

Care Quality Commission

Inspection Evidence Table

The Birches Medical Centre (1-564505623)

Inspection date: 10 December 2019

Date of data download: 25 November 2019

Overall rating: Good

The practice was previously rated as requires improvement overall. This was because systems and process were not in place or sufficiently embedded to ensure patients would be kept safe from harm and patient feedback in relation to access to the practice was below the Clinical Commissioning Group and national averages. At this inspection we found improvements had been made in these areas. The practice is now rated as good overall.

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

Safe

Rating: Good

The practice was previous rated as requires improvement for providing safe services because:

- Some of the systems and process were not in place or sufficiently embedded to ensure patients would be kept safe from harm. For example, we found issues relating to fire safety, health and safety and infection prevention and control management, as well as staff training.
- The system for responding to safety alerts was not always effective.

At our most recent inspection we saw that improvements had been made to fire, health and safety, infection prevention and control management, the completion of staff training and the system for responding to safety alerts. The practice is now rated good for providing safe services.

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Partial ¹
There was active and appropriate engagement in local safeguarding processes.	Y

Safeguarding	Y/N/Partial
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
<p>Explanation of any answers and additional evidence:</p> <p>¹ Improvements had been made and the practice had oversight of the training of staff. All the GPs had completed safeguarding training appropriate to their role. Two nurses had not completed safeguarding training appropriate to their role. The practice was aware of this and time had been allocated during the practice shut down day on the 11 December 2019 for this to be completed. The practice submitted these training certificates following the inspection. This training had been completed to level three. Non-clinical staff had all completed safeguarding children training to level one. In line with updated national guidance, staff who have contact (however minimal) with children and young people, parents and carers or adults who may pose a risk to children should be trained to level two. The practice advised non-clinical staff who met these criteria would work towards achieving level two.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y ¹
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y ²
<p>Explanation of any answers and additional evidence:</p> <p>¹ The practice had oversight of the relevant immunisation status of clinical staff. For some staff this was being reviewed to see if additional immunisation was necessary.</p> <p>² Ongoing checks of the professional registration of staff were made, but these were not documented.</p>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 14/11/2018, due for retesting 14/11/2020.	Y
There was a record of equipment calibration. Date of last calibration: 23/8/2019.	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y ¹
There was a fire procedure.	Y

There was a record of fire extinguisher checks. Date of last check: 23/7/2019.	Y
There was a log of fire drills. Date of last drill: 6/11/2019.	Y
There was a record of fire alarm checks. Date of last check: 6/12/2019.	Y
There was a record of fire training for staff. Date of last training: 4/12/2019.	Y ²
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 17/10/2019.	Y
Actions from fire risk assessment were identified and completed.	Y ³
<p>Explanation of any answers and additional evidence:</p> <p>¹ The practice had made improvements in this area following their previous inspection. The practice managers and infection control lead had undertaken a COSHH awareness course. The practice had a Control of Substances Hazardous to Health (COSHH) register and were aware of the requirements.</p> <p>² All staff had completed fire safety training and the practice had oversight of this.</p> <p>³ A fire risk assessment had been undertaken and actions identified had been completed. Fire extinguisher training and fire marshal update training had been booked for 15 January 2020.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 6/11/2019.	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 17/10/2019.	Y ¹
<p>Explanation of any answers and additional evidence:</p> <p>¹ The practice had completed a risk assessment which covered health and safety and legionella. Identified recommendations had been completed and monitoring was in place. For example, a system to monitor the water temperatures within the practice had been embedded. The practice managers had attended Legionella awareness training. In house health and safety checks had commenced and were planned to be completed on a quarterly basis. Other checks had been completed which included an electrical installation check in January 2019 and intruder alarm check in June 2019.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y ¹
Infection prevention and control audits were carried out.	Y ²

Date of last infection prevention and control audit:1/9/2019 internal audit and 15/10/2019 external audit.	
The practice had acted on any issues identified in infection prevention and control audits.	Y ³
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: ¹ All staff had completed training appropriate to their role. This included staff who had lead roles for infection prevention and control. ² Following our previous inspection, the practice had sought external infection prevention and control advice and support. Appropriate arrangements were now in place. Staff were confident with their infection prevention and control knowledge. ³ Most of the actions identified in the infection control action plan had been completed between October to December 2019. Cleaning schedules were in place and clinical waste bags were securely tied and labelled. Environmental cleaning checks were completed on a weekly basis, actions were identified, and it was documented when these had been completed. Hand hygiene audits were completed monthly. Where actions could not be completed, the rationale for this was documented and identified in the practice business plan.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y ¹
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence: ¹ The practice had delivered training to staff at a local care home, to raise awareness.	

