

Care Quality Commission

Inspection Evidence Table

ROYAL PRIMARY CARE (CHESTERFIELD – THE GRANGE FAMILY HEALTH CENTRE) (Y04995)

Inspection date: 4 April 2019

Date of data download: 21 February 2019

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18. CQC was not able to automatically match data for this location to our own internal records. Data is for the ODS code noted above which has been used to populate this Evidence Table. Sources are noted for each data item.

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	N/A
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
Systems were in place to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social	Y

Safeguarding	Y/N/Partial
workers. to support and protect adults and children at risk of significant harm.	
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The named GP for safeguarding children for Derbyshire provided some GP clinical sessions at the practice. This provided additional expertise on safeguarding issues for the practice. • The named GP for safeguarding children held a formal annual safeguarding meeting with practice leads. • The practice had hosted the local child safeguarding leads meeting, which took place twice a year. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The human resources department at Chesterfield Royal Hospital NHS Foundation Trust provided support in recruitment processes. We saw that evidence that safe recruitment procedures were in place. 	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 12/09/2018 (both branch sites done 4/9/2018)	Y
There was a record of equipment calibration. Date of last calibration: 07/12/2018	Y
There were risk assessments for any storage of hazardous substances for example, oxygen cylinders, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: 04/09/2018 (all three sites)	Y
There was a log of fire drills. Date of last drill: N/A	N
There was a record of fire alarm checks. Date of last check: 13/02/2019 (branch sites done 23/11/2018 and 19/03/2019)	Y

There was a record of fire training for staff. Date of last training: ongoing	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 16/05/2017 for all three sites (undertaken every two years)	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice did not document fire drills, although we were told these did take place. We saw that this had been scheduled as part of an annual practice training schedule for September 2019. The practice advised us they would ensure that these were recorded in future. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 28/03/2019 (branches done 20/03/2019 and 29/03/2019)	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 28/03/2019	Y
Explanation of any answers and additional evidence:	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit: 07/03/2019 (branch sites 14/03/2019 and 21/02/2019). The most recent audits showed all three sites to be compliant in meeting a minimum of 85% of standards assessed. When issues were identified, actions were considered to address them.	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Royal Primary Care had well established links with the hospital's infection prevention and control team for advice and support. 	

Risks to patients

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

safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• There was a comprehensive induction pack available for locum GPs.	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information	Y

needed for their ongoing care was shared appropriately and in line with relevant protocols.	
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> A buddy system was in place to ensure that the management of results was covered if a GP was absent. 	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>NHS Business Service Authority - NHSBSA</small>	1.06	0.99	0.94	No comparison available
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) <small>(NHSBSA)</small>	6.8%	7.8%	8.7%	No comparison available
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection <small>(NHSBSA)</small>	No Data available	No Data available	No Data available	No comparison available
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) <small>(NHSBSA)</small>	No Data available	No Data available	No Data available	No comparison available

Any additional evidence
Royal Primary Care monitored antibiotic prescribing and demonstrated that levels were appropriate. A detailed analysis of antibiotic prescribing was undertaken as part of an advanced nurse practitioner's Masters degree.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y

Medicines management	Y/N/Partial
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff who dealt with repeat prescriptions had access to a laminated list of high-risk medicines. When a repeat prescription was received for these medicines, the clerk would send a task to the in-house pharmacy team. They would then ensure that the patient was up to date with their blood test monitoring prior to the prescription being issued. If there was a discrepancy, the patient would be contacted and arrangements made for them to attend for the necessary monitoring. The pharmacy team took over the monitoring of high-risk medicines from April 2019. All pharmacists and advanced nurse practitioners were prescribers. Nurse prescribers had an assigned GP mentor and attended regular prescribing meetings. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	25
Number of events that required action:	25
Explanation of any answers and additional evidence:	

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

Event	Specific action taken
A medicines audit identified that a patient had been prescribed a medicine incorrectly.	A discussion was held at the practice prescribing meeting. The patient was reviewed by a clinician to ensure the medicine had not impacted on them adversely, and the patient received an apology and an explanation as part of the duty of candour. It was agreed that all new medicines requests were passed to a clinician to add to the patient's medical record. Prescribing clinicians were informed as a reminder to be vigilant when adding medicines onto repeat prescription lists.
A patient had received a flu vaccination in the community but received a call to attend the practice for the vaccination. The patient's records were not checked prior to administering vaccine in the practice.	The local immunisation coordinator was contacted for advice, and also reported as an incident to them. The patient received an apology and an explanation as part of the duty of candour. Administrative staff were made aware not to contact patients on the community matron's case list for in-house flu clinics. Nurses were reminded to always check patient records before administering the vaccine.
A patient attended the practice late in the afternoon with a problem which the GP felt needed urgent attention within secondary care. However, this service was not accessible and after considering the options available at the time of day, the patient had to be re-directed to Accident & Emergency department to ensure they were safe.	This highlighted a need to define responsibilities between primary and secondary care if such a situation was to arise again in the future, supported by a clear policy. The practice wrote to the secondary care provider to raise concerns and to consider the development of a pathway to address this.

Safety alerts	Y/N/Partial
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There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • There was a clear process to receive, cascade and review alerts within this practice, including those received from the Medicines and Healthcare products Regulatory Agency (MHRA). We observed that actions were taken in response to relevant MHRA alerts, and the decision on what to be done was made by a clinician. Patient searches were undertaken in response to appropriate MHRA alerts to identify any patients who may need their prescribed medicines reviewed, or required further investigations to keep them safe. A comprehensive log of MHRA alerts was maintained detailing the actions taken by the practice in response to the specific content of the alert. Issues relating to MHRA alerts were discussed at clinical or prescribing meetings. • A monthly update on MHRA alerts was produced by the pharmacist/quality lead and distributed to relevant members of the team. We saw the most recent example from March 2019 regarding risks associated with certain antibiotic medicines. This included key advice to prescribing clinicians, including a reminder of when these medicines should not be prescribed. It also identified the number of patients that were identified relevant to the alert and the follow-up actions taken to ensure they were managed safely. 	

