

# Care Quality Commission

## Inspection Evidence Table

### Irchester Surgery (1-4642566560)

Inspection date: 1 May 2019

Date of data download: 02 April 2019

## Overall rating: Good

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

## Effective Rating: Good

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
Explanation of any answers and additional evidence: We saw that clinical meetings took place every week and evidence of NICE guidance was discussed. Staff are able to access up to date NICE and prescribing guidance from an icon on practice computer. Poster were seen in clinical rooms in relation to the scores for patients with severe dementia and frailty and what steps to take.	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2018 to 31/12/2018) (NHSBSA)	0.77	0.78	0.79	No statistical variation

## Older people

## Population group rating: Good

### Findings

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of their medicines.
- The practice were proactive in relation to avoiding an unplanned hospital admission. They liaised with colleagues and other health and social care professionals to help to support and coordinate the care of patients within a GP practice identified as being at 'high risk' of their current situation deteriorating and who may benefit from a multi-agency approach either through referrals and/or analysis of available data (e.g. frequent attendees to A&E or out of hours services).
- The practice had 186 patients who had severe frailty. Care plans were in place which were regularly reviewed.
- 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.
- Health checks were offered to patients over 75 years of age.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs

## People with long-term conditions

Population group rating: Good

### Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice held chronic illness clinics including for asthma, chronic obstructive pulmonary disease (COPD) and diabetes.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	72.9%	81.3%	78.8%	No statistical variation
Exception rate (number of exceptions).	5.6% (17)	17.7%	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) <small>(QOF)</small>	86.3%	78.9%	77.7%	No statistical variation
Exception rate (number of exceptions).	3.9% (12)	11.4%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	74.6%	81.8%	80.1%	No statistical variation
Exception rate (number of exceptions).	22.6% (69)	14.9%	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) <small>(QOF)</small>	85.9%	76.3%	76.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	25.6% (61)	9.0%	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) <small>(QOF)</small>	91.9%	91.6%	89.7%	No statistical variation
Exception rate (number of exceptions).	13.3% (17)	13.8%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	79.8%	83.4%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.8% (14)	4.5%	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) <small>(QOF)</small>	97.6%	92.1%	90.0%	Tending towards variation (positive)

Exception rate (number of exceptions).	5.6% (5)	4.8%	6.7%	N/A
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### Any additional evidence or comments

At the last inspection we reviewed the higher than expected exception reporting for diabetes and asthma. (Exception reporting is the removal of patients from the calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate). We were informed that the higher exception reporting was due to the application of the exception reporting standard earlier in the year, thereby resulting a larger number of exceptions. The lead GP told us that they were aware of this procedural error and procedures were in place to address this anomaly in line with the guidance. Patients were reminded to attend three times and had been contacted by telephone before being subject of exception.

At this inspection we discussed exception reporting with the lead GP. The management team had reviewed the processes they had in place and some read coding issues had been found. They told us that they now had an effective recall process in place and patients were contacted twice by letter/text to attend the practice and then contacted by telephone. Patients were required to sign a consent form if they declined to attend the practice for a review of their long-term condition.

### Families, children and young people

Population group rating: Good

#### Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- Safeguarding meetings took place bi-monthly.
- 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.
- The practice were able to signpost patients to the right care by the right professional at the right time by using Care Navigation. Staff were signposted to the most appropriate clinician or service to meet their needs. For example, for children under the age of five who were unwell they could be offered an appointment with a paediatric specialist nurse.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018)	34	36	94.4%	Met 90% minimum (no variation)

(NHS England)				
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	39	40	97.5%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	39	40	97.5%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	39	40	97.5%	Met 95% WHO based target (significant variation positive)

### Any additional evidence or comments

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

Population group rating: Good

### Findings

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice's uptake for breast and bowel cancer monitoring was in line the national averages.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

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) (Public Health England)	75.8%	72.5%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	72.4%	74.9%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	56.8%	56.6%	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. (01/04/2017 to 31/03/2018) (PHE)	50.0%	69.4%	70.2%	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)	56.0%	53.0%	51.9%	No statistical variation

**Any additional evidence or comments**

**People whose circumstances make them vulnerable**

**Population group rating: Good**

**Findings**

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice worked closely with social care colleagues and other professionals and updated care plans of vulnerable patients accordingly to keep them safe.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice had identified patients who were severely/ moderately frail. These patients were offered annual reviews with emphasis on falls prevention and medicine reviews.
- Vulnerable patients such as those with learning disability, elderly, patients who are hard of hearing or those whose first language was not English were offered longer consultation times.

