager about who was responsible for ensuring all people, in all areas were evacuated and who was responsible for ensuring visitors booked into the practice were accounted for; we were not provided with satisfactory answer. There was a documented fire procedure, however this failed to describe how the practice would ensure all patients, staff and visitors were accounted for and safe as “all staff” were responsible for this. The procedure stated that staff could use fire extinguishers to tackle small fires, however staff we spoke with told us they were not trained to do this and would not do so.</p> <p>We were later sent information from the practice to show that they had been following advice from the CCG fire officer concerning fire marshals and had since updated their fire policy to ensure the safety of all persons on the premises.</p> <p>A Legionella risk assessment had been completed on 29<sup>th</sup> August 2018.</p> <p>Gas and electric safety certificates were in place.</p> <p>We noted that equipment held in cupboards in one of the GP’s consulting room was out of date, this included needles, syringes and dressings, the expiry dates went back as far as June 2016. We were later sent information from the practice indicating that any equipment which had passed its expiry date had been destroyed and that new systems were in place to ensure all equipment was in date and fit for use.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 23 <sup>rd</sup> November 2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 23 <sup>rd</sup> November 2018	Yes
<p>Explanation of any answers and additional evidence:</p> <p>A car park risk assessment had been undertaken on the above date.</p> <p>We noted that people could access non-public sections of the building with only “staff only” signs warning them and no physical restrictions. We discussed this with the practice manager and they said they would review this.</p>	

## Infection prevention and control

### Appropriate standards of cleanliness and hygiene were not always met.

	Y/N/Partial
An infection risk assessment and policy were in place.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit: 2 <sup>nd</sup> November 2018	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The clinical commissioning group (CCG) infection control nursing team had carried out the most recent audit and any issues identified for action had been progressed and allocated for completion.</p> <p>A cleanliness and clinical waste policy was in place which was comprehensive and had been reviewed in a timely manner.</p> <p>We noted that pedal or handsfree operated waste bins were not provided in toilets, this issue should have been identified during the infection control audit. The practice manager told us the issue would be addressed as soon as possible. We were later sent information indicating that pedal operated waste bins were now in use.</p> <p>We noted that a hand wash audit had been completed on 13<sup>th</sup> December 2018. In order to complete this effectively the practice had invested in an electronic machine which measured the effectiveness of hand washing.</p>	

## 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.	Yes

There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	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
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	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
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>An electronic calendar system with an algorithm, prevented more than a stipulated number of the administration team taking leave at the same time.</p> <p>The practice had introduced a clinically devised “care navigation template”, this helped reception and other non-clinical staff to best identify and appropriately manage patients’ symptoms. If there was any doubt, the on-call duty doctor would be contacted immediately for advice. All staff had received bespoke training in the symptoms, identification of and action required for sepsis.</p> <p>The practice maintained a management overview of staff immunisation status, including Hepatitis B and measles for clinical staff.</p>	

## 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.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes

There was a system to monitor delays in referrals.	Yes
There was 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 and additional evidence:</p> <p>Staff at the practice undertook “missed referral” searches on a regular basis to reduce any delays or missed opportunities.</p> <p>Test results were monitored by the GP assistant and administration team, there was a workflow diagram to support this process. We looked in detail at the process and established it worked well.</p>	

## Appropriate and safe use of medicines

### The practice did not have 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)	1.12	1.01	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)	12.5%	7.6%	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.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
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.	Yes
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.	Yes
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
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.	Partial
The practice monitored the prescribing of controlled drugs. (For example, investigation of 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 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.	Yes

