

Care Quality Commission

Inspection Evidence Table

Hill Barton Surgery (1-565793144)

Inspection date: 16 July 2019

Date of data download: 08 July 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
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	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 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
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group	0.71	0.93	0.77	No statistical variation

Prescribing	Practice performance	CCG average	England average	England comparison
Age-sex Related Prescribing Unit (STAR PU) (01/04/2018 to 31/03/2019) <small>(NHSBSA)</small>				

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. 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 practice carried out structured annual medication reviews for older patients. Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. Health checks, including frailty assessments, were offered to patients over 75 years of age. Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> Patients with long-term conditions were offered 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 shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions. The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. Adults with newly diagnosed cardio-vascular disease were offered statins. Patients with suspected hypertension were offered ambulatory blood pressure monitoring. Patients with atrial fibrillation were assessed for stroke risk and treated appropriately. Patients with COPD were offered rescue packs. Patients with asthma were offered an asthma management plan.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on	80.6%	82.9%	78.8%	No statistical

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>				variation
Exception rate (number of exceptions).	9.1% (16)	16.3%	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>	79.2%	76.7%	77.7%	No statistical variation
Exception rate (number of exceptions).	12.5% (22)	14.3%	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>	81.8%	81.6%	80.1%	No statistical variation
Exception rate (number of exceptions).	18.8% (33)	17.1%	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>	94.6%	76.0%	76.0%	Significant Variation (positive)
Exception rate (number of exceptions).	21.8% (52)	11.4%	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>	96.6%	89.9%	89.7%	Tending towards variation (positive)
Exception rate (number of exceptions).	20.3% (15)	14.2%	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)	93.9%	83.7%	82.6%	Significant Variation (positive)
Exception rate (number of exceptions).	7.4% (38)	5.9%	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)	100.0%	90.1%	90.0%	Significant Variation (positive)
Exception rate (number of exceptions).	9.1% (4)	6.8%	6.7%	N/A

Any additional evidence or comments

We reviewed a sample of recall registers for diabetes, asthma and chronic obstructive pulmonary disease (COPD) which had a higher percentage of exception reporting (exclusion of a patient from a review of their health condition) compared with the local and national averages. Exception reports seen had clearly documented rationale supporting the decision to exempt a patient from having a review. Examples seen were: an older patient with diabetes with complex needs was unable to stay within the stated blood glucose range due to other clinical factors. Patients previously coded as having asthma by a previous practice were assessed and found not to be asthmatic, but the code could not be removed and the clinician had to make an exception report in this situation.

The practice ran search reports every month for patient recalls for all of the chronic disease registers. The practice followed national guidelines for exception reporting any patients based on one of two reasons, either patient dissent or a clinical reason. Three letters were sent a month apart to the patient and if they did not respond to these, the GP was sent a task to follow this up with the patient, usually by telephone. The practice chose to recall all patients for their review every 10 months rather than 12 months, thereby increasing the opportunities within the year to review a patient before a decision was made to exception report.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were below the target of 90% in two of the four indicators and did not meet the World Health Organisation (WHO) targets. Unpublished data for 2018/19 and an audit demonstrated there was improvement in uptake which was now over the 90% target. Forty eight children out of 49 who were eligible received the immunisations in 2018/19.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- 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.

- 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.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)(i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	44	49	89.8%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	33	36	91.7%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	32	36	88.9%	Below 90% minimum (variation negative)
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)	34	36	94.4%	Met 90% minimum (no variation)

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information:
<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Any additional evidence or comments

The practice showed us an immunisation target audit completed to the 31 March 2019. This demonstrated there was improvement on the previous data outlined in the above table taking the practice uptake to over the 90% target across all four childhood immunisation indicators. Forty-eight children out of 49 who were eligible received the immunisations in 2018/19 (one child had not received the immunisations due to parental dissent).

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- The practice was piloting new IT systems facilitating easy access to health advice via the 'NHS App' available to patients who use a mobile phone.

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)	84.2%	75.4%	71.7%	Variation (positive)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	79.9%	75.4%	69.9%	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)	60.1%	61.1%	54.4%	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)	93.3%	63.9%	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)	85.7%	55.5%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.