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.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
<p>Explanation of any answers and additional evidence:</p> <p>All new or updated guidance issued by the National Institute for Health and Care Excellence (NICE) was reviewed by Royal Primary Care to ensure compliance. For the period April 2018 – December 2018, there had been 153 guidelines to review, and of these 44 were relevant to primary care. Royal Primary Care had found they were compliant with 42 of these. For one guideline, they had decided not to adopt the guideline but had this ratified through the Trust's internal assurance processes in line with their own policy. For the other guidance, action had been undertaken to ensure compliance with an audit planned to assess compliance within a maximum period of six months.</p>	

Prescribing	Practice	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)	0.93	0.72	0.81	No comparison available

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> Older patients who were identified as frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. The care coordinator

employed in the local community health trust worked closely with the practice team.

- Fortnightly multi-disciplinary meetings took place at the main site and both branches. These reviewed the ongoing care and support for patients who were at risk of hospital admission or had complex health and care needs. A GP would always attend this meeting. We observed that the practice team worked effectively with community based staff as part of an integrated approach to care.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- A nominated GP visited allocated care homes on a weekly or alternate weekly basis. This provided continuity of care for patients and a consistent approach for staff and residents.
- The practice based medicines management team undertook medicines reviews for older patients to ensure these were still appropriate for their needs. This could be done for patients in their own homes if it was difficult for them to attend the practice.

People with long-term conditions

Population group rating: Good

Findings

- For patients with the most complex needs, the GP worked with other health and care professionals, including the community matron, district nurses and community mental health teams, to deliver a coordinated package of care. Advice was sought from specialist nurses (for example, the community respiratory specialist nurses and the community diabetes nurse specialist) when this was indicated.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met.
- Royal Primary Care worked with the diabetes nurse specialists at the local hospital to offer 1-1 appointments for patients with complex needs. The practice had direct access to this service for short term management and action planning.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- Clinicians followed up patients who had received treatment in hospital or through out of hours services.
- Adults with newly diagnosed cardio-vascular disease were offered statins; and patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- The practice monitored those individuals prescribed high risk medicines, including those patients prescribed these medicines within secondary care as part of shared care arrangements. This ensured that patients were kept safe.
- Results from the latest national GP patient survey showed that 82% of respondents at the practice said they had received enough support from local services or organisations in the last 12 months to manage their long-term condition(s). This was in alignment with the CCG average of 83% and the national average of 79%.

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	77.0%	81.8%	78.8%	No comparison available

64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	21.9% (345)	25.5%	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)	79.1%	80.6%	77.7%	No comparison available
Exception rate (number of exceptions).	9.9% (156)	13.9%	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)	81.9%	82.4%	80.1%	No comparison available
Exception rate (number of exceptions).	13.5% (212)	19.2%	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)	73.9%	76.0%	76.0%	No comparison available
Exception rate (number of exceptions).	9.2% (137)	10.3%	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)	91.2%	91.3%	89.7%	No comparison available
Exception rate (number of exceptions).	9.7% (71)	16.3%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	87.3%	85.0%	82.6%	No comparison available
Exception rate (number of exceptions).	4.9% (173)	4.8%	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)	85.3%	90.9%	90.0%	No comparison available
Exception rate (number of exceptions).	6.2% (25)	6.7%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were all above the World Health Organisation (WHO) targets.
- Meetings were held every month between the safeguarding lead GP and the health visitor, school nurse and midwife to review any children where there were any known safeguarding concerns.
- 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. We saw evidence of this in relation to patients prescribed sodium valproate.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception, including being a C-Card scheme provider (the issue of free condoms to people aged 13-24 years old). The practice offered a full range of family planning services, including the fitting and removal of coils and implants on site.

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) (NHS England)	209	218	95.9%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (NHS England)	190	195	97.4%	Met 95% WHO based target
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) (NHS England)	190	195	97.4%	Met 95% WHO based target

The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) <small>(NHS England)</small>	188	195	96.4%	Met 95% WHO based target
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Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The main site and one branch site offered an extended hours option, for example, the main site opened each Saturday morning.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery. The availability of online appointments had increased from 170 to 250 per month.
- The practice's uptake for cervical screening was 71%, which aligned with the national average, but below the local average of 79%. This outcome was below the 80% coverage target for the national screening programme. The practice tried to promote better uptake, for example two nurses had run an awareness and promotion event at the local hospital during national cervical cancer prevention week. Additional cervical screening appointments were made available during extended opening hours on Tuesday evenings and Saturday mornings to improve uptake.
- The practice operated a 'results by text' system. The text contained a link to the practice website which provided details on what the result meant.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- A health app was planned for launch later in the year. The practice website had been extensively redesigned to be more user-friendly, and interactive.

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) (01/04/2017 to 31/03/2018) <small>(Public Health England)</small>	70.9%	78.9%	71.7%	No comparison available
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) <small>(PHE)</small>	67.7%	75.8%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %) <small>(PHE)</small>	52.8%	63.2%	54.5%	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 <small>(PHE)</small>	83.3%	69.1%	71.2%	N/A

Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	53.3%	47.5%	51.9%	No comparison available
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Any additional evidence or comments

- The practice was aware that screening rates were mostly lower than local averages. However, we saw that they worked to promote the uptake with patients. For example, nurses had been involved in events to highlight the importance of cervical cancer screening.