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.	Yes
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.	No
There was medical oxygen and a defibrillator on site and systems were in place to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Some emergency medicines held by the practice had expired and could pose a risk if used. There was a system in place for checking expiry dates of emergency medicines, however this had not been effective. We were later sent information indicating the practice had reviewed its procedures for checking emergency medicines and introduced an additional check to prevent a reoccurrence.</p> <p>Following an incident in the practice car park when emergency medicines were required, the practice had introduced “grab bags” containing essential emergency equipment, these bags were much more portable than the trolley holding a more expansive range of equipment and could be quickly taken to locations both inside and outside the practice.</p> <p>Electronic prescribing was in the process of being taken up but was not occurring at the time of the inspection.</p> <p>There was a call/recall for blood tests for patients prescribed higher risk medicines, for example Lithium. The practice used NICE guidelines and local shared guidelines to manage patients prescribed higher risk medicines.</p> <p>Some medicines for example Warfarin (a blood thinning medicine) was put on an acute prescription so that it had to be authorised at each issue by a GP. When patients requested warfarin their international normalised ratio (INR) (a blood test required to monitor the safety of warfarin prescribing) and the date of their next blood test was written down on a request sheet. These sheets were shredded after the medicine was issued and not scanned in to patient's notes. This system meant we were not able to review and audit evidence of the INR in the notes prior to warfarin being issued. We were later sent further information detailing the process for checking patient blood levels and how new procedures to electronically record test results on patient records had been introduced.</p> <p>There was a clear and safe system for Controlled Drugs from the point of patient request to dispensing.</p>	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Yes



The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system was in place to monitor staff compliance.	Yes
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Yes
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	Yes
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Yes
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Yes
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Yes
<p>Explanation of any answers and other comments on dispensary services:</p> <p>There was a clear system for recording near misses and significant events (SEAs) which were discussed within the dispensary team. We did not see evidence that these were discussed in the practice and dispensary SEAs were not included in the practice's list of SEAs. Following the inspection, we were sent information indicating that the practice would review all significant events, including those emanating from the dispensary.</p>	

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

### The practice learned and made improvements when things went wrong and a system to learn and make improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Partial
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and 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:	Sixteen
Number of events that required action:	Sixteen
<p>Explanation of any answers and additional evidence:</p> <p>We discussed the relatively small number of recorded significant events (initially we were shown six in the last twelve months) with the practice manager. We were told they had recognised the need to focus on this area, particularly since the merger of the two practices. During the inspection, the practice manager showed us an additional 10 significant events, all of which had been dealt with appropriately and comprehensively recorded. The practice had recognised that there was a need to identify and record significant events and review the threshold of what constituted “significant”. There was an appetite to maximise learning from any events and the practice had recognised this was an area where more learning potential was available. We examined several significant events and saw they had been dealt with appropriately, well documented, any actions completed and any learning was shared with relevant practice staff. We noted that 43 significant events and 522 near misses in the last 12 months within the dispensary had not been included in the practice significant event data. We spoke with the practice manager about this and were told a more comprehensive approach to the recording, analysis and learning from significant events would be introduced.</p>	

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

Event	Specific action taken
Patient experienced “electric shock” symptoms following blood test	Training to clinical staff around the possibility of minor nerve damage caused during the taking of blood samples.
Patient with pre- diabetic symptoms did not receive appropriate follow up correspondence to maximise opportunities to manage condition	The process was reviewed by the lead GP for diabetes, systems and protocols were updated to improve identification of correct correspondence, letters were re written to better explain information to patients.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes

Explanation of any answers and additional evidence:

Safety alerts were dealt with appropriately and we checked a number of these, however prior to September 2018 there was no structured system to overview the management of these alerts.

Since September 2018, a spreadsheet of all safety alerts had been maintained, each alert was assessed and sent to the appropriate person or department at the practice, any searches or actions were undertaken and the results returned. Alerts were kept open until they had been dealt with appropriately.

## Effective

## Rating: Good

### Effective needs assessment, care and treatment

**Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.**

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
Explanation of any answers and additional evidence: A monthly clinicians' newsletter was produced by the practice which gave staff updates on subjects such as NICE guidance, local initiatives, referral pathways and new practice protocols.	

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)	0.65	0.66	0.81	No statistical variation

## Older people

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.</li> <li>Health checks were offered to patients over 75 years of age.</li> </ul>

- The practice had employed a community nurse practitioner (CNP) who had an “older nursing fellowship” qualification and was the champion for older adults within the practice.
- The practice provided weekly memory services via a nurse and psychiatrist providing memory assessment for older adults from the practice.
- The practice introduced frailty assessments for 1,156 local patients, resulting in a 60% reduction in unplanned admissions during 2016.
- The practice held regular care home meetings with a lead GP/Nurse for each home.