- 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 had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

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.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

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)	100.0%	89.0%	89.5%	Tending towards variation (positive)
Exception rate (number of exceptions).	36.4% (4)	16.6%	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)	100.0%	89.2%	90.0%	Tending towards variation (positive)

Exception rate (number of exceptions).	36.4% (4)	14.5%	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>	100.0%	84.0%	83.0%	Variation (positive)
Exception rate (number of exceptions).	50.0% (10)	8.1%	6.6%	N/A

Any additional evidence or comments

We discussed the exception reporting for the mental health indicators and reviewed patient registers. We found the practice was following appropriate guidelines and was able to demonstrate in its records rationale for exception reporting (exempting a patient from a review of their condition). Examples seen were:

- Patients with complex mental health needs were reviewed by secondary mental health care teams, which the practice liaised with but did not lead these reviews.
- Patients with dementia whose who were excepted were also on the vulnerable patient register due to frailty and were frequently reviewed and monitored by the multidisciplinary team.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	555.3	544.1	537.5
Overall QOF score (as a percentage of maximum)	99.3%	97.3%	96.2%
Overall QOF exception reporting (all domains)	6.6%	6.9%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes
Quality improvement activity was targeted at the areas where there were concerns.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

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

Prescribing practice audits carried out at the practice were benchmarked across the locality. These demonstrated the practice was effective with a below average spend on prescribing, exceeding targets set by the Clinical Commissioning Group.

Audits were completed regularly of patients with complex mental health needs who were treated with antipsychotic medicines. The practice was aware that as a group, these patients had greater health risks associated with their condition and chaotic lifestyle. The audits provided the practice with assurance that all patients had regular blood tests, blood pressure, weight and health checks so appropriate treatment and support could be offered.

Effective staffing

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

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

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.	Yes

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
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	96.0%	94.7%	95.1%	No statistical variation
Exception rate (number of exceptions).	2.1% (17)	1.0%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	Yes

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.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Practice membership of Primary Care Network and Exeter Primary Care Group was being used effectively to build resilience for the team at Hill Barton Surgery. For example, the practice manager had taken the lead to develop a secure online emergency access group which had been used recently to support another practice that may have had to initiate the business continuity procedure.</p> <p>Two staff had retired in the last 12-months and returned to work at the practice. The practice manager explained there were no current staff vacancies, therefore it was more challenging to implement succession planning within the team. However, they had initiated support from the PCN to share staff across the network to add in resilience.</p> <p>Since we last inspected, the patient registration list had increased by nearly 400 patients (2015 - 3795 to 2019 – 4194) due to significant increase in new housing in the area. Staff told us this was well managed with little impact for patients already registered at the practice. All 28 CQC comment cards were strongly positive, with patients specifically highlighting the ease of being able to make appointments at Hill Barton Surgery. The appointment schedule had gaps during the day of the inspection facilitating patient access to same day appointments for routine matters. This was validated by a patient representative who told us patients could get an appointment for a routine matter usually within a day or two of making contact with the practice.</p> <p>Over the last two years the practice had introduced a total review of leadership and management using a nationally recognised tool – Productive GP Practice. Two modules were completed in 2017, covering well organised practice and efficient processes. Examples of change seen at the inspection were:</p> <ul style="list-style-type: none">• Reviewed scanning process to streamline and focus what correspondence needed to be reviewed by specific roles.• Leaflets, forms and information for patients was reviewed to make it accessible and easier to access.• The practice attended an engagement meeting with Exeter Primary Care Group with a view to starting a further module in September 2019 covering clear job standards.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: The practice manager and GPs met weekly to discuss practice and financial management to review performance. The practice utilised resources such as the business accountant to monitor finances. During the inspection patients gave written and verbal feedback about their experiences, which validated Hill Barton Surgery's published vision and values as a family friendly practice. Staff spoke about their pride in working at the practice, which had a low turnover of staff. Staff had in-depth knowledge of patients and their families registered at the practice. Examples seen demonstrated patients experienced holistic person-centred care and treatment, where tailored adjustments were in place to support patients with independent living.	

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
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes

The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: The practice whistleblowing policy was updated in 2018 and included the name and contact details of the Freedom to Speak up Guardian for staff to refer to should they need to.	