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings

- The practice held a register of patients living in vulnerable circumstances those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule. Practice data showed 72% of patients had received a flu vaccination in the last year.
- End of life care was delivered in a coordinated way with collaboration from the multi-disciplinary team via meetings every month with ongoing communication in-between. The care provided took into account individual needs such as the patients preferred place of care.
- The practice could evidence that annual health reviews had been completed for 67% of their 106 patients on their learning disability register. This had increased from 54% at our inspection in 2018.
- The practice provided shared care arrangements for stable patients in recovery from drug use. This was done in conjunction with a drug worker from the local drugs team, and included the prescribing of opiate substitute therapy.

People experiencing poor mental health (including people with dementia)

Population group rating: **Good**

Findings

- The practice employed two specialist mental health practitioners to oversee and coordinate care for patients aged 16 and over requiring mental health support. Both were able to prescribe for their patients. One of the practitioners was developing a mental health strategy for Royal Primary Care.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing annual physical health checks. This included blood tests, health promotion advice, a physical health and medicines review, and advice and promotion on cancer screening services and access to 'stop smoking' services.
- 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.

- The practice considered the physical health needs of patients living with dementia. Patients received an annual physical and care review.
- Staff had received dementia training and were identified as 'dementia friends'. A health care assistant was due to start a dementia further education course later in the year.
- 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.
- Results from the latest national GP survey showed that 94% of patients felt the healthcare professional they saw recognised or understood any mental health needs during their last consultation (CCG average 91%; national average 87%).

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)	99.3%	94.5%	89.5%	No comparison available
Exception rate (number of exceptions).	8.7% (26)	13.6%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	95.5%	93.2%	90.0%	No comparison available
Exception rate (number of exceptions).	10.0% (30)	14.0%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	90.4%	83.7%	83.0%	No comparison available
Exception rate (number of exceptions).	2.2% (3)	6.2%	6.6%	N/A

Any additional evidence or comments

Royal Primary Care was developing vertical integration with hospital services to enhance patient pathways and promote effective care. We were given examples of this in terms of the management of patients with complex diabetes, and those with advanced frailty.

Monitoring care and treatment

The practice had a 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)	553	554.8	537.5
Overall QOF exception reporting	8.0%	7.0%	5.8%

Any additional evidence or comments

- A team had been established to oversee QOF performance with allocated time to support this process. The team kept QOF outcomes under constant review and took action where appropriate to ensure patient reviews were kept up to date. Recalls had been rearranged to coincide with the patient's birth month, and processes had been streamlined to avoid patients having to attend unnecessary appointments.
- The exception reporting process had been successfully reviewed. When administrative staff had contacted patients three times by text and/or letter without their engagement, a clinician would review the case and then consider how they might review the patient either by a direct conversation, a home visit, or other means. Unverified data provided by the practice showed that clinical exception reporting had reduced in the last financial year and figures were now lower than local and national levels.

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

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

- Royal Primary Care had an embedded programme of clinical audit in place. We saw that audits were initiated in response to various issues including clinical and prescribing guidelines, national and local standards, significant events and medicines alerts. A pharmacist was the designated lead for audit.
- Many audits were ongoing and we saw several cycles being completed. This ensured that where improvement had been made they were sustained.
- Ongoing audit cycles from the Blue Dykes Surgery location, were now expanded to include the Grange site, and ensure consistency.
- We saw several examples of how audit had impacted positively on outcomes for patients. For example, an anticoagulation audit had been commenced across both locations in 2018, to review compliance against criteria including standards, guidelines and the service level agreement. The comprehensive audit concluded with a detailed action plan. A second cycle audit in March 2019 showed an improvement in processes relating to anticoagulation management.

Any additional evidence or comments

Royal Primary Care at The Grange Family Health Centre achieved accreditation as a RCGP Research Ready® Universal Level practice. Research Ready® is a quality programme aimed for research-active UK GP practices and it provides information, support and guidance to the whole practice team to engage with research in Primary Care.

Research Ready® is a quality assurance programme for all research-active UK GP practices. It is designed in line with the UK Research Governance Framework's legal, ethical, professional, and patient safety requirements. The programme serves to provide information, support and guidance to accredited practices in research; both to assist with meeting the requirements above, and with considering and conducting research.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Royal Primary Care had an established skill mix model in place to ensure patients were directed to the right professional to help them with their health issue or concern. This consisted of GPs, advanced nurse practitioners, practice nurses, mental health specialist practitioners, pharmacists and physiotherapists. They were aware that the team still required and an additional two salaried GPs to achieve a full complement of clinical staff. The two GP vacancies was being covered by locum GPs in the interim, but Royal Primary Care was hopeful that they would shortly be able to recruit to these two vacancies.</p> <ul style="list-style-type: none"> In response to GP recruitment challenge and an increasing demand for mental health support in the community, a decision was made to employ specialist mental health practitioners. The 	

practice told us that this role had significantly reduced referrals to secondary care mental health services, and also helped GP capacity within the service as they had less routine patient consultations for mental health issues. Due to a recent change in IT systems, the practice was not able to produce evidence of the actual impact this had achieved but this view was firmly supported by managers and clinicians. The mental health practitioner role had evolved with one practitioner appointed to consider a strategic development on how mental health services are deployed across Royal Primary Care.

