

Care Quality Commission

Inspection Evidence Table

Riverside Medical Practice (1-568092090)

Inspection date: 4 September 2019

Date of data download: 23 August 2019

Overall rating: Good

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

Riverside Medical Practice was rated Good overall at their previous inspection carried out in November 2015. Following our review of the information available to us, including information provided by the practice, we focused this inspection on the following key questions: Effective and Well-Led. Because of the assurance received from our review of information we carried forward the ratings for the following key questions: Safe, Caring and Responsive.

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 Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) (NHSBSA)	0.52	0.75	0.75	No statistical variation

Older people

Population group rating: Good

Findings

- 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 held regular multidisciplinary meetings to review the needs of older patients and patients with complex needs.
- The practice carried out annual reviews of patients residing in local residential care and nursing homes and completed care homes advanced scheme (CHAS) assessments. The scheme is a GP led approach to reducing the number of patient admissions into A&E from care homes and improve patient outcomes.
- 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.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Good

Findings

- The practice offered a one stop shop for patients with long-term conditions to review and ensure that 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, for example the community matron and hospice outreach nurse.
- 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 referred for ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- 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 the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	86.8%	81.1%	78.8%	No statistical variation
Exception rate (number of exceptions).	18.7% (119)	12.6%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	80.6%	76.6%	77.7%	No statistical variation
Exception rate (number of exceptions).	22.0% (140)	10.0%	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>	88.2%	80.0%	80.1%	Tending towards variation (positive)
Exception rate (number of exceptions).	22.5% (143)	13.2%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	84.3%	75.8%	76.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	17.2% (128)	6.9%	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>	94.4%	90.6%	89.7%	No statistical variation
Exception rate (number of exceptions).	24.7% (53)	12.1%	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)	86.4%	82.3%	82.6%	No statistical variation
Exception rate (number of exceptions).	10.9% (201)	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) (QOF)	91.0%	88.4%	90.0%	No statistical variation
Exception rate (number of exceptions).	6.8% (16)	7.0%	6.7%	N/A

Any additional evidence or comments

The Quality and Outcomes Framework (QOF) is a programme for GP surgeries focussed on incentivising and tracking good practice in a number of areas, called indicators. Exception reporting is the exclusion of some patients from particular indicators, where the practice has appropriate reasons to do so. For example, due to the patient's personal circumstances or choice.

The practice was tending towards positive variations in one of the respiratory indicators and one diabetes indicators. However, exception rate reporting was higher across all but one of these indicators. This was acknowledged by the practice and they were able to provide an explanation for this. For example, we were advised that one of two COPD trained specialist nurses had a period of long-term leave which had impacted on nurse availability to carry out annual reviews. In addition, many working patients with controlled asthma were reluctant to take time off work to attend for a review however, patients could now book for a review with a nurse two mornings per week from 7.30am. The practice also advised that a number of patients with these conditions resided in residential care. As a result, plans had recently been put in place for three nurses to visit residential homes to conduct annual reviews going forward to improve uptake. A nurse we spoke with advised that the nursing team checked the records of all patients that failed to attend their chronic disease reviews following three reminders and ensured GPs were made aware of this prior to them being excepted and arrangements had been put in place to restrict prescribing if considered appropriate.

We saw annual reviews were scheduled around patient birthdays and patients were sent three reminders to attend their reviews before patients were excepted. We saw a poster displayed in the waiting area reminding patients of the importance to attend the practice for an annual check-up and review of their medication in the month of their birthday. Patients we spoke with during the inspection with long-term conditions told us they were actively reminded and encouraged by the practice to attend for regular reviews.

Findings

- Childhood immunisation uptake rates were mainly in line with the World Health Organisation (WHO) targets. The practice provided two designated child immunisation clinics on a Wednesday afternoon and a Friday morning. Alternative arrangements could be made for patients with children that were unable to attend these clinics.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- A nurse led clinic was provided offering rapid access to common childhood illnesses on the day. The same day triage system helped prioritise babies and young children, reduce wait and ensured flexibility of appointments, for example after school appointments.
- 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.
- The practice offered a range of contraception services in addition to a dedicated contraception telephone counselling service to improve access.
- 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), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	72	73	98.6%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	104	110	94.5%	Met 90% minimum
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) (01/04/2018 to 31/03/2019) (NHS England)	105	110	95.5%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	105	110	95.5%	Met 95% WHO based target

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.
- GP and nurse appointments were available on a Tuesday and Friday morning from 7.30pm. Patients could also access pre-bookable appointments through the extended access service managed by Darwin Health on weekday evenings and weekend mornings.
- The practice provided telephone access for routine problems or urgent advice in addition to a nurse led minor ailments clinic.