Information to deliver safe care and treatment

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

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

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) (NHS Business Service Authority - NHSBSA)	0.85	0.94	0.87	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2018 to 30/09/2019) (NHSBSA)	15.5%	8.4%	8.5%	Variation (negative)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2019 to 30/09/2019) (NHSBSA)	7.13	6.10	5.60	Variation (negative)
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2019 to 30/09/2019) (NHSBSA)	0.83	1.85	2.08	Variation (positive)

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y ¹
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y ²
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>¹ The practice had established and embedded a system to document and monitor the use of blank prescription stationery.</p> <p>² The practice recognised the higher prescribing of broad spectrum antibiotics and had reviewed this and had an action plan in place. All prescribing clinicians recorded the reason they had prescribed these medicines for each patient and reflected on whether any alternatives were possible. These were completed on a weekly basis and were reviewed by the GP prescribing lead.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
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The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	8
Number of events that required action:	8

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

Event	Specific action taken
Incorrect dose of medicine prescribed.	Noted by prescribing clerk and prescription amended. Patient contacted, and apology given. Correct prescription given to patient.
Incident at reception desk.	Customer care training with reception staff.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial ¹
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>¹ Medicines and Healthcare products Regulatory Agency (MHRA) alerts were received by the practice manager and logged. These were forwarded to the GP clinical lead who reviewed them and decided on the action needed. Searches were undertaken, and affected patients were reviewed. Actions taken in response to safety alerts were not always recorded on the log accurately. We raised this with the practice and they agreed to amend this. We reviewed a sample of patients and they had been reviewed appropriately.</p> <p>The practice also received monthly medicines management quality and safety audits from Suffolk Primary Care (SPC). SPC is a group of twelve practices who had formed a partnership and worked together to deliver high quality primary care across Suffolk. We noted that not all safety alerts were documented on the practice log, although some were included in the monthly searches undertaken by SPC. The practice agreed to review their system to ensure all safety alerts were received.</p>	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) <small>(NHSBSA)</small>	0.68	0.62	0.74	No statistical variation

Older people

Population group rating: Good

Findings

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. They ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were available to patients over 75 years of age.
- Older patients who lived in care homes received flu vaccinations during home visits.

- A clinician visited patients in two care homes on a weekly basis. Care home staff knew how to contact them if they had any concerns.

People with long-term conditions

Population group rating: Good

Findings

- 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. One of the practice nurses had specialised in diabetes management and offered insulin initiation to patients who required this.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Patients who were housebound received a home visit for their annual review and influenza vaccination.
- Patients with long term conditions who lived in care homes received flu vaccinations during home visits.
- The practice overall QOF achievement for long term conditions including asthma, atrial fibrillation, COPD, diabetes and hypertension was in line with the CCG and England averages. The overall exception reporting for these long-term conditions was in line with the CCG and England averages.

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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	88.1%	83.5%	79.3%	Tending towards variation (positive)
Exception rate (number of exceptions).	12.4% (50)	11.4%	12.8%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	83.0%	80.1%	78.1%	No statistical variation
Exception rate (number of exceptions).	10.9% (44)	7.9%	9.4%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total	83.5%	83.0%	81.3%	No statistical variation

cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>				
Exception rate (number of exceptions).	15.6% (63)	12.6%	12.7%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	74.4%	78.1%	75.9%	No statistical variation
Exception rate (number of exceptions).	12.8% (54)	5.2%	7.4%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	88.9%	92.1%	89.6%	No statistical variation
Exception rate (number of exceptions).	9.0% (8)	9.9%	11.2%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	81.7%	85.4%	83.0%	No statistical variation
Exception rate (number of exceptions).	5.0% (58)	3.4%	4.0%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	92.4%	92.6%	91.1%	No statistical variation
Exception rate (number of exceptions).	6.6% (12)	5.5%	5.9%	N/A