- Workforce planning was kept under review. For example, Royal Primary Care had worked with the Trust's Head of Pharmacy and introduced the role of the pharmacy technician following vacancies arising with the pharmacy team.
- The administration team had been reconfigured with clear lead roles and dedicated teams.
- There was a comprehensive induction programme for new starters. This was staged over five weeks for nursing staff, and there was a 12-week induction programme for reception and administrative staff.
- A comprehensive competency framework had been developed for members of the administration team. This identified competencies across different pay bands enabling individuals to progress in their role and to aspire towards a team leader post. This also supported personal development with links to staff appraisal, and was underpinned by the Trust's CARE values (compassion, achievement, relationships and environment).
- A long-term locum GP had developed a 'traffic-light' system to identify the skills of individual clinicians to ensure safety and the quality of care. The system had been developed in response to emerging clinical roles developed from a variety of backgrounds and skill sets. A framework of clinical presentations and systems was developed with a review of competencies required in each scenario. This led to four categories to determine if that particular presentation could be seen either autonomously of a GP, with minimal assistance from a GP (available on site for advice), with regular assistance from a GP, or not to be seen without a GP. A colour coded table was developed for the reception team to book in the patient with an appropriate clinician, and this enabled the patient to be signposted to the right clinician to meet their needs. Each of the advanced nurse practitioners had an assigned supervisor, for example to review case-based discussions. The GP who had led this development hoped to expand this into a formal research study and work in conjunction with professional bodies to influence a standardised evidence-based approach that could be rolled out across primary care.
- Reception staff had received care navigation training to ensure patients were directed to the right person to meet their requirements the first time.
- At our previous inspection, Royal Primary Care told us they planned to implement an in-house appraisal process for salaried GPs to support their external GP appraisal. However, to avoid duplication, it had been decided to formalise a job plan with each GP rather than a formal appraisal.
- We saw that staff training was closely monitored and recorded. Royal Primary Care had identified mandatory training modules and records showed that this was mostly up-to-date for the team. Where this had not been completed, a date had been organised for the update training to be completed. In total 1,093 mandatory modules had been identified for the team at The Grange Family Health Centre and 85% of these had been completed (this included new staff and staff on long-term leave, which adversely affected the final percentage). Royal Primary Care was implementing a process that all training must be completed before an individual's

appraisal could receive final sign-off.

- The community diabetes nurse specialist had arranged a clinical update for all clinicians in June 2019.

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)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
Explanation of any answers and additional evidence: The practice team worked with a care coordinator in the local community healthcare team to plan responsive patient care, incorporating both their health and social care needs.	

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence:	

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) <small>(QOF)</small>	96.5%	95.5%	95.1%	No comparison available
Exception rate (number of exceptions).	2.5% (150)	0.9%	0.8%	N/A

Consent to care and treatment

The practice always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Explanation of any answers and additional evidence:	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence:	

CQC comments cards	
Total comments cards received.	47
Number of CQC comments received which were positive about the service.	41
Number of comments cards received which were mixed about the service.	5
Number of CQC comments received which were negative about the service.	1

Source	Feedback
Patient comment cards	<ul style="list-style-type: none"> Feedback on comment cards was consistently positive in respect of consultations held with health care professionals at the practice. Patients said they felt listened to, and that staff were friendly and caring. Individual GPs, nurses and mental health nurses were praised for how they had supported patients with their health problems. Only one of the negative comments related to the care provided at the practice. This was about a lack of continuity in being able to see the same GP. The other negative comments related primarily to difficulties getting through to the practice by telephone to make an appointment.

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	Surveys sent out	Surveys returned	Survey	% of practice
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population size			Response rate%	population
20,516	290	109	37.6%	0.5%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	81.7%	92.7%	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)	84.5%	91.9%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	95.2%	97.6%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	48.7%	86.4%	83.8%	Significant Variation (negative)

Any additional evidence or comments

The latest results from the national GP survey showed that the practice was mostly performing below local and national averages for indicators relating to caring. Whilst previous year's results cannot be used for direct comparison due to change in the wording of questions, the results did generally show an improvement in how patients had perceived their interactions when consulting with health professionals. The percentage of patients who said that reception staff were helpful at 92% was in line with local and national averages, and this had previously been an area where the practice had performed significantly below averages.

The latest internal practice patient survey in March 2019 showed an improvement in experience in comparison to the last national survey. For example:

- 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 (national survey 82%; practice survey 93%)
- The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (national survey 49%; practice survey 75%)

Royal Primary Care had developed a patient experience improvement plan to enhance their performance in this area, and had processes for gathering and responding to feedback on an ongoing basis.

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

Any additional evidence
Patient comment cards gave a consistent view that patients were listened to, given time to explain their problem, and that they were treated in a friendly and respectful manner.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence:	

Source	Feedback
Patient comment cards	Comment cards included reference to patients being given information and options about their health condition.
Comments posted on NHS website (previously NHS Choices)	Patient feedback about the care received, and interactions with practice staff was mostly positive. However, some patients commented on a lack of continuity of care in being able to see the same clinician.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	90.7%	96.0%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence:	