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)	68.8%	N/A	N/A	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	74.4%	78.0%	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)	52.1%	61.6%	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)	58.9%	73.0%	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)	46.1%	50.0%	51.9%	No statistical variation

Any additional evidence or comments

The practice's uptake for cervical screening was 68.8%, which was lower than the 80% coverage target for the national screening programme. The practice was actively encouraging patients to attend for screening. Posters were displayed in the waiting area encouraging patients to attend for screening in addition to opportunistic reminders.

Four nurses were trained to undertake cervical cancer screening. Appointments were available throughout the week to encourage uptake and at times to assist working age patients. Patients could also access screening via Darwin Health Limited extended hours service during evenings and weekends. Non-attenders were flagged on the practice clinical system and followed up.

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. Thirty-two patients with a learning disability registered had received a health review from 04/2017 to 03/18.
- 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.
- The practice had 46 patients registered with no fixed abode or registered at a local homeless shelter.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Patients experiencing poor mental health, including people with dementia were able to access services provided by the mental health nurse practitioner. They provided prompt access for patients with mental health needs, was a non-medical independent prescriber and carried out structured annual mental health reviews including dementia and learning disability health checks.
- 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.

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>	94.7%	92.4%	89.5%	No statistical variation
Exception rate (number of exceptions).	15.9% (18)	12.0%	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>	90.4%	90.2%	90.0%	No statistical variation
Exception rate (number of exceptions).	16.8% (19)	10.1%	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>	82.1%	85.1%	83.0%	No statistical variation
Exception rate (number of exceptions).	15.2% (21)	6.0%	6.6%	N/A

Any additional evidence or comments

The practice had employed a full-time prescribing mental health nurse practitioner in June 2017, to help improve the mental health provision available for patients aged 14 and over and offer an alternative choice to seeing a GP. They provided prompt access for patients with mental health needs and carried out structured annual mental health reviews including dementia and learning disability health checks. They also provided support for patients with insomnia and addiction and offered home visiting options to agoraphobic and other vulnerable patients.

Patients were able to self-refer or be referred to the service and were provided with timely access to a mental health assessment. The service had not yet audited prescribing associated with this patient group, however, the practice believed it had reduced due to the holistic approach taken with patients and providing the time to meet their needs. Data provided by the practice showed from April 2018 to March 2019 out of 2,789 contacts 1158 face-to-face consultations had taken place with 601 different patients in addition to 32 learning disability health checks. On average they provided 60 face-to-face appointments, 40 telephone consultations and one home visit each week. The provider considered the practitioner was an asset to the service and the services provided complemented the practice 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)	558.7	548.8	537.5
Overall QOF score (as a percentage of maximum)	100.0%	98.2%	96.2%
Overall QOF exception reporting (all domains)	10.6%	5.2%	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

The practice had carried out a service review of the practice in April 2018. As part of the process they reviewed staffing levels, service performance and reconfiguration opportunities within the practice. As a result, they reconfigured the administrative team to reflect a new support structure and implemented service flows to support this. The new structure was implemented in September 2018.

Audits undertaken in the previous two years included an audit on a high-risk medicine, a deep vein thrombosis (DVT) blood clot audit, a post-natal depression audit, an infection prevention and control audit, a vaccine storage audit, an appointment survey audit and an audit on the practice national GP patient survey results.

An audit was carried out in 2018/2019 to ensure that all patients prescribed a medicine to treat or prevent clots were having their international normalised ratio (INR) levels checked within the last three months. (An INR is a blood test that checks how long it takes for a patients' blood to clot). A search was carried out on the clinical system to identify patients prescribed the medicine within the last 12 months and of those patients that were still being prescribed the medicine in the last quarter. The search identified 189 patients had received the medicine over a three-month period to March 2018. The anticoagulant clinic results identified that all patients had had one or more INR reading. The first audit carried out in 2011 identified that 31% of patients prescribed this medicine had not had INR's checked. On the second audit in 2012 this had reduced to 2.2%. The practice advised in the last seven years repeat audits had demonstrated the practice was compliant with the monitoring of INR blood tests.

The practice shared data with us provided by the local Medicines Management Team which showed the practice had met the required 15% reduction in the over the counter prescribing. Data showed a reduction

from 1,582 items in 2017 to 1,336 items in 2018.

We saw clinical meetings were also used to present findings of audits undertaken to the clinical team. For example, an audit had been undertaken on the monitoring of a specific high-risk medicine used and detailed the required action in accordance with best practice guidelines with monitoring patients.