Families, children and young people

Population group rating: **Good**

Findings

- The practice met the World Health Organisation (WHO) based national target of 95% for the four childhood immunisation uptake indicators.
- Children who did not attend were followed up by the practice.
- 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), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	50	52	96.2%	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)	59	62	95.2%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	59	62	95.2%	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)	59	62	95.2%	Met 95% WHO based target

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>

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- The practice's uptake for cervical screening was 76%, which was below the 80% coverage target for the national screening programme, but above local and national averages.
- The practice promoted the uptake of cervical screening through posters and information displayed in the practice, and opportunistically with reminders on the patient's record. Appointments were available on a Wednesday evening to improve uptake.
- The practice called patients who had received an abnormal test result to discuss it with the patient.
- The practice's uptake for breast cancer and bowel cancer screening was in line with the national average.
- Patients had access to appropriate health assessments and checks including NHS checks for

patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

- The practice had completed 198 health checks in the last 12 months.
- We reviewed the process for the review of patients newly diagnosed with cancer. The practice had undertaken an audit in December 2019 which identified that 88% of patients had received a review within six months of diagnosis. The four patients who had not been reviewed during this time frame were receiving regular follow up from the hospital.

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)	76.3%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	77.2%	77.8%	72.1%	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)	64.2%	59.3%	57.3%	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)	45.5%	65.0%	69.3%	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)	57.8%	58.6%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

Findings
<ul style="list-style-type: none"> • End of life care was delivered in a way which took into account the needs of those whose circumstances may make them vulnerable. • Patients with palliative care needs were reviewed using the 'My Care Wishes' template, during monthly 'super' multidisciplinary team meetings. These included a range of internal and external care providers and the carers lead from the practice. The practice was undertaking a project to extend the completion of this template to patients with dementia and heart failure. • The practice held a register of patients living in vulnerable circumstances including those with a learning disability. • The practice demonstrated that they had a system to identify people who misused substances. • Unverified data provided by the provider suggested that the practice had completed 75% of reviews of patients with a learning disability since January 2019. Health reviews for people with a learning disability were undertaken in the patient's home where appropriate.

- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long term medicines.
- 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 with poor mental health, including dementia, were referred to appropriate services.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice undertakes regular screening of patients with memory issues.
- A mental health link worker attended the practice twice a week to see patients who had a pre-booked appointment.
- The practice overall QOF achievement for mental health and dementia was in line with the CCG and England averages. The overall exception reporting for mental health and dementia was in line with the CCG and England averages.

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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	92.6%	92.6%	89.4%	No statistical variation
Exception rate (number of exceptions).	15.6% (5)	12.8%	12.3%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	96.6%	93.1%	90.2%	No statistical variation
Exception rate (number of exceptions).	9.4% (3)	10.7%	10.1%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	77.6%	84.0%	83.6%	No statistical variation
Exception rate (number of exceptions).	6.2% (5)	6.5%	6.7%	N/A

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)	555.4	No Data	539.2
Overall QOF score (as a percentage of maximum)	99.4%	No Data	96.4%
Overall QOF exception reporting (all domains)	6.3%	No Data	No Data

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

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

Area	Improvement
Use of a specific medicine in women of child bearing age.	Four patients identified and reviewed. No action identified for three patients and appropriate guidance being followed for the other patient.
Patients with dementia prescribed antipsychotic medicines.	The practice had identified ten patients and had reviewed them and identified the prescribing was appropriate in all cases.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y ¹
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in	Y

advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence: ¹ Staff were up to date with the completion of training deemed mandatory by the practice. Improvements had been made and staff were given protected time to complete training during practice shut down events or completed this in their own time, for time back in lieu or for payment.	

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 (01/04/2018 to 31/03/2019) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y ¹
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
Explanation of any answers and additional evidence: ¹ The practice had identified vulnerable children with equally vulnerable parents or guardians and worked with other professionals to ensure they were well supported.	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y ¹
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y

Explanation of any answers and additional evidence:

¹ Onelife Suffolk were available at the practice on a weekly basis to promote and support smoking cessation and weight management.