Carers	Narrative
Percentage and number of carers identified.	369 carers (1.8% of registered population), this included younger carers. We would normally expect to see that practice had identified a minimum of 1% of their registered patients as carers.
How the practice supported carers.	<ul style="list-style-type: none"> Two members of the practice team were identified as the carers' champions. Carers were identified as part of new registrations, attendance at flu clinics, and through patients' annual reviews. Carers packs were available including information of local support services, welfare rights services, and details of the local carers' association. Home visits and telephone appointments were offered if caring responsibilities made it difficult for a carer to attend an appointment at the practice. Carers champions ran an annual review service for existing carers to see if their circumstances had changed, and thereby may need additional support/advice. This included encouraging carers to attend for an annual health check, or arrange for them to see a relevant member of the practice team for a consultation. The practice website included carers information with links to various sources of support and useful information. It included a link to encourage patients to notify the practice if they were a carer. The practice had developed links with the Derbyshire Carers Association to ensure that relevant updates on services were available, and also being a point of contact for any queries that could not be resolved at practice level. There was a carers support policy and this was available to patients in a dedicated area for carers information the reception area.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> GPs would usually contact relatives/carers by telephone following a bereavement to offer condolences and support. This could be followed up with a home visit if this was required. Patients could be signposted to bereavement counselling support if this was required. The practice website contained a link to information on what to do in times of bereavement.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Responsive

Rating: Requires improvement

Responding to and meeting people's needs

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

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
Explanation of any answers and additional evidence: Royal Primary Care had undertaken work to fully understand the needs of the local demographics. For example, 47% of the most deprived population in Chesterfield are patients at Royal Primary Care. 53% of the total list size are people in the most deprived 40% of the population nationally.	

Practice Opening Times	
Day	Time
Reception opening times:	
Monday	8.00am – 6.30pm
Tuesday	8.00am – 6.30pm
Wednesday	8.00am – 6.30pm
Thursday	8.00am – 6.30pm
Friday	8.00am – 6.30pm
The practice also opens to deliver extended access hours for pre-booked appointments (see below)	
Appointments available:	
Monday	8.00am – 6.00pm
Tuesday	8.00am – 6.00pm 6.30pm – 8.30pm (Rectory Road branch only)
Wednesday	8.00am – 6.00pm
Thursday	8.00am – 6.00pm

Friday	8.00am – 6.00pm
Saturday	08.00 – 12.00 noon (Grangewood site only)

Any additional evidence or comments

- A duty doctor was available each day to deal with requests for on-the-day appointments when normal capacity had been reached. A 'pool' meeting occurred twice a day to review those patients needing to be seen to allocate them to the most appropriate health professional.
- Additional Saturday mornings had been allocated across the three sites for a period to provide additional capacity for phlebotomy clinics.
- Patients could use the extended access appointments available at two local GP practices as part of the government's 'General Practice Forward View' programme. This scheme relied on collaborative working across local practices to enable additional patient access. This provided pre-bookable and on-the-day appointments with a GP or nurse which could be booked via the practice.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
20,516	290	109	37.6%	0.5%

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)	95.1%	96.1%	94.8%	No statistical variation

The responsive domain was rated as requires improvement, and this impacted upon all population groups:

Older people

Population group rating:
Requires improvement

Findings

- 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. Housebound patients were visited by all members of the healthcare team for blood tests, anticoagulation monitoring, long term conditions reviews, and the administration of injections.
- Royal Primary Care commissioned a home visiting service from a nurse practitioner employed by another local health service provider. Additional visits were covered by GPs working at the

practice. Longer-term the plan was to bring the whole service back in-house when the two salaried GP vacancies had been recruited.

- The practice provided care for residents at two designated residential care homes. A weekly visit was made to the home by a named GP, and any urgent requests were responded to on the day.
- The Royal Primary Care website included resources for care and nursing homes (for example, how to manage dehydration, infection prevention and control toolkits, catheter care) developed in conjunction with the local hospital.

People with long-term conditions

Population group rating: Requires improvement

Findings

- Patients with multiple conditions had their needs reviewed in one appointment. The practice was in the process of synchronising recalls into the patient's birthday month to reduce two previously separate recalls into a single appointment.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- The practice held regular meetings and worked with community based teams to discuss and manage the needs of patients with complex medical issues.
- Practice nursing staff provided individual care planning for patients with long-term conditions such as asthma, diabetes and breathing problems.
- The practice had recently purchased portable FEV1 meters (to measure lung capacity) to allow us to improve the monitoring (and reduction in exception reporting) of housebound patients with chronic lung disease.
- Members of the nursing team could initiate insulin for patients with newly diagnosed diabetes meaning that they did not have to travel to another service to access care.

Families, children and young people

Population group rating: Requires improvement

Findings

- Nurse appointments were available outside of normal working hours for school age children so that they did not need to miss school.
- 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.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The midwife provided ante-natal clinics for practice patients and also patients from the wider community.
- Royal Primary Care had developed an Adolescent Wellbeing Service. Patients were sent a card on their 14th birthday to offer teenagers relevant health information with links to various support services including psychological health, substance misuse, and eating disorders. This could be accessed via an app, and details were provided on the practice website.
- The practice used social media platforms to engage with patients, particularly those in younger age

groups.

- Links to younger people in the local community had been helped by the Art@RPC project led by the PPG. This project sought to engage school age children with the practice and brighten up the waiting areas to the benefit of both patients and staff. A local school displayed works at the Grangewood site, and two more schools had committed to supply art for the two branch sites.

Working age people (including those recently retired and students)

Population group rating: Requires improvement

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 offered extended opening hours appointments on one evening each week, and on a Saturday morning. Saturday morning clinics offered access to a GP or advanced nurse practitioner, practice nurse, phlebotomy and long-term condition reviews.
- There was integration with the Chesterfield extended access service to provide patients with access to primary care services outside of routing working hours.
- The practice participated in the electronic prescription service meaning that patients could request repeat prescriptions online and collect these from their preferred pharmacy.
- Patients could request access to their online medical records affording easier access to their own information at a convenient time.
- Telephone consultations with the GP were offered each day which supported patients who were unable to attend the practice during normal working hours, or had expressed to have this type of consultation as their preference. All GPs had two pre-bookable telephone consultations available each day.