## People with long-term conditions      Population group rating: Good

### Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- The practice employed nurses trained in chronic disease management.
- The practice identified patients with “pre-diabetes” symptoms and offered recall appointments to make further assessments and provide lifestyle advice.
- The practice had a lead GP for each major chronic disease area and regular meetings for each disease area to discuss complex patients and best practice.
- The practice referred patients with chronic diseases to local programmes for example, “Desmond, Wyre Active” and a hospice breathing clinic.

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 (01/04/2017 to 31/03/2018) (QOF)	85.0%	83.2%	78.8%	No statistical variation

Exception rate (number of exceptions).	17.8% (188)	14.4%	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)	82.8%	80.9%	77.7%	No statistical variation
Exception rate (number of exceptions).	10.4% (110)	9.1%	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)	81.7%	80.9%	80.1%	No statistical variation
Exception rate (number of exceptions).	17.4% (183)	17.7%	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)	77.9%	76.6%	76.0%	No statistical variation
Exception rate (number of exceptions).	10.9% (126)	8.5%	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)	93.8%	90.5%	89.7%	No statistical variation
Exception rate (number of exceptions).	15.2% (52)	9.8%	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)	82.5%	83.9%	82.6%	No statistical variation
Exception rate (number of exceptions).	3.0% (92)	4.1%	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)	82.9%	90.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	2.8% (14)	8.1%	6.7%	N/A

### Any additional evidence or comments

Exception reporting is the removal of patients from QOF calculations, where, for example, the patient declines or does not respond to invitations to attend a review of their condition or where a medicine is not appropriate.

## Families, children and young people

## Population group rating: Good

### Findings

- Childhood immunisation uptake rates were mostly 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 offered early morning and evening appointments.
- Young people could access services for sexual health and contraception.
- The practice had provided staff with external training for non-clinical chaperones; this had been employed in consultations, for example when post-natal checks were carried out and other intimate examinations were needed.
- The practice had paediatric saturation monitors to aid with urgent assessment of ill children/babies and certain clinical staff were trained in their use.

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)	83	94	88.3%	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)	72	76	94.7%	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) (01/04/2017 to 31/03/2018) (NHS England)	72	76	94.7%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	72	76	94.7%	Met 90% minimum (no variation)

### Any additional evidence or comments

The practice was marginally below the 90% target for children under 1-year immunisations, however were above that target for the other groups of children.

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

Population group rating: **Outstanding**

### Findings

- The practice offered early morning and evening appointments targeted at the working age population.
- The practice provided daily telephone appointments with GPs for easier access to clinical issues, queries and follow ups for working people and students where appropriate.
- 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.
- There were embargoed 'same day' GP appointments and Calder suite acute care unit (nurse practitioner led) appointments daily. Appointments were also allocated each day for Myerscough college students.
- The practice provided 15-minute GP appointments (most practices provide 10-minute appointments) as standard to allow for several issues to be dealt with in one visit.
- The practice provided easier access to simple investigations in primary care such as phlebotomy appts and ECG's, preventing the need for hospital appts for such tests.
- The practice provided flu clinic appointments at weekends to facilitate attendance for eligible working people and students.
- The practice had been chosen for the Lancashire wide digital exemplar programme, providing benefits for working age patients and students who tend to use smartphones and the internet for



many aspects of day to day life.

- The practice utilised Twitter and Facebook pages reaching out to technology literate groups of practice population with important practice announcements, campaigns and health promotion messages.

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)	79.7%	77.0%	72.1%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	74.2%	74.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	67.3%	62.8%	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)	72.6%	74.6%	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)	49.3%	47.5%	51.6%	No statistical variation

## People whose circumstances make them vulnerable

Population group rating: Good

### Findings

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers 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 had three children's homes within its boundaries. The safeguarding lead maintained regular contact, either by visiting or telephone reviews, to ensure good communication between the staff and the practice.
- The practice demonstrated they had a system to identify people who misused substances.