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

**Population group rating: Good**

**Findings**

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to stop smoking services.
- 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 offered annual health checks to patients with a learning disability.
- Patients had access to the Improving Access to Psychological Therapies (IAPT) service and could self-refer to MIND, the mental health charity for advice when experiencing a mental health problem.
- 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.

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) <small>(QOF)</small>	100.0%	94.6%	89.5%	Variation (positive)
Exception rate (number of exceptions).	5.6% (1)	17.7%	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) <small>(QOF)</small>	100.0%	94.3%	90.0%	Variation (positive)
Exception rate (number of exceptions).	5.6% (1)	13.5%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	91.7%	85.1%	83.0%	No statistical variation
Exception rate (number of exceptions).	14.3% (6)	9.0%	6.6%	N/A

#### Any additional evidence or comments

#### Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided/There was limited monitoring of the outcomes of care and treatment.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	551.9	548.4	537.5
Overall QOF exception reporting (all domains)	7.2%	6.7%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used	Yes



information about care and treatment to make improvements.	
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We looked at QOF data for 2018/19 which was unverified, but it demonstrated that the practice had improved on their results from last year. They had completed done a lot of work in relation to care plans focussing on dementia and mental health. They continued to review the data on a monthly basis to ensure patients were invited for a regular medication review.

We looked at practice data in relation to antibiotic prescribing and found that it was within local and national guidelines.

At the last inspection we saw clinical audits which demonstrated improvements in clinical care. Since this inspection the practice have carried out two further audits following discussions at the locality prescribing meeting.

An audit of patients that had received a medicine to treat bacterial infections particularly urinary tract infections had shown that the practice had followed local and national guidance. An action from this audit was to review patients who were on this medicine every six months. To annotate review date on the prescription but to review opportunistically when the patient attends for an appointment.

An audit of patients that had received a medicine to treat patients with bipolar disorder showed that the practice had followed local and national guidance. Patients reviewed in this order had received three- and six-monthly blood monitoring and an effective recall system was in place.

The practice had not completed a minor surgery audit.

**Any additional evidence or comments**

**Effective staffing**

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes

Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes*
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	
<p>We looked at the recruitment checks and training the practice had in place in regard to locum GPs. At the time of this inspection we found that they did not have a locum policy. We looked at the long-term locum file and found that not all the recruitment checks were in place and there were no training records. Since the inspection the practice have put a locum policy in place and sent evidence of training and indemnity for the current locum GP.</p> <p>We reviewed the training matrix and found a number of gaps in relation to safeguarding adults and fire safety. Since the inspection training has been completed by the GPs in relation to both of these areas.</p> <p>We were told that the nurse practitioner received informal clinical supervision, but discussions were planned to take place once the probation period was over to make this a more formal arrangement with documentation in place.</p>	

## Coordinating care and treatment

### Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A
Explanation of any answers and additional evidence:	

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
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>	96.8%	94.9%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.7% (8)	0.7%	0.8%	N/A

### Any additional evidence or comments

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## Consent to care and treatment

### The practice was unable to demonstrate that it always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	No*
Explanation of any answers and additional evidence:	

The practice carried out joint injections but had not completed an audit to monitor the process for seeking consent appropriately. However, on a sample of records we reviewed verbal consent was obtained and recorded on the patient record system.

Since the last inspection most staff had completed mental capacity act and duty of candour training.

## Responsive

## Rating: Requires Improvement

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

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Partial*
The practice made reasonable adjustments when patients found it hard to access services.	Partial*
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	yes
<p>Explanation of any answers and additional evidence:</p> <p>At the last inspection we found that the reception area was in a very confined space with affected patient confidentiality. Since the last inspection the practices had reviewed this and made some improvements, such as, music playing in the background and changing the layout of the chairs but confidentiality at reception still remains an issue. Prior to this inspection the management team told us that they had secured a free screen for the waiting area which they hoped would improve confidentiality but on the day of the inspection this had not been put in place.</p> <p>The practice had investigated the option of a new phone system in order for patients to get through by phone but at the inspection this had not been put in place.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments available:	
Monday	9-12.30 and 2pm to 5pm
Tuesday	9-12.30 and 2pm to 5pm
Wednesday	9-12.30 and 2pm to 5pm
Thursday	9-12.30 and 2pm to 5pm
Friday	9-12.30 and 2pm to 5pm
Extended Hours	
As part of the Wellingborough Locality Extended Access Hub, patients can access extended hours as follows which are available at the Albany House Medical Centre, Queen Street, Wellingborough. NN8 4RW	