People whose circumstances make them vulnerable

Population group rating: Requires improvement

Findings

- The practice held a register of patients living in vulnerable circumstances including those patients with a learning disability.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability, or any need identified as part of the Accessible Information Standard.
- The Citizens Advice Bureau ran sessions within the practice to provide advice, and help signpost patients to other services which could offer them with support and guidance.
- A named social worker attended the practice each week to provide a 'drop-in' clinic for patients.
- The practice registered patients on a temporary basis if their personal circumstances were not stable enough for them to have a permanent abode, and support with their issues would be offered on an individual basis.
- Double appointments were available to accommodate those patients who needed more time to

discuss their needs.

People experiencing poor mental health
(including people with dementia)

Population group rating: Requires improvement

Findings

- Royal Primary Care directly employed two specialist mental health practitioners at the practice. Patients could book an appointment directly to see one of these nurses, rather than a GP. Appointment times were extended to 30 minutes in recognition of the need to deal with patients sensitively and allow sufficient consultation time. Patients were often allocated a follow up appointment at the time of their initial consultation to facilitate their attendance. Telephone consultations were also available, which helped those patients with social phobia or agoraphobia.
- 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 had dementia friendly status and the practice team had a good understanding of how to support patients with mental health needs and those patients living with dementia. A member of staff had been designated as the practice Dementia Champion.
- Carers of patients with dementia were flagged to allow consideration of their needs, such as appointment flexibility and respite needs.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence: The practice contracted another local health provider to deliver an advanced nurse practitioner led home visit service. This provided ten visits a day, although there was some flexibility on numbers, for example if there was more than one patient to be seen in the same care home. The practice team would pick up any additional visits as required. Royal Primary Care planned to bring the home visiting service	

back in-house but planned to secure the recruitment to the outstanding two GP vacancies before this was finalised.

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)	18.0%	74%	70.3%	Significant Variation (negative)
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)	34.0%	71.2%	68.6%	Variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	39.9%	69.4%	65.9%	Variation (negative)
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)	56.6%	76.8%	74.4%	No statistical variation

Any additional evidence or comments

Patients had highlighted access to appointments as a long-standing difficulty. Royal Primary Care had taken various actions to improve this situation including:

- A new clinical system was introduced in October 2018 with a newly developed triage tool developed by the clinicians to support appropriate sign posting of patients including self-care.
- The appointment of more call handlers, and an escalation system to deploy additional staff on call handling duties at peak times.
- The use of text messaging to confirm appointments when booked, with a reminder sent 24 hours before the actual appointment time. Patients could also cancel booked appointments by text. Patients received a text when they did not attend for their appointment to highlight them to the impact this had on access for other patients.
- Increased availability of online appointments
- Active promotion of did not attend (DNA) rates to patients including the associated wasted financial resources, which should have been used for direct patient care.
- Ongoing monitoring of available appointments and workforce planning to ensure capacity.
- The implementation of additional clinics to meet demand including Saturday morning blood test clinics, and creating access to cervical screening in extended hours clinics.
- The ongoing assessment of patient experience with regular feedback.

The practice told us that 90% of calls were answered with an average wait duration of less than 10 minutes in the most recent quarter, which was an improvement on previous performance. However, they were aware this needed to improve further and they were committed to keep this under review and trial new ways to ensure improved telephone access for patients.

Source	Feedback
For example, NHS website (previously NHS Choices)	<ul style="list-style-type: none"> The practice attained a two-star rating (out of five) on the NHS website from 25 patient comments. In the last year, 19 comments had been received. Ten of the 19 comments awarded the practice the lowest rating of one star. The negative comments were mostly made in relation to telephone access, waiting times on arrival at the surgery, and online services for booking appointments and ordering repeat prescriptions. There were some positive comments with two patient noting improvements being made. The practice had posted a reply to 10 of the 19 comments. A manager explained that they were in the process of trying to provide feedback to all comments but there had been difficulties in uploading information onto the website.
CQC patient comment cards	<ul style="list-style-type: none"> We received six negative comments in the 47 CQC comment cards completed by patients in the two weeks prior to our inspection. Four of these patients highlighted difficulties in getting through to the practice by telephone, especially in the morning. However, some patients said that they had been able to make an appointment without any difficulty.
Practice survey (March 2019)	<p>The latest practice survey in March 2019 showed an improvement in experience in comparison to the last national survey. For example:</p> <ul style="list-style-type: none"> The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (national survey 40%; practice survey 61%). 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 (national survey 18%; practice survey 24%).
PPG feedback	The PPG told us that they had seen a significant improvement in how telephone access had improved over the last 12 months.
Staff interviews	Staff told us that the problems of telephone access had got much better in recent months. Plans that had been put in place to increase call handling capacity and other changes had helped to reduce pressures on reception staff.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	47
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3

Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0
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	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had updated their complaints procedure since our previous inspection, and we observed this was now comprehensive and reflected national guidance. A leaflet called 'The Four C's' was available to patients in the practice and on their website. This encouraged patient feedback in relation to compliments, comments, concerns and complaints. A monthly review of complaints was undertaken to analyse trends review response times. This was discussed at the Governance Committee. An annual review of complaints was also completed which was shared with NHS England. We saw that complaint final response times had not always met the 35-working day specified within the practice policy. Practice data from April 2018 to February 2019 showed that 44% of final complaint response letters had exceeded the 35 days, although we saw that this was improving and the last two months' complaints had both achieved the response times. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient did not want to any information about their condition to reception staff.	The patient was advised about the clinical skill mix model in operation at the practice. The phone message was changed to include a message explaining the clinical navigator role. Reception staff were advised to tell patients they are not required to share their information with reception if they do not wish to do so.
Complaints relating to difficulties in obtaining an appointment	A telephone action plan was put in place to ensure incoming calls were managed in a timely manner. Two reception team leaders were appointed who monitor calls and when lines are busy, they arrange additional support from back office teams. More online appointments have been created as another method of access. A prescription enquiry line was created to remove these queries from the booking queue. Royal Primary Care recruited more reception staff.