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.	N/A
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a well-established staff team with minimum staff turnover. Many staff had worked at the practice for several years. There were positive levels of satisfaction across all staff groups.</p> <p>Leaders encouraged an ethos of continuous improvement. Staff we spoke with confirmed that they received protected time for learning and that the practice was very supportive of their learning and personal development needs. One nurse practitioner advised us they had recently completed a postgraduate advanced clinical practice course to provide them with in-depth knowledge and skills to manage patients within their specific area of expertise. They also provided mentorship for trainee doctors in their specialist field as part of their induction to the practice. Other nurses had completed accredited training appropriate to their lead areas for example, training in the effective and safe assessment and management of diabetes and asthma.</p> <p>The practice offered a nurse-led clinic for patients presenting with minor ailments. Nurses providing the service had received training provided by the National Minor Illness Centre (NMIC) to support them in their role of assessing patients and providing effective and safe care and treatment. A nurse practitioner spoke highly of the training provided by the NMIC, the effectiveness of the minor ailments clinic the practice provided and the support the nursing team received from the GPs. Staff told us they had</p>	

received an appraisal of their work, attended regular meetings and were provided with day to day opportunities for informal discussion and support.

Training records we reviewed showed that most staff were up to date with essential training including basic life support, infection control, information governance, safeguarding, principals of health and safety, fire safety, moving and handling and equality and diversity. There were some outstanding modules to be completed by GPs including a GP on probationary period and a returning from long-term leave.

The practice was a training practice and aimed to provide high quality medical training and pastoral support for medical students and junior doctors. Students had a mentor assigned to them and received a structured induction, supervision and regular support.

Coordinating care and treatment

Staff worked work 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
<p>Explanation of any answers and additional evidence:</p> <p>We saw the practice had effective systems in place to ensure referrals had been made, were proactively monitored and followed up if required to ensure patients received prompt care and treatment.</p> <p>Discussions held with staff demonstrated the practice worked in collaboration with other services to deliver effective care and treatment. For example, the mental health nurse practitioner assessed patients presenting with mental health needs in addition to signposting them accordingly or referring them to consultant led services within secondary care.</p> <p>Regular meetings were held with a number of external stakeholders, including the district nursing team, community matrons and palliative care teams.</p>	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
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
Explanation of any answers and additional evidence: Information about the treatment of common ailments, treatment and when to seek further advice was available in the patient information leaflet in addition to useful telephone numbers. Self-help information was also available on the practice website. Patients could be referred to local health and prevention services for example smoking cessation and exercise.	

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>	94.8%	94.9%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.5% (15)	0.7%	0.8%	N/A

Consent to care and treatment

The practice always obtained 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.	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. Leaders could demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	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
Explanation of any answers and additional evidence: The leadership and management team demonstrated that they understood the challenges to quality and sustainability and had identified the actions needed to address these challenges. For example, in partnership with staff they had restructured the administrative team providing front and back office functions. They had also identified a national shortage of GPs and therefore looked at diversifying their workforce, researched roles and recruited a mental health nurse practitioner to extend the services provided. Staff reported that leaders promoted an inclusive and effective leadership and were visible and approachable. Leaders considered they encouraged an ethos of continuous improvement, effective management and a positive working environment which were key to their staff retention. This was reflected in discussions held with staff on the day of the inspection. Many staff had worked at the practice for a number of years and were proud to be a member of the team.	

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 had developed a vision and strategy to take them into the future and were committed to the ongoing developments their strategy required. The business plan took into account the ever-changing	

healthcare provision and detailed the strategic goals for the practice over the forthcoming five years.

Leaders had consulted with staff and patients in plans for reallocation of the practice. The business case had recently been approved after many years of work in securing the future of the service with the new premise due to open in June 2020.

The practice had a documented mission statement which was detailed in their business development plan and shared in patient and staff areas of the practice in addition to the practice website. This was to 'Strive to provide high quality clinical care offering a range of services delivered by a team of dedicated staff in a safe, dynamic and supportive environment. The patient is at the heart of all that we do and we respond to their individual needs with respect, care and compassion'.

In addition, the practice had five core values which were: PROUD

- Patients First – Ensure that the people we serve are at the heart of what we do, and we provide a quality, responsive, safe, compassionate service to all our users.
- Respectful – Be kind, respectful fair and value diversity.
- Ownership – Celebrate our success, learn continuously and ensure we improve.
- Unity – Work in partnership with others.
- Deliver – Be efficient, effective and accountable for our actions.