Monday to Friday	6.30pm to 8pm
Weekends	8am to 12 noon

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4133	279	122	43.7%	2.95%

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)	95.3%	93.7%	94.8%	No statistical variation

### Any additional evidence or comments

In the 2018 national GP patient survey, the practice had scored much lower than average in some areas relating to access. Patients had also reported dissatisfaction with access to appointments and to the practice by telephone. This affected all the population groups and therefore all were rated requires improvement.

## Older people

## Population group rating: Requires Improvement

### Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example, eligible older people were offered flu, pneumococcal and shingles vaccinations.
- The practice had recently reviewed its process for the identification of carers. Following a talk from the Northamptonshire Carers they now had leaflets in the waiting room, a member of staff was now a carers representative and they planned to raise more awareness so that they could increase their carers register.

## People with long-term conditions

## Population group rating: Requires Improvement

## Findings

- Patients with a long-term condition received an annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Longer appointments and home visits were available when needed. The practice provided informative literature and lifestyle advice for most long-term conditions.

## Families, children and young people

## Population group rating: Requires Improvement

### Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics
- The practice were able to signpost patients to the right care by the right professional at the right time by using Care Navigation. Staff were signposted to the most appropriate clinician or service to meet their needs.
- Parents with concerns regarding children under the age of five could have an appointment with a Paediatric specialist nurse.

## 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 flexible appointments to maintain continuity of care. Face to face consultations were available on the day as well as pre-bookable up six weeks in advance.
- Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation
- Extended hours access was available through the Wellingborough locality extended access Hub at Albany House Medical Centre, Queen Street, Wellingborough during evenings, weekends and bank holidays.
- Telephone consultations with a GP and the nurse were available which supported patients who were unable to attend the practice during normal working hours.
- Through the Electronic Prescribing System (EPS) patients could order repeat medicines online and collect the medicines from a pharmacy near their workplace or any other convenient location.

- Patients could receive travel vaccinations available on the NHS.

### People whose circumstances make them vulnerable

### Population group rating: Requires Improvement

#### Findings

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- Longer appointments were available for patients with a learning disability.
- The practice supported vulnerable patients to access various support groups and voluntary organisations.
- Patients that lived in care homes were managed through regular ward rounds, face to face appointments, through a telephone consultation or through telemedicine which allowed remote assessment of care through video/still images.

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

### Population group rating: Requires Improvement

#### Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients had access to the wellbeing service hosted by the local mental health trust for care and support.
- The practice was aware of support groups within the area and signposted their patients to these accordingly

## Timely access to the service

### People were not able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes*
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
The lead GP and management team were aware of the patient survey results for 2018 which was also referred to in the inspection report for December 2018.	
Since that inspection the practice had taken further steps to improve patient access to care treatment.	



For example: -

Number of on-line appointments had been increased for all clinical staff to offer patients a better choice of appointments.

The recruitment of a nurse practitioner has given a further 32 appointments a day

The practice used Telehealth. Telehealth is the remote exchange of information between a care home and a clinician(s) to assist in diagnosis and monitoring typically used to support patients with Long Term Conditions. This was used to signpost a patient to the correct health care professional.

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)	38.4%	N/A	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)	48.1%	67.8%	68.6%	Tending towards 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)	47.9%	64.4%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	56.1%	74.5%	74.4%	Tending towards variation (negative)

#### Any additional evidence or comments

At the last inspection we saw that the practice had commissioned a survey in May 2018. Of the 197 respondents 91% and 96% respectively had reported the care they had received from the GPs and nurses were either very good or good. Since this inspection the practice had not carried out any further surveys to see if access to care and treatment had improved.