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.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> As a division of the Chesterfield Royal Hospital NHS Foundation Trust, Royal Primary Care benefited from support for back-office functions including finance, human resources and quality governance. The arrangement also opened access to Trust services such as occupational health support for employees. Processes aligned to the Trust structure, and the internal network of practice meetings reported to Trust committees for ongoing assurance purposes. Since our previous inspection, Royal Primary Care had developed an extensive action plan to address our concerns. This had been closely monitored and reviewed through assurance meetings internally and within the Trust. The plan had involved all staff, and the practice had worked hard to address the issues effectively. We also found that Royal Primary Care had acted to address all the points we had highlighted that they 'should' address in our previous report. Much work had been completed to achieve integration with Royal Primary Care's other registered location at Blue Dykes Surgery, and the practice was planning to work to have one virtual patient list. There was a clearly defined leadership and management structure. Royal Primary Care is led by a full time Clinical Divisional Director, a full time Divisional General Manager and a Divisional Head of Nursing, who had been appointed since our previous inspection. The divisional triumvirate lead across both of Royal Primary Care registered locations with the CQC. <p>Each site has a named lead clinician that reports to the Clinical Divisional Director. The site lead nurse reports to the Head of Nursing.</p> <p>The service and business managers report to the Divisional General Manager. Practice officers at each site lead on the management of their site with an additional area of specialty management for all Royal Primary Care sites such as health and safety. Team leaders managed specific responsibilities including business services, recalls and data team, scheduling and QoF and reception.</p> <p>There were clearly defined competencies and accountabilities for clinical and non-clinical teams.</p> <ul style="list-style-type: none"> A leadership assembly had been established to develop the skills and competencies of aspiring leaders. 	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Royal Primary Care had a vision to be a first-class provider of sustainable primary care services, delivering the best possible care to patients and being a great place to work for people. This was supported by values of compassion, achievement, relationships and environment (CARE). The vision and values were complimented by six strategic objectives accompanied by aspiring outcomes. For example, one objective was to 'deliver sustainable, appropriate and high performing services' and the corresponding intended outcome was 'to expand the range of primary care services that meet or exceed national standards'. There was a three-year plan to support the achievement of these objectives. Royal Primary Care had been re-branded to enhance the cohesion across both registered locations. This had been supported by an extensive review and redesign of the Royal Primary Care website. 	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff reported a positive shift in the culture at the practice. Staff told us that they were actively involved in discussions about changes which would affect them, and that they felt their views were responded to more effectively than had previously been the case. Staff turnover had reduced. There had been a significant turnover in staff when Royal Primary Care had taken over the management of the practice but the workforce was now much more 	

stable.

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

Source	Feedback
Staff interviews	<ul style="list-style-type: none"> Staff told us that they received good support from managers, who they said were visible, approachable and listened and responded to their concerns. Members of the practice team commented on the improvements that had been made over the last 12-18 months. The feedback we received from staff reflected that they were happy to work at the practice. They had experienced periods of high workload due to changes in staffing and the introduction of new systems and processes, but felt they were adequately supported throughout this and that effective teamworking had become integral to success. A GP told us they had returned to work at the practice because of the supportive approach taken by management.

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 which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The divisional leadership triumvirate headed a team of clinicians and managers who had clearly defined lead areas of responsibility. There was an extensive range of practice policies that were easily accessible to staff, and these were regularly reviewed and updated. There was a network of regular meetings held on site, and minutes were recorded and made available to staff. This included clinical forums, governance, workforce and organisational development, and performance and quality meetings. Royal Primary Care's performance and development was reported through the Trust's governance processes for accountability and assurance purposes. Systems and performance were continuously monitored and actions were taken to address any arising issues or matters of concern. Staff had inductions, regular appraisals, ongoing support and had access to training to ensure their ongoing development. 	

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had migrated to a new IT system since our previous inspection. This meant that both practices managed by Royal Primary Care were now using the same system affording greater opportunities for sharing information and operational integration. It also aligned the practice with clinical systems used by all the other locality practices, thereby greatly improving collaborative working on projects such as extended access to the benefit of the practice's patients. The migration process had been effectively managed and whilst this caused some disruption, it had been well-planned and managed and was fully operational as soon as possible. We saw that the practice had done work to maximise the benefits of the functionalities of the new system – for example, we saw that policies and procedures were easily accessible via the 'oracle' system. <p>There was still some work required to get full integration of the two systems across both locations but a temporary 'work-around' solution had been implemented in the interim.</p> <ul style="list-style-type: none"> Work was ongoing to centralise some functions and processes within Royal Primary Care through a central hub. 	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence:	

- Royal Primary Care used capacity and demand planning to look when systems would be under pressure and therefore consider how this could best be managed. This was readily viewed via a coloured coded calendar.