- The practice reviewed young patients at local residential homes.

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

Population group rating: **Good**

### Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- 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.
- The practice funded its own in-house counselling service for patients to help to reduce the waiting time for them to receive counselling therapy.
- The practice encouraged and practiced the reduction of anti-depressants and increasing of therapeutic treatment.
- 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.
- All staff had received dementia training.
- The practice consulted with the local eating disorder service and provided medical monitoring of patients with eating disorders in line with local and national guidance.

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)	93.8%	92.5%	89.5%	No statistical variation
Exception rate (number of exceptions).	20.7% (25)	17.8%	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)	90.4%	94.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	14.0% (17)	12.4%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in	78.0%	89.1%	83.0%	No statistical variation

a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	4.8% (9)	6.3%	6.6%	N/A

### Any additional evidence or comments

The practice had increased its prescribing of selective serotonin reuptake inhibitors (SSRIs) quarter on quarter over the previous three years. SSRIs are a widely used type of antidepressant. These are mainly prescribed to treat depression, particularly persistent or severe cases, and are often used in combination with a talking therapy such as cognitive behavioural therapy (CBT). SSRIs are usually the first-choice medication for depression because they generally have fewer side effects than most other types of antidepressant.

### 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)	558.8	556.4	537.5
Overall QOF exception reporting (all domains)	6.0%	5.9%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes

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

- In November 2018 an audit of antibiotic prescribing for acute otitis media (a type of ear infection which occurs when the area behind the eardrum called the middle ear becomes inflamed and infected) was undertaken. Conclusions included: compliance with guidelines percentages on whether to prescribe an antibiotic was 53%, overall compliance with national institute for care and excellence (NICE) guidance to share self-help, safety netting advice and antibiotic advice or if a suitable information leaflet was shared was 50% and If antibiotics were used, total number given correct antibiotic, dose/frequency and course length was 99%. Findings led to: the promotion of use of local antimicrobial / management of infection guidelines and recent NICE guidance by all in practice by circulation of audit results and providing a laminated copy of NICE and local guidelines, encouragement of the use of patient information leaflets, stressing the importance of a consistent message when patients re-attend and a scheduled re-audit by March 2019.

- In January 2018 the practice had undertaken an audit of patients prescribed anti-depressants. They reviewed the appropriateness of the prescribing in line with NICE guidance, the timeliness of blood tests and compared the levels of prescribing before and after the merger of the two practices (October 2017) that now formed Garstang Medical Practice. The audit resulted in 12 patients having their prescriptions revised and updated following a medication review. Learning was shared with other clinicians relating to blood pressure checks and it was concluded that there had been no significant change of prescribing behaviour because of the merger.

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

The practice recognised that a system of audit was one of the tools for increasing safety, standards of care and promoting continuous improvement. The recent merger had caused some difficulties in completing second cycles of audits previously conducted at the two surgeries, however the practice had focussed on the new merged patient list to continue its audit work.

## Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice maintained a training matrix for all staff which ensured that all essential training was completed in a timely manner. We checked the accuracy of this training matrix by sampling several of the entries against certificates kept in staff files and noted they all corresponded.</p> <p>The practice had a competencies framework for new staff, this involved shadowing for a minimum of two weeks, ensuring that essential training was completed. Assessments were made on staff competency to perform their role alone.</p> <p>Regular appraisals were conducted; this process included discussion about training needs. We looked at several staff appraisals and saw that they were comprehensive and evidenced staff involvement in the process. Realistic and achievable objectives were set in line with the practice's overall statement of purpose. We noted that some staff also received six monthly appraisal updates.</p> <p>One Thursday afternoon monthly was reserved for formal group training and protected time for individuals' training. Staff were encouraged to undertake training in their own time for which they were recompensed. As well as on-line training staff received face to face training in subjects including information governance, customer service, general data protection regulations (GDPR) and dementia friends.</p> <p>We noted that clinical supervision was regular and well received. The advanced nurse practitioners benefitted from regular tutorials with the GPs.</p>	