The practice had been aware of patient dissatisfaction as a result of the GP patient survey in respect of: -

- Getting through on the phone to make an appointment.
- Patients unable to talk their preferred GP.
- Patients unable to make an appointment to see their preferred GP.
- Waiting time for booked appointment on arrival to the practice
- Lack of access to care and treatment.

As a result, they:

- Created more on-line appointments which in turn will enable more patients to get through by phone.
- Recruited a nurse practitioner who was able to see patients who requested an on the day appointment releasing more routine appointments for the GPs.
- Updated the practice website making information more readily available with forms and leaflets available for download and signposting local services.
- Investigated the option of a new phone system but at that point it was not financially viable.

Since the inspection on 1 May 2019 the practice had carried out a patient survey from 7<sup>th</sup> May to 10 May 2019. 26 patients completed the patient survey.

74% of patients who responded positively when asked how helpful did you find the receptionists.

77% of patients who responded positively to how easy it was to get through to someone at their GP practice on the phone was 77% with 11.5% did not find it easy at all.

85% of patients who responded positively to the overall experience of making an appointment and were satisfied with the type of appointment (or appointments) they were offered.

Source	Feedback
For example, NHS Choices	Stood outside doctors at 8am to get appointment as was told would be easier than trying to ring to be told no appointments left at 8.15, only had 14 appointments for that day.
CQC Comments Cards (19)	Getting an appointment is hard Only issue is booking follow-up appointments Did take 30 attempts to get through to the practice by telephone Long wait for routine appointments Hard to get appointments with a GP 45 minutes to see Dr on arrival to the practice

## 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 since the last inspection in December 2018	2
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2

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> <p>We looked in the reception/waiting area and could not see any information on how to make a complaint. Since the inspection the practice have told us there is now a poster advising patients/relatives of the process should they wish to make a complaint.</p> <p>Clinical meeting minutes we reviewed we could see that complaints had been discussed. However, for staff who did not attend the meeting the minutes did not give enough detail on the discussions, actions and learning that had taken place.</p> <p>The practice told us that they would be delivering more training for reception staff in regard to complaints and how to respond to patients and relatives when they are unhappy with the service provided.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Delay in appointment and referral	Discussed at staff meeting. Clinical staff updated on latest guidance. Clinical staff to ensure referrals are marked urgent. Apology to patient.
Trying to book an appointment	More appointments now available. Apology to the patient.

## Well-led

Rating: Good

### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership at all levels.**

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Partial*
Explanation of any answers and additional evidence: At the last inspection we found there was no succession planning. At this inspection we found that the business plan had been updated with timeframes and actions but no discussions or plans for succession had been documented. However, discussions were in progress in regard to Primary Care Networks (PCN) and the lead GP was positive that this would support discussions on resilience and succession planning going forward.	

### Vision and strategy

**The practice had a clear vision which was supported by a 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.	Partial*
There was a realistic strategy to achieve their priorities.	Partial*
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes*
Progress against delivery of the strategy was monitored.	Yes*
Explanation of any answers and additional evidence: In December 2018 we saw that the practice had a set of values and priorities which centred around providing high quality care. A business plan was in place, but it did not have timelines and actions documented. At this inspection we saw that the business plan had been reviewed, timelines and actions had been identified and the plan would be reviewed on a regular basis. The building was owned by NHS property services, but Dr Pasquali was unable to extend the services she currently provided due to limitations on the building The practice were part of the Nene and Corby Clinical Commissioning Group along with working in partnership with the 3Sixty Federation, (a GP federation made up of 28 GP practices across the north of Northamptonshire and the local community NHS trust that provides multi-speciality community	

services).

Discussions were taking place in the locality in relation to Primary Care Networks (PCN) which are a key part of the NHS Long Term Plan. All GP practices are required to be in a network by June 2019. A PCN will be responsible for the health and well-being of local populations.

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
Explanation of any answers and additional evidence: At the last inspection it was found that whilst staff demonstrated a good knowledge of duty of candour not all staff had received duty of candour training. At this inspection we were told, and we saw certificates that demonstrated that all staff had now received this training.  A whistleblowing policy was in place for staff to refer to.	

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

Source	Feedback
Practice Staff	Staff we spoke to told us that the practice had an open culture and they felt able to speak out or ask for support as required. They felt well supported by the lead GP and the management team.