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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	97.0%	95.8%	95.0%	No statistical variation
Exception rate (number of exceptions).	1.2% (23)	0.8%	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.	Partial ¹
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	Y

Explanation of any answers and additional evidence:

¹ We found written consent was obtained and documented in most of the patient records we reviewed. We noted that written consent forms were not recorded for two patients who had a coil fitted. We spoke with the practice who advised they would speak with the GP to ensure that written consent was obtained and recorded, as appropriate.

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y

CQC comments cards	
Total comments cards received.	Ten
Number of CQC comments received which were positive about the service.	Ten
Number of comments cards received which were mixed about the service.	None
Number of CQC comments received which were negative about the service.	None

Source	Feedback
Patient interviews.	Patients we spoke with said that clinical staff were kind and caring and most receptionists were helpful.
Feedback from CQC comments cards.	Positive feedback was given in relation to the caring nature of all staff. Five comments cards named one GP as being particularly thorough and doing their best to help and resolve the issue.
Feedback from care home representatives.	Patients were treated with kindness and respect by practice clinicians who visited. Privacy was maintained during consultations. Positive feedback was received in relation to the clinical care and treatment received.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7489.0	248.0	111.0	44.8%	1.48%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very	87.3%	89.9%	88.9%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
good at listening to them (01/01/2019 to 31/03/2019)				
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	88.3%	88.7%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	98.0%	95.7%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	65.5%	86.3%	82.9%	Tending towards variation (negative)

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

Any additional evidence
<p>The practice had undertaken a number of patient surveys since the previous inspection. These are reported on in the responsive domain as they related to access. The practice had completed a patient survey in November 2019 to obtain feedback in relation to overall satisfaction. Responses were received from 70 patients to a written questionnaire, which members of the patient participation group encouraged patients to complete.</p> <ul style="list-style-type: none"> • 94% of respondents rated reception and administration staff as fairly or very helpful. • 93% of respondents rated clinical staff as fairly or very helpful. • 95% of respondents rated clinical staff as fairly or very helpful in dealing with concerns. • 82% of respondents were fairly or very satisfied with the whole service. <p>The practice recorded compliments received about staff at the practice. We saw that 18 compliments had been received in the previous 12 months, which related to the kindness, expertise and professionalism of a range of staff at the practice.</p>

Involvement in decisions about care and treatment

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

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

Source	Feedback
Patient interviews.	Patients were given enough time during appointments and were satisfied with their involvement in care and treatment decisions.
Feedback from CQC comment cards.	Patients were involved in decisions about their care and treatment. Five comments cards named one GP who always gave time to listen to patients.
Feedback from care home representatives.	Care home representatives reported that the clinicians involved patients with their care and treatment decisions. Family members were involved in care and treatment decisions, where appropriate.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2019 to 31/03/2019)	97.4%	94.1%	93.4%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	The practice had acted following our previous inspection and had developed a protocol to improve the coding of carers. The practice had identified 223 carers which was approximately 3% of their practice population.
How the practice supported carers (including young carers).	The practice had established a carer's lead role, which was undertaken by the health care assistant. They attended the monthly super multidisciplinary team meetings and were in the process of sending letters to all carers, inviting them for a health review and providing information on Suffolk Family Carers. Approximately half of the carers had been sent a letter at the time of this inspection. Training was planned for January 2020 for the carers lead to become a carers champion. Suffolk family carers were available in the practice every month to provide support and advice to carers. Information for carers was available on the practice's website.
How the practice supported	The practice contacted any patients recently bereaved and offered them

recently bereaved patients.	support and guidance and signposted patients to local support groups. Practical information was available on the practice's website.
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Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y ¹
There were arrangements to ensure confidentiality at the reception desk.	Y
<p>Explanation of any answers and additional evidence:</p> <p>¹ The practice had a notice to ask patients to stand back from the reception desk. Staff advised they would talk to patients in a private room if patients were distressed or wanted to discuss a matter in private.</p>	

Responsive

Rating: Good

The practice and all the population groups was rated as requires improvement because:

- Data from the 2018 GP patient Survey showed that patient's satisfaction with access to the practice was statistically comparable, but most indicators were below the CCG and national averages. Comment cards we received and patients we spoke with reported negative experiences relating to accessing the service.