## Coordinating care and treatment

## Staff worked together and 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)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice employed a community nurse practitioner who was instrumental in local community engagement, working with three local practices and engagement with community and 3<sup>rd</sup> sector services. The community nurse chaired the newly formed Wyre enhanced rural neighbourhood integrated care team (WRENICT) whose mission statement was to “work together to provide excellent rural community care that focused on each individual, by listening and understanding people’s needs and choices. To strive to provide the best service to ensure that each person receives the care and support they need with the kindness and empathy they deserve.” The group met monthly and representation included clinical and business leads from all three local practices, members of the patient participation group (PPG), staff from Blackpool hospital and social services, care and repair managers, members of Wyre borough council, police and fire services, a care home forum representative and staff from mental health services, children’s’ services and Lancashire wellbeing services.</p> <p>Regular nurses’ meetings were held and were well attended; minutes of these meetings were clear and well documented. Subjects under regular discussion included: clinical best practice and new initiatives, changes to working, chronic disease management and improvements to internal processes.</p> <p>Palliative care meetings took place monthly and were attended by clinicians, nurses and representatives from the community palliative care team. Meeting minutes were clear and unambiguous.</p> <p>Staff from the practice attended the Kepple Lane fun day to raise awareness of vaccinations at the start of the flu season.</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.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes

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)	92.7%	96.3%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.6% (29)	0.5%	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.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We noted that consent was recorded both in patient notes and on consent forms where appropriate. Consent process were underpinned by a consent policy which was regularly reviewed and updated as required. Staff were aware of the various pieces of legislation relating to consent.</p> <p>We noted that one of the GPs conducted an annual review of minor surgeries, part of which was to check that consent had been obtained and recorded appropriately.</p>	

## 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.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

CQC comments cards	
Total comments cards received.	15
Number of CQC comments received which were positive about the service.	15
Number of comments cards received which were mixed about the service.	Zero
Number of CQC comments received which were negative about the service.	Zero

Source	Feedback
NHS Choices	Feedback over the last six months about the caring nature of staff at the practice indicated high levels of satisfaction; some patients said staff were kind and caring and were always helpful and compassionate.
CQC Comment Cards	Comment cards completed by patients were overwhelmingly positive about the compassion, care and professionalism displayed by staff. Several patients referred to individual GPs by name referencing their caring nature.
Practice Staff	Staff at the practice had recently been involved in a local initiative to support people called "Heat and Eat" event, where patients were invited for a hot meal and advice and information was provided on how to save energy and keep warm over the winter months.



## 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
18392	233	107	45.9%	0.58%

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)	92.9%	92.5%	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)	90.7%	91.2%	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)	95.0%	96.1%	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)	87.8%	86.8%	83.8%	No statistical variation

### Any additional evidence or comments

The practice provided rooms free of charge to support services to facilitate easy access to patients, including, minds matter, memory services and wellbeing services.

Practice staff had undertaken a charity dog walk in the autumn of 2018 raising £680 for children in need.

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

### Any additional evidence

A patient survey took place in April 2018 which focussed on telephone services and access, flu clinics and open surgeries. A further, more expansive survey led by the PPG was conducted in November 2018. The results showed an 83% satisfaction rate regarding telephone access and that lower numbers of patients than expected used on line access to services.

### 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.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

Source	Feedback
Interviews with patients.	Patients we spoke with told us that clinicians were very good at explaining options and gave them sufficient time to make informed decisions.
Staff interviews	Staff told us about signposting patients to various support services, including Lancashire wellbeing and Age UK.