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
<p>Explanation of any answers and additional evidence:</p> <p>Staff told us leaders were approachable and encouraged them to raise any issues and promoted a positive culture. Staff reported that they could raise any concerns freely and would be supported to do so by managers and GPs. Staff reported they felt respected and valued.</p> <p>Staff had received training in respecting equality and diversity in addition to whistleblowing. There was a strong commitment towards ensuring that there was equality and inclusion across the workforce.</p>	

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

Source	Feedback
Staff	Staff we spoke with told us they very much enjoyed their work, felt valued and felt well supported by their colleagues, managers and GPs. Observations demonstrated a positive and inclusive working environment was promoted. Staff were encouraged to take ownership and proud to work at the practice. Regular social events also took place outside of work.

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>The provider had governance structures and systems in place. A range of internal meetings were held including clinical, administration, nurse and partnership meetings. Staff were encouraged to contribute to and attend meetings to ensure they were kept up to date with essential information regarding the practice. Meetings had a set agenda and were recorded, actions identified and assigned.</p> <p>Staff spoken with were aware of their roles and responsibilities and there were clear lines of accountability in place in relation to a range of areas including administrative workflow processes, infection control and safeguarding.</p> <p>The practice had a range of comprehensive policies and procedures in place to support and guide staff in their work. These were accessible to staff via GP TeamNet, a portal web-based sharing information and management system. The management team were able to monitor that staff had read the policies.</p>	

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 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

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

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Any unusual access was identified and followed up.	Yes
Explanation of any answers and additional evidence: The practice had access to a data protection officer to ensure that they complied with the Data Protection Act 1998, Data Protection Act 2018 (DPA) and the General Data Protection Regulation (GDPR) for the use of all personal data held by the practice.	

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:	
A new phone system was installed in July 2018 in direct response to patient feedback.	
Patient feedback was promoted through Friends and Family Test returns, complaints, compliments and discussions with the practice's patient participation group (PPG).	
The practice provided alternative methods of communicating with patients through a newsletter which was available at the practice and on the website.	
Staff we spoke with told us their views were considered by leaders and they were actively encouraged to make suggestions for improvement. Staff were involved in the administrative team restructure and changes in the workflow management which had significantly reduced the amount of documents going to GPs for review, providing them time to deal with more complex letters more promptly, provide consistent coding and increase staff skills and knowledge in the administrative team. A detailed workflow protocol was in place and quality checked by a GP to ensure it was safe and effective. The protocol detailed the document type and action to be taken.	
The practice participated with other local practices in the development of their primary care network (PCNs), a key part of the NHS Long Term Plan.	
The practice worked with stakeholders in the planning and delivery of services. For example, the practice told us they were meeting with the director of public health to look at other avenues of funding to support the increasing numbers of registered patients with no fixed abode to address health inequalities of these patients and had also submitted a business case to the Clinical Commissioning Group.	

Feedback from Patient Participation Group (PPG).

Feedback
During the inspection we spoke with a member of the PPG. They told us the PPG consisted of around 15 core members that met 4-5 times a year to include a festive social event. They told us the PPG were continuously looking at how to increase the membership of the group. They reported they met with representatives from the practice and meetings were recorded and any suggestions to improve patient experiences were welcomed. They reported the group had purchased or contributed to the purchase of a range of equipment including a defibrillator, vaccine refrigerator and a wheelchair for patients visiting the practice. They reported they had regular visiting speakers to talk with the PPG including a representative from the blood bank and prescription service. Information about the PPG was displayed in the practice, in the patient information booklet and on the practice website. Any suggestions for improvement were

considered and acted upon. The PPG had been involved in the new premise.
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Other feedback:

CQC comments cards	
Total comments cards received.	22
Number of CQC comments received which were positive about the service.	18
Number of comments cards received which were mixed about the service.	3
Number of CQC comments received which were negative about the service.	1