Improvements had been made in relation to access. Feedback obtained from practice surveys, supported by Healthwatch Suffolk and the patient participation group, and feedback obtained during the inspection, demonstrated an improvement to access and patient satisfaction. The practice is now rated as good.

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y ¹
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence:	
¹ The practice offered 15 minutes appointments for all patients seeing GPs, longer appointments were available if required. The staff told us that this ensured patients had time to fully discuss their concerns with the clinical team and helped clinicians to run to time in the appointment schedules. The practice had worked with the local integrated neighbourhood team to develop information and raise awareness on services which were accessed via self-referral, for example physiotherapy. They had also developed a patient centred care map which detailed different community care options available to patients.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 8.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments available:	
Monday	8.30am to 1pm and 2.30pm to 5.50pm
Tuesday	8.30am to 1pm and 2.30pm to 5.50pm
Wednesday	8.30am to 1pm, 3pm to 5.50pm and 6.30pm to

	8.15pm*
Thursday	8.30am to 1pm and 2.30pm to 5.50pm
Friday	8.30am to 1pm and 2.30pm to 5.50pm
* Extended hours appointments were available with a GP, practice nurse and a health care assistant.	
Patients could book evening and weekend appointments with a GP through Suffolk GP+. (Suffolk GP+ is for patients who urgently need a GP appointment, or who are not able to attend their usual GP practice on a weekday.)	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7489.0	248.0	111.0	44.8%	1.48%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2019 to 31/03/2019)	96.4%	95.1%	94.5%	No statistical variation

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- The practice offered home visits for older people who were housebound.
- Older patients who lived in care homes received flu vaccinations during home visits.

People with long-term conditions

Population group rating: Good

Findings

- Patients with a long-term condition were offered an annual review to check their health and medicines needs were being appropriately met.
- Patients with multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- Rescue packs were provided to patients with COPD.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.

Families, children and young people

Population group rating: Good

Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances and who missed hospital appointments. Records we looked at confirmed this.
- Additional nurse appointments were available for school age children so that they did not need to miss school.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Midwives held a clinic at the practice twice a week.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- Telephone consultations were available.
- Patients could book evening and weekend appointments with a GP through Suffolk GP+. (Suffolk GP+ is for patients who urgently need a GP appointment, or who are not able to attend their usual GP practice on a weekday.)

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Patients with sensory impairment were flagged on the clinical system to ensure appropriate care was offered at every intervention by all staff members.
- Same day appointments and longer appointments were offered when required.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice participated in a 'super' multidisciplinary team meeting on a monthly basis though the integrated neighbourhood team. This included a range of internal and external care providers and the carers lead from the practice.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients were offered longer appointment times, if necessary.
- The practice was aware of support groups within the area and signposted their patients to these accordingly. Information was also available on the practice website.
- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Clinical staff were trained in the mental capacity act.
- The practice had good communication with the local dementia intensive support team and referred patients with complex needs as appropriate. Where dementia was diagnosed or suspected, any carers for the patient were offered a health check.
- A mental health nurse was available at the practice twice a week and provided support and advice to patients who had been referred.
- Staff were aware of how to access the crisis team for patients with acute mental health needs.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y ¹
Explanation of any answers and additional evidence:	
¹ The practice displayed any delays on the display board in the waiting room, so that patients were informed of any delays when they arrived.	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2019 to 31/03/2019)	44.0%	N/A	68.3%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	43.5%	73.9%	67.4%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	43.4%	69.8%	64.7%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they	59.0%	80.0%	73.6%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
were offered (01/01/2019 to 31/03/2019)				

Any additional evidence or comments

The practice was aware of patient feedback in relation to access to the practice and had an action plan to improve this. They held an away day with all staff in May 2019 to obtain ideas about ways to improve access.

The practice reviewed and changed how they managed follow up appointments. Where appropriate, patients were given a follow up telephone appointment, rather than a face to face appointment. These could be booked by a GP up to three months ahead. The practice website had been updated in September 2019 to make it more user friendly to access online services.