### 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	93.6%	95.6%	93.5%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
and treatment (01/01/2018 to 31/03/2018)				

	Y/N/Partial
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 other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Information for patients in other languages than English were available on request, this option was given on registration.</p> <p>The practice had provided easy read information to patients at the recent flu clinic.</p>	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 314 patients as carers which represented 1.7% of the patient list.
How the practice supported carers.	The practice provided emotional support for families and carers with on-site access to health visitors, community midwives and school nursing teams. There were carers' packs available, signposting to carers' services, a carers' register and clinicians were aware of their ability to register patients with Lancashire carers hub.
How the practice supported recently bereaved patients.	Staff at the practice were made aware of any bereavements and were able to support family members accordingly. One of the GPs or the community nurse would make a home visit to bereaved families and offer support and ensure they were aware of support 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.	Yes
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
There were arrangements to ensure confidentiality at the reception desk.	Yes

Explanation of any answers and additional evidence:

There were notices at reception asking patients to respect another patient's privacy.

## Responsive

**Rating: Good**

### 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.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
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.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Some patients we spoke with had found the booking in process confusing since the merger of the two practices, as there were now two reception desks for the one practice. The practice was aware of this and had plans to improve it.</p>	

Practice Opening Times		
	Day	Time
Opening times:		
	Monday	8.00am – 6.30pm
	Tuesday	8.00am – 6.30pm
	Wednesday	8.00am – 6.30pm
	Thursday	8.00am – 1.00pm
	Friday	8.00am – 6.30pm
Appointments available:	<b>GPs</b>	<b>Nurses</b>
	Monday 8.30am – 6.15pm	8.00am – 6.30pm
	Tuesday 8.30am – 6.30pm	8.00am – 6.30pm
	Wednesday 8.30am – 6.30pm	8.00am – 6.30pm
	Thursday 8.30am – 1.00pm	8.00am – 1.00pm
	Friday 8.15am – 6.30pm	8.00am – 6.30pm

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
18392	233	107	45.9%	0.58%

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)	98.3%	96.1%	94.8%	No statistical variation

### Any additional evidence or comments

Fylde Coast Medical Services operated extended hours on Saturday mornings, should patients from Garstang Medical Practice require an appointment.

## Older people

### Population group rating: Good

#### Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- There was a medicines delivery service for housebound patients.
- All staff received dementia friendly training.

## People with long-term conditions

### Population group rating: Good

#### Findings

- Patients with multiple conditions had their needs reviewed in one appointment where possible.
- 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.
- The practice employed advanced nurse practitioners (ANPs) who took responsibility for the management of patients with chronic conditions; these nurses had received specific training to assist them in this role.
- Nurses at the practice could take advice from the specialist community diabetes nurse.
- Nurses and pharmacists had dedicated time for face to face and telephone consultations with patients with long term conditions and could offer advice and support for both medication issues and lifestyle.

## Families, children and young people

Population group rating: **Good**

### Findings

- Additional nurse and GP appointments were available until 6.30pm on weekdays for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Mothers with new-borns were offered a post-natal check with a GP of their choice. There was an “in house” baby clinic for eight-week baby checks with a GP running a dedicated clinic. A drop-in baby clinic ran weekly with health visitors and a breast-feeding support group.

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

Population group rating: **Outstanding**

### Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 6.30pm on a Monday and Friday. Pre-bookable appointments were also available to all patients at additional locations within the area.
- The practice provided contraceptive appointments on Saturdays.
- Appointments were blocked for students at the nearby college to allow easy access.
- Same day appointments were made available with ANPS for minor ailments at the Calder suite.
- The practice took a flexible approach to appointments; we noted sufficient capacity and this was reflected in feedback we heard from patients.
- The practice encouraged active use of e-referral by GPs to provide more convenience and certainty for working people to know the exact date and time of their specialist appointment. One of the GPs at the practice had developed an electronic advice and guidance system in his previous role for Morecambe Bay CCG; we were told this system was now used by over 500 GP's across the North Lancashire and Cumbria area. The system allowed direct communication with local specialists often negating the need for formal outpatient referral which can be time consuming for working people.
- The practice was innovative in its use of and development of IT to increase responsiveness to patient's needs, for example smart phone apps and internet access.

**People whose circumstances make them vulnerable Population group rating: Good**

**Findings**

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- Practice had comprehensive safeguarding protocols and applied these effectively.