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice worked in collaboration with the local hospital. We saw how vertical integration was helping patients get easier access to specialist services when this was required. We also saw examples of how the two services worked together to increase their understanding of how services worked and explore opportunities to maximise joined-up care. For example, an advanced clinical practitioner from the local hospital had shadowed staff at the practice to understand the clinical pressures within primary care. • Royal Primary Care at Chesterfield had established good working relationships with the local GP federation. They regularly attended meetings and were actively involved in developments including the formation of the new Primary Care Network which was due to be launched in May 2019. • Managers told us how this was productive in terms of joint working and the sharing of best practice. Royal Primary Care had agreed to share some information regarding some of their work in developing algorithms on their IT system. Royal Primary Care was also to share information about winter pressures and its impact on the local acute hospital to practices in Chesterfield as part of a whole systems planning approach, and determining when additional capacity may be required in collaboration with the CCG. • Royal Primary Care had established mechanisms to support strong patient engagement. This included: <ul style="list-style-type: none"> ➤ Members of the PPG undertook a mini-survey each month with 15 patients at each site, using questions which linked with the national GP patient survey. This allowed the service to continually assess patient feedback on key areas, particularly access to appointments. ➤ A postal survey took place twice a year at both of Royal Primary Care's registered locations. At Grange Family Health Centre, this was sent to 300 patients with an aspiration of a minimum 40% response rate. The process was coordinated and analysed by the Trust's patient experience team. The feedback was reviewed by the practice to consider any recommendations, and reported to the Trust's Performance and Quality Board. ➤ The Family and Friends Test returns were analysed each month. Staff promoted uptake of 	

these and had a focused week each month for GPs and advanced nurse practitioners, and another week for practice nurses. Results were shared with patients on the TV screen in reception including details of what had been done to address any issues raised.

- A 'mystery shopper' approach was used periodically, usually at times when more detailed feedback was required in relation to a particular issue or change. Patients were selected from pre-booked appointments for this process.
 - A 'you said, we did' notice was available to patients to let them know what changes had been made in response to their feedback. For example, patient said they were struggling to make appointments for blood tests. In response, Saturday blood test clinics were implemented with the nursing team.
- An annual staff survey was undertaken as part of the Trust's programme. Royal Primary Care received their own results which were analysed, shared with staff, and actions were taken to address any areas of lower performance. For example, flexible working arrangements had been introduced in response to last year's staff survey. We saw that results from the staff survey had improved over the last three years' surveys. The results were available to staff with a comparison to the Trust overall, and
 - Two nominations had been made for Royal Primary Care staff to the Trust's Applause Recognition Scheme for their work as part of the recent IT migration. This scheme recognised and celebrated where staff had gone the 'extra mile', and nominees were invited to an event with the Trust executive team to receive a certificate and an acknowledgement of their commitment.
 - Regular staff meetings took place and additional 'huddles' were instigated in response to any arising issues.
 - A weekly staff briefing was produced to update the practice team on news and developments.
 - A GP had recently become a staff governor for community and primary health care staff at Chesterfield Royal Hospital. This provided an opportunity to raise any concerns about staff welfare at Board level as a representative of staff within and outside the practice who worked locally.

Feedback from Patient Participation Group (PPG).

Feedback

- We spoke with the chair of the PPG who informed us that the group met bi-monthly with the practice.
- The Clinical Divisional Director and general manager would normally attend PPG meetings, with other staff attending on occasions to talk about aspects of their work.
- There were 12 core members of the PPG and some additional 'virtual' members, who received communications via e-mail.
- The PPG described a positive and productive relationship with the practice. They felt valued, respected and told us that their views were listened to.
- The chair described ongoing improvements over the last 12 months, particularly in relation to telephone access.
- The PPG ran monthly mini-patient surveys across the main site and the two branches.
- There were plans to develop a PPG telephone interview with patients in the future to gather more general feedback on patient experience.
- A quarterly PPG drop-in clinic for patients to share their views and ideas was to be launched following our inspection. This was to be delivered in conjunction with a means of patient engagement on topics such as using the practice's online services. The plan was to inform patients about how to use the online services and provide them with a demonstration and support to register.

- The PPG had worked with local schools to raise awareness about GP services and this had resulted in a schools' art project with works displayed within the practice.
- In conjunction with one of the musically inclined GPs, the PPG had organised two christmas concerts for patients and staff
- The PPG told us that consideration was being given to combine with the PPG at Royal Primary Care's other location.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	

Examples of continuous learning and improvement

- Royal Primary Care was aware that their registered patients had a higher incidence of chronic pain type syndromes and that they were a high prescriber of pain relieving medicines including high dose opiates. Royal Primary Care secured a charitable grant for a pain therapist to run a pilot clinic open to all patients with chronic pain to see if a non-medication approach could persuade patients to reduce the use of chronic pain medicines. Royal Primary Care was running a ten-week project with an experienced pain management therapist to help support patients who live with chronic pain. We were informed that almost 200 patients had been seen on this pilot, and results indicated that approximately 10% of patients had achieved an improvement in pain management with reduced levels of medicines, and patients were being followed up by the pharmacy team to look at reducing prescribing.
- At the time of our inspection, the practice employed a practice officer as part of the Graduate Management Scheme. The practice part-funded this role, which would normally be secondary care based. This placement afforded the individual a valuable insight into how primary care worked, and gave the practice additional management support. The individual explained this had been a highly beneficial experience for them and spoke of how Royal Primary Care had been extremely supportive in providing a range of opportunities to support their development.
- Staff were empowered to make changes, and this was supported by a Trust-led process called 'Listening into Action'. For example, it was decided to reduce did not attend (DNA) rates to ensure more appointments were available for people who needed them. To achieve this, the practice actively promoted their DNA rates with information on how this impacted on other patients. When vulnerable patients did not attend appointments, this was escalated to safeguarding leads. The impact was that the DNA dropped from 14% for nursing appointments in November 2018 to 10% in February 2019; for other appointments with members of the primary care team, rates reduced from 9% to 7% over the same period.

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:
<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
- **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.