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

Source	Feedback
Staff interviews	All of the staff told us the practice was

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: We saw evidence of governance structures and systems demonstrating the practice was safe, effective and well led, which were:	
<ul style="list-style-type: none"> The practice had a rolling system of policy and procedure reviews throughout the year. A spreadsheet demonstrated annual review dates for all policies for the last three years since 2016. Managers were visible and routinely worked alongside staff supporting and guiding them with procedures. The practice manager explained this facilitated early identification of potential risk so that measures could be implemented to mitigate this. Staff recruitment procedures were reviewed and had clear lines of accountability included in the process. No recent appointments were made, however records seen demonstrated staff appointments were only confirmed after being signed off by the practice manager confirming all checks were completed. There was a system of appraisal and development, which included identification of training needs for every member of staff and the team as a whole. Named staff had responsibility for booking locum GPs. There was a written protocol of identity, qualification and performers list checks to be carried out. The practice manager had carried out quality checks to ensure all the evidence was obtained prior to the engagement of locum staff. PM 	

had system for ongoing checking of NMC revalidation and PIN for nursing staff.

- Staffing levels were monitored closely with forward planning taking place at known pressure points and peak times of the year. For example, staffing arrangements were discussed setting out the requirements for the Christmas and New Year period.
- Infection prevention and control (IPC) policies and procedures were understood by all staff. IPC audits completed in May 2018 and June 2019 demonstrated these were adhered to. The practice manager showed us evidence of completed actions to address any gaps previously highlighted in the audits.
- Patient medicine requirements were managed safely in the practice. Clinical staff responsible for prescribing medicines had access to locality and national prescribing guidance. Prescription stationary was closely monitored, tracked and secure. There was a prescribing lead GP who liaised with the medicine optimisation team, provided leadership for audits, dissemination of information and learning as well as financial prescribing target achievements.
- Effective escalation of concerns was seen in the way the practice utilised the yellow card system to make alerts. For example, a significant event investigation was triggered by the practice to establish what had led to a patient being dispensed the wrong dose of medicine. Detailed records showed the error was made at the point of dispensing by a local pharmacy and was followed up with the service concerned.
- In November each year, a whole practice staff event took place where training was delivered and any current policy and procedure updates were discussed. The practice manager demonstrated in minutes their attendance at specific meetings, for example with the nursing team, to ensure changes to practice were communicated and embedded.

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.	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	Yes

sustainability was assessed.	
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Explanation of any answers and additional evidence:

Governance arrangements for management of risk, issues and performance were transparent and embedded. Examples were:

- Named staff had oversight of procedures which identified any safeguarding risks and that these risks were reported and managed properly. There was a safeguarding lead GP supported by the practice manager who were responsible for managing the safeguarding patient registers. Monthly searches were carried out to ensure codes had been applied appropriately and outcomes recorded to ensure accuracy of the register.
- Staff understand their roles and responsibilities in relation to safety and safeguarding. An online training resource was used and compliance with completion of set mandatory training monitored via a training matrix. An example seen for 2019/20 training requirements was for all nursing staff to complete level three child safeguarding training. Within the first quarter of the year, one practice nurse had completed this module. Staff confirmed they received notifications prompting them to complete training modules throughout the year.
- Clinical staff such as nurses had access to a training network in the locality and had all recently completed immunisation updates in May and June 2019.
- There were effective systems to identify, understand, monitor and address current and future risks to safety. Examples seen were: a history of health and safety risk assessments being completed every year. In June 2019, a manual handling and information governance risk was identified with regard to patient records awaiting secure destruction. The practice had actioned the measures to reduce this risk and was in the process of changing the policies and storage facilities to more suitable environment.
- Named staff had responsibility for managing a rolling calendar throughout the year of assessments and actions. There was a system alerts within this, which was overseen and promoted effective team work.
- All feedback, including complaints and compliments, was utilised to drive quality improvement. Four complaints were received in the previous 12 months. An annual audit of complaints found all of the complaints were investigated as per procedure and timescales adhered to. Accessibility within the building was highlighted in one complaint and led to risk assessments being carried out with wheelchairs. Tailored adjustments were recorded, acted on and seen being delivered during the inspection to facilitate ease of access for a patient in a wheelchair.
- Records demonstrated organisational history and effective safety and governance of processes including patient safety alerts, incidents, and complaints. An example seen was a patient safety about emergency treatment (in the event of anaphylaxis). Records showed a search was carried out and patients and/or their parents were prescribed additional injectors as per alert recommendations.
- Patient feedback highlighted the practice was respectful, open and honest with them. Correspondence and records demonstrated the practice understood and followed the duty of

candour requirements.

- The practice promoted a culture of openness encouraging staff to raise concerns without fear of retribution. This was achieved with clearly set out boundaries and a team approach to the running and quality improvement initiatives of the practice.