## 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.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	
<p>At this inspection we found that there were clear responsibilities, roles and systems of accountability to support good governance and management. The lead GP took overall responsibility for these arrangements. The building was owned by NHS properties and they were responsible for the overall health and safety of the building.</p> <p>We were told by the management team that there were adequate systems in place to assess, monitor and manage risks to patients.</p> <p>We looked at quality improvement work which included clinical audit. Clinical audits we reviewed required more structure, detailed analysis and actions to be implemented.</p> <p>Since the last inspection the practice had carried out a review and update of care plans for patients who suffered from dementia and mental health issues.</p> <p>Clinical meetings took place on a regular basis. Whilst we saw evidence of the meetings that had taken place, but minutes of the meetings did not reflect the discussion that had taken place, what actions and learning had been shared and who was responsible for actions and a timeframe.</p> <p>At the last inspection we found a number of issues in relation to confidentiality in the reception/waiting area, no baby changing facilities, prescription security, exception reporting, training for mental capacity act and duty of candour, lack of written information in the waiting area, below average national patient survey results and no timelines and actions in the practice business plan.</p> <p>At this inspection we found:</p> <ul style="list-style-type: none"> <li>• Baby changing facilities were now available in the practice</li> <li>• Measures had been put in place to improve confidentiality in the reception area, but further work was required.</li> <li>• Blank prescriptions were kept securely, and their use monitored in line with national guidance. They were now tracked to each individual clinician and locked away when not in use.</li> <li>• Exception reporting had been reviewed and unverified QOF data for 2018/19 demonstrated an improvement.</li> <li>• Training had taken place in respect of Mental Capacity Act and Duty of Candour</li> <li>• Since the inspection on 1 May 2019 the practice had carried out a patient survey from 7<sup>th</sup> May to 10 May 2019. 26 patients completed the patient survey. 77% said it was easy to get through to the practice by telephone. 74% found the receptionists helpful, 85% were happy with the appointment they received, 92% had confidence and trust in the GP they saw or spoke to with 65% saying they were given enough time, felt they were listened too and were treated with care and concern. Of the 26 patients who responded 92% said they had confidence and trust in the nurse, 73% said the nurse gave them enough time, 69% said they were involved in decisions about their care and 77% said they were treated with care and concern.</li> <li>• A practice leaflet was now available both in reception and on the practice website</li> <li>• The practice business plan had been reviewed and timelines and actions were now in place.</li> </ul>	

## Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes *
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At the inspection in December 2018 we rated the practice as Good for providing Safe services. At this inspection we wanted to gain assurance about Safe through asking a set of trigger questions when inspecting well-led. These questions were designed to test whether a provider's governance arrangements continue to ensure that safe is at least Good (as previously inspected and rated). We spoke with the Lead GP and practice manager. Through this series of questions, the answers given did not raise any concerns and therefore we were assured that they continue to provide safe care and treatment.</p>	

## Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes*
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes*
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice told us through the Safe through Well-led questions that they had effective arrangements in place for the identifying, managing and mitigation of risk to patients.</p> <ul style="list-style-type: none"> <li>Exception reporting had been reviewed and unverified QOF data for 2018/19 demonstrated an</li> </ul>	

improvement.

- We looked at practice data in relation to antibiotic prescribing and found that it was within local and national guidelines.
- The practice carried out peer to peer referral. Referrals are reviewed to ensure they are sent in a timely manner and the information provided to secondary care providers is accurate. A further aim was to improve primary care diagnosis and treatment and reduce the number of inappropriate referrals.

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

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:	

## 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.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
<p>The practice was able to signpost patients to the right care by the right professional at the right time by using Care Navigation. Staff were signposted to the most appropriate clinician or service to meet their needs.</p> <p>As part of the 3Sixty federation the practice took part in Primary care at home (PCH). The PCH comprised of primary, community, mental, social and secondary providers working together in their locality to provide comprehensive and personalised care. In this way, the PCH creates the environment for multidisciplinary teams to provide the right care in the right setting</p> <p>In conjunction with 3Sixty Care (a GP federation made up of 28 GP practices across the north of Northamptonshire and the local community NHS trust that provides multi-speciality community services) the practice had introduced telemedicine for patients living in care homes which allowed remote assessment of care through video/still images.</p>	



## 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 Bands	Z-score threshold
Significant variation (positive)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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.
- 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 uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:  
<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

### Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework

**STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weightings 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.