**People experiencing poor mental health (including people with dementia) Population group rating: Good**

**Findings**

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- The practice funded its own in-house counselling service for patients to help to reduce the waiting time for patients to receive counselling therapy.
- The practice generally maintained its prescribing of medicines for patients with poor mental health within local and national guidelines.



## Timely access to the service

### People were able to access care and treatment in a timely way.

#### National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when necessary.	Yes
Explanation of any answers and additional evidence: The practice maintained a variety of types of appointments to meet patient needs, including pre-bookable up to four weeks, same day access, GP to book only, emergency, ANP on the day and pre-bookable. Patient feedback confirmed that appointments were usually easy to access.	

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)	89.3%	76.6%	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)	83.6%	74.6%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	69.8%	68.7%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	80.8%	79.2%	74.4%	No statistical variation

#### Any additional evidence or comments

GP survey results evidenced higher levels of satisfaction than local and national averages.

Source	Feedback
Patient interviews	Patients we spoke with told us that appointments were usually easy to access

CQC comment cards	<p>and liked the service offered at the Calder suite, where they could access advanced nurse practitioners.</p> <p>Comments were positive about access to services; patients made mention of prompt service and convenient appointment times.</p>
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## Listening and learning from concerns and complaints

**Complaints were listened and responded to and used to improve the quality of care/ Complaints were not used to improve the quality of care.**

Complaints	
Number of complaints received in the last year.	66
Number of complaints we examined.	Two
Number of complaints we examined that were satisfactorily handled in a timely way.	Two
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	Zero

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The complaints protocol was comprehensive and clear, providing projected timelines, however did not describe avenues for complainants to refer to should they not be satisfied with the resolution. The protocol was reviewed annually and last reviewed in August 2018. The protocol was somewhat generic for example, failing to identify the names of the individual(s) responsible for managing complaints: "Overall complaints are managed by the Managers and Business Manager."</p> <p>The two complaints we examined in detail were dealt with in a timely manner and appropriately. We saw in one case an apology was offered. Letters of response to complainants did not contain information on who they could contact if the conclusion had been unsatisfactory. We were told this would be remedied.</p> <p>The practice had undertaken an annual review of complaints for 2017/18; we noted this was an extensive review identifying complaint areas, common themes, opportunities for learning from any form of complaint, whether written, face to face or received over the telephone.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Poor timeliness of GP referral to secondary care.	The practice reviewed its systems, provided some additional training to staff and the incident was discussed at a practice meeting, the complainant was offered an apology.

Prescription error.	The matter was investigated and concluded that the problem was a result of human error, there was no harm caused to the patient. Systems were reviewed and updated to prevent a re-occurrence, the complainant was offered an apology.
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## Well-led

## Rating: Good

### Leadership capacity and capability

#### There was compassionate, inclusive and effective leadership at all levels

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme in place, including a succession plan.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff we spoke with were complimentary about the leadership at the practice. We were told that the leaders were approachable, supportive and inclusive. Staff told us this made them feel motivated.</p> <p>Staff met regularly to discuss any issues or complex cases and to offer and receive peer support.</p> <p>The practice was a training practice with three GP trainers. At the time of our inspection, there were four trainee GPs.</p>	

### Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy in place to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice mission statement was "To deliver high quality health care to our community with purpose</p>	

and kindness, ensuring easy access to excellent patient services. Providing an open and supportive environment for patients and staff, promoting a culture of fairness and equality to all.” Staff we spoke with were aware of this statement and how their role contributed to the overall aims of the practice.

We were told that the practice aimed to provide a happy, friendly and supportive working environment for all staff, working hard to accommodate any needs in terms of working hours for staff to help facilitate their personal needs.

Regular monthly partner meetings were held, agendas and minutes of meetings demonstrated that the leadership took a structured and detailed approach to achieving its aims and objectives and ensuring patient safety, staff welfare and effective systems and processes.

The practice planned for future developments and considered ways to improve, for example, new methods to consolidate reception desks.