Source	Feedback
CQC comment cards	Many patients commented that the care and treatment they received was excellent. Staff were described as very caring, helpful, friendly and respectful. Patients considered they had sufficient time during their consultations, felt listened to and involved in their care and treatment. Two GPs were named for providing high levels of professional skills and knowledge including commitment, energy and care. The few mixed comments related to access to appointments and restricted services currently provided. One negative comment was in relation to the process for obtaining a repeat prescription.
Patient discussions	During the inspection we spoke with six patients about their experiences of the service provided. Feedback was positive about the care and treatment patients received. Patients told us they were usually able to get an appointment when they needed one. All of the patients we spoke with told us they would recommend the practice to family and friends and were looking forward to the new build premises.
Local residential and nursing homes.	We spoke with manager representatives from two local care homes and one nursing home. Feedback overall was positive in relation to the care and treatment their residents received from the practice. One manager told us the practice worked in partnership with them and were extremely responsive and hugely supportive. They told us they could not speak highly enough of the practice and described the service their residents received from the practice as outstanding. They also advised that the visiting clinicians were very good at also meeting with family members to discuss any health concerns of their relative. Two other managers reported the practice as being responsive to their residents' health and medical needs and ensuring prompt referrals to other services. However, one manager told us although they had no significant concerns with the service provided by the practice, they had to regularly chase up repeat prescriptions for their residents registered at the practice.
Friends & Family Test (FFT)	The practice displayed their FFT results on their website. From 03/09/2018 to 02/09/2019 they had received 3138 responses with 91% of respondents stating they would recommend the practice. Five said they would not recommend the practice and four said they would neither recommend or didn't know.
National Patient GP Survey	The practice had audited their 2019 results against the 2018 results in comparison with local and national averages. Results showed an improvement across many areas including access to appointments, appointment times, involvement in decisions about care and treatment and confidence and trust in the healthcare professional seen. They had identified the need to improve providing opportunity for patients to see or speak with a preferred GP, although this was significantly lower than local and national averages, an improvement was noted on the previous year.

Any additional evidence

The practice had a 2* rating on an NHS website based on eight reviews. The most recent review was posted in August 2018 when the practice was rated 5* for the care and support provided. The practice had responded to all reviews left on the website and had offered an apology or an opportunity to meet with dissatisfied patients to discuss any concerns further.

The practice provided a patient newsletter. Patients could register to receive the newsletter that contained a range of information. The most recent one published in Spring 2019 included a team update, extended access information, information about new services available, training closures, nurse-led clinics, online services and ordering prescriptions in addition to information about comments, complaints and suggestions and the patient participation group.

Continuous improvement and innovation

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

	Y/N/Partial
There was a focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
Following consultations with staff the non-clinical team were restructured in 2018, providing front office and back office functions with designated team leaders to improve services and efficiency of the practice workload. We spoke with members of both teams who demonstrated a clear understanding of their role and responsibilities and were able to describe the systems in place for the effective management of tasks including, appointments, prescriptions, referrals, discharge letters, test results and the follow up process used to determine patient outcomes. As part of the restructure roles and responsibilities of the management team were also reviewed and changes implemented to provide a shared and manageable approach to the different aspects of the practice. For example, the practice manager had become the business manager, currently supported with the running of the practice by the operational services manager and the introduction of two team leaders. The practice had a vacancy for a patient services manager to manage the front of office team and patient services.	

Examples of continuous learning and improvement

The practice employed a full-time mental health practitioner in 2017 to complement their staff skill mix. They provided an alternative choice for patients wanting help with any aspect of mental and emotional wellbeing, for example depression, anxiety, stress and low mood. They also provided patient education, referred into other services, provided staff training and mentorship.

Leaders advised once they move to the new premise they planned to extend their workforce as required in the NHS Long Term Plan to include a range of other health professionals including clinical pharmacists, social prescribers, physiotherapists and psychologists.

The practice had 46 registered patients with no fixed abode or registered at a local homeless shelter with the average age of 40 years of age. They were looking to embark on a new pilot scheme to support this patient group and had recently applied to provide a locally enhanced service to improve access to healthcare, address health inequalities and be more flexible to the needs of this population with drop-in times and designated trained staff.

Patients were able to access the Prescribing Ordering Direct (POD). A Shropshire CCG initiative which allows patients to order their medication over the telephone.

The practice was a training practice and aimed to provide high quality medical training and pastoral support for medical students and junior doctors. Students had a mentor assigned to them and received a structured induction, supervision and regular support. One GP at the practice was awarded the Shropshire vocational training scheme (VTS) Trainer of the Year in 2016.

The practice was part of Darwin Health Ltd, an alliance of 11 local practices in and around Shrewsbury which provided an extended hours service for 90,000 patients each weekday evening and at weekends. The business manager advised they were one of the managers of the Darwin Health Ltd executive team and also the business manager with workforce lead responsibilities for Shrewsbury Primary Care Network (PCN) providing services for 115,000 patients. The business manager was also the deputy chair for the Shrewsbury and Atcham Locality Board. These meetings were represented by all of Shrewsbury and Atcham practices, with members of the local Clinical Commissioning Group in attendance to keep the members updated on the services they commission and the finances of the organisation.

One GP was the Chair and member of Shropshire and Telford Local Medical Committee and a peer appraiser for North Midlands NHS England revalidations and appraisal Team. Another GP attended Shrewsbury and Atcham Locality Meetings and was responsible for attending the monthly meetings, including reviewing clinical pathways, and other commissioned services for their patients and discussing these at the monthly Partnership meetings.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as 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.