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
Explanation of any answers and additional evidence:	
Patient outcome performance was closely monitored via regular searches and audits. GP partners discussed performance at their weekly meeting and took appropriate action where necessary.	

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
The practice had an active Patient Participation Group.	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:	
There was effective engagement with patients, staff and other stakeholders. Examples seen were:	
<ul style="list-style-type: none"> • Survey completed with the patient participation group (PPG) - highlighted appointment access 	

and the waiting room. Following patient feedback several actions were taken: a radio had been set up in the waiting room which was also decorated; a trial was underway to provide GPs with catch up slots to reduce waiting time for patients during surgery sessions.

- There was clinical representation at the GP forum run by Devon CCG (Clinical Commissioning Group). This group facilitated relationships with other stakeholders identifying challenges and potential resolutions, for example, dealing with winter planning.
- The practice manager had set up a 'Whats App' group (secure network) for all Exeter practice managers. Another practice had recently sent an urgent message for help when a fire had closed part of the practice. Within a short-time the practice was supported by colleagues in the locality and had a contingency plan in place before opening on the Monday morning.
- Since the last inspection there had been several changes in the PPG, which had led to a decline in attendance at face to face meetings. The practice took the decision with patients to create a virtual group, whereby patient representatives receive updates and provide feedback via email.
- Friends and Family test results were collated every month, which demonstrated high patient satisfaction.
- The practice had regular engagement with the 'Wellbeing Exeter' community builder to influence quality improvement and access to support particularly for vulnerable patients in the locality.

Feedback from Patient Participation Group.

Feedback

Since the last inspection, the practice population had increased with younger families moving into the area and registering with the practice. The practice recognised the importance of continuing to network with other PPGs in the locality of Exeter to utilise resources and learning gained more widely. The virtual PPG member told us other groups in the area had initiatives which patients from Hill Barton Surgery were able to access, such as health and well-being events including health education for example for patients in the pre-diabetic range to learn about healthy lifestyle and fitness. The practice worked closely with a group of five practices as a Primary Care Network – 'NEXUS' and utilised expertise in social networking to open up further opportunities to engage and receive feedback from young people and families.

Any additional evidence

Twenty-eight patients completed Care Quality Commission (CQC) comment cards for the inspection. Specific themes were highlighted by the patients which were all positive:

- Motivated and caring staff
- Responsive service
- Easy access to appointments
- Thorough checks and follow up of long-term conditions
- Open culture, with courteous staff

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Regular and sustained improvement was following a number of initiatives:</p> <ul style="list-style-type: none"> • Audit was embedded, with management audits regularly covering demand and access to appointments. These demonstrated proactive management, which was validated by the positive and consistent feedback from patients about rapid access to routine appointments. Clinical audits were initiated by the practice and CCG (mostly covering prescribing practices). Practice initiated audits covered a wide range of issues, for example cancer care review performance. • Clinical staff worked towards targets set by the CCG following referral pathways, use of a joint formulary. This had reduced the burden on secondary healthcare services and ensured prescribing was safe and cost effective. • A GP partner and the practice manager regularly attended the GP forum quarterly to discuss new initiatives, feedback and advice. • A GP partner and a practice nurse attended cancer care review meetings regularly to discuss care pathways and treatment in the community. • The practice promoted preventative health focussing on increasing MMR (measles, mumps and rubella) immunisation, access to physiotherapy at the practice. • External support had been sought to review prevalence rates at the practice to ensure patient needs were met. • The practice had signed up to a second module of quality improvement initiatives within the locality. 	

Examples of continuous learning and improvement
<p>Diabetic Prevention scheme - The practice reflected about how they could utilise this resource better, by identifying patients at risk and facilitating engagement with the group. Patient blood results were reviewed by GPs and/or a practice nurse to identify any patients who were in a pre-diabetic stage. All patients identified were sent a letter explaining the prevention programme and offered the choice of being referred to the Exeter well-being group. A newsletter received from CCG communications team GP bulletin (March 19) stated the practice was in the top five for the Eastern locality for referring patients to this programme. This news had been shared with all the staff at the practice who were praise for their work.</p> <p>Nursing locality forum – practice nurses regularly attended this professional network to share innovation and practice.</p> <p>NHS application – practice staff had tried to sign up for this ‘app’, which can be used by the public for health advice, so that they could help any patients who wished to use it.</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)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 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 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.