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice whistleblowing policy did not contain the telephone number for the NHS national whistleblowing line, should staff feel the need to report matters outside the practice or locality. The practice manager told us this would be included in the policy and staff reminded of the number should they need it.</p> <p>Staff we spoke with were confident managers would deal with any concerns raised. The practice manager provided us with an example of when concerns had been raised and how they had dealt with them in a speedy and effective manner.</p>	

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

Source	Feedback
Staff interviews	We were told by staff that the merger of the two practices had been dealt with in a very professional manner by the management team. They felt they had been kept fully informed about the merger and how it would affect them.

## 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.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:  Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.  There was a clear documented organisational structure, all staff were clear on their roles and responsibilities.  Policies and procedures were dated and reviewed according to a planned programme. They were consistent with best practice guidelines and any relevant legislation. They were available for reference at all times on the practice shared drive and staff we spoke with were aware of their location and content.  Communication was effective and organised through structured, minuted meetings, emails and newsletters.	

## Managing risks, issues and performance

**There were generally 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.	Yes
There were processes in place to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	No
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes

Explanation of any answers and additional evidence:

The provider had undertaken a number of risk assessments relevant to the provision of clinical care, including infection control and premises risk assessments. Recommendations from risk assessments had been actioned.

Some risks were not appropriately monitored, for example high risk medicines prescribing, emergency medicines and equipment.

### Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes

Explanation of any answers and additional evidence:

Templates had been developed and embedded within the service. These were developed and maintained by clinical leads. There was a single point of entry that ensured all clinicians were using up to date agreed templates. This helped to reduce the variability in using read codes (codes added to patient notes to assist in searching and data retrieval) as well as improving the safety of work carried out by new members of staff, clinical trainees and locums. It promoted uniformity of record keeping with all clinicians knowing where to find the correct information.

The practice was aware of and confirmed they complied with the new General Data Protection Regulation (GDPR). The practice maintained data safely in accordance with data protection legislation. Staff were trained in information governance and data protection.

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

**The practice involved the public, staff and external partners to sustain high quality and sustainable care.**

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:  The practice held a summer barbeque for staff which we were told had been very successful and well received. We noted that a post event survey had been undertaken which confirmed staff had enjoyed the event and had found it motivational and team enhancing.  Staff feedback highlighted a strong team with a positive supporting ethos.  Staff told us that they felt very much included in the team and the vision of the practice and managers were keen to seek their opinions on the way the practice delivered care.  Patients had a variety of means of engaging with the practice all of which were effective: social media, text messages, emails and complaints/comments.	

Feedback from Patient Participation Group.

Feedback
The PPG were strongly supportive of the engagement with the practice, quoting examples of where the practice had listened to its patient group, for example, replacement of the electronic booking in screen. The PPG were attempting to recruit new and younger members to its ranks and was approaching the practice manager for assistance with this. The PPG told us that patients were sympathetic to the challenges the practice faced having merged recently.

## 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.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: The practice had taken a proactive approach in adopting new technological solutions to enhance	

communication with its patient group.

The dispensary at the practice was taking part in a pilot for a monitored dosage system (MDS), where patients could receive a reminder on their smart phone or tablet reminding them to take medication.

### Examples of continuous learning and improvement

- The practice had been chosen for the Lancashire-wide digital exemplar programme and one of the partners was the clinical lead for the programme across Lancashire & South Cumbria.
- The practice had promoted the iPlato 'my GP' app (downloadable on smartphones and tablets) since April 2018. This application allows online booking of appointments, provides health advice, facilitates medicines ordering and provides self-care monitoring of health conditions. It can send reminders of appointment times. The practice lead GP for the system was currently trialling further functionality including on-line text consultations and uploads of health data such as blood pressure readings.
- The practice was reviewing and redesigning hypertension follow up procedures to incorporate the use of secure messaging of investigation results which was believed will be more convenient for some patients compared to telephone or face to face appointments.
- The practice had also been engaging with the use of the ORCHA 'professional' website to facilitate review and recommendation of health apps by clinicians.
- All staff received individualised training opportunities which were discussed at their appraisals. The practice used this information to inform its overall training plan, motivate staff and provide advancement opportunities.



## Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

	Variation 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.