Following a staff suggestion, they set up an advanced nurse practitioner on the day telephone triage service in July 2019. This was available three days a week. This increased the number of GP, advanced nurse practitioner and practice nurse appointments which were available to book patients into. In December 2018 the practice had 1200 GP and nurse practitioner appointments a month; in November 2019 this had increased to 1550. The practice had audited the triage service from 8 July 2019 to 23 August 2019. Data showed that 28% of patients who telephoned the practice to request a GP appointment were triaged. Of these patients, 67% were given a same day appointment and 5% were given a future appointment, which was appropriate.

A telephone survey was completed for one week at the end of July 2019, with patients being asked how easy it was to get through by telephone. Data showed that 83% reported that it was fairly or very easy. The practice planned to repeat this survey in January 2020.

The practice completed three appointment audits in 2019. The number of appointments booked increased from 73% in April, to 80% in June 2019 and to 89% in October 2019. The number of appointments offered but not accepted by the patient, reduced from 25% in April 2019, to 19% in June 2019 and to 10% in October 2019. This was because appointment availability had increased. The number of appointments where a patient had requested to see a specific clinician only but were unable to be booked by the appointments offered or available was 2% in April and June 2019 and had reduced to 0% in October 2019.

The practice had completed a patient survey in November 2019 to obtain patient feedback in relation to telephone access and overall satisfaction. Responses were received from 70 patients to a written questionnaire, which members of the patient participation group encouraged patients to complete. Since the appointment system changed in July 2019, 69% of respondents found it fairly or very easy to get an appointment. Data showed that 29% of patients found it very or quite difficult to get an appointment. The practice thought this was due to the triage system, because patients received a call back before an appointment could be booked. These results showed an improvement since the 2017 survey, when 42% of respondents found it fairly or very easy to get an appointment and 53% of patients found it quite or very difficult to get an appointment.

During October and November 2019, the practice sent a letter to any patient who did not attend for their appointment, to see if any improvements could be made. As a result, reminders were given to staff to a patient's previous appointment was cancelled, if it had been changed. The practice also changed their text reminder service, which enabled patients to text back if they needed to cancel their appointment. This helped ensure appointments could be used by another patient.

Healthwatch Suffolk attended the practice to obtain patient feedback. The practice had reviewed the feedback and identified from 24 ratings between January and June 2019, they were rated 2.6 stars. Between July and December 2019, they had 19 ratings and were rated 3.3 stars. The practice monitored feedback on NHS choices and from four ratings in 2018, they had a two star rating; from eight ratings in 2019, they had a 4.4 star rating.

Source	Feedback
Patient interviews.	Improvements had been made in relation to access. One patient advised they initially thought the triage system delayed them getting an appointment, but they understood why it had been set up and they were seen by a GP the same day. One patient advised they were not always able to get an appointment.
Feedback from CQC comments cards.	No negative comments were received in relation to access. Patients reported that they were able to get an appointment and follow up appointments were timely and convenient.
Feedback from care home representatives.	Weekly home visits were undertaken by the emergency care practitioner and GP, as appropriate, to two care homes where patients were registered with the practice. Requests for urgent visits were responded to by telephone with a visit, if appropriate.
Comments on Healthwatch Suffolk website.	Healthwatch had published 16 comments received since 12 November 2019. Four were positive, relating to the care and treatment from clinical staff. Ten comments were mixed which related to being able to get an appointment, although there were some positive comments that this had improved recently. Two less positive responses related to the length of wait for an appointment once arrived at the practice and poor attitude of reception staff. The practice had a three and a half out of five star rating based on 73 reviews.

Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	40
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: Information about complaints was available on the practice's website and in the practice.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient unsure if a referral had been made by the practice, due to delay in receiving an appointment from the hospital.	Information shared with patient on obtaining information regarding hospital waiting lists. The practice had obtained current appointment waiting time information for Ipswich, Colchester and West Suffolk hospitals. They planned to have this information available in clinical rooms, so this could be shared with patients to help with decision making and expectations.
Delay in prescription being ready.	Discussion with hospice staff who have agreed to categorise urgent medicine requests as 'urgent', so these can be prioritised and actioned by the duty doctor.
Alleged lost repeat prescription request.	Patients encouraged to register for online prescription requesting.

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.	Y
They had identified the actions necessary to address these challenges.	Y ¹
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: ¹ The practice had met some challenges in the past five years including a practice manager resignation, the retirement of the senior partner and some unplanned long-term leave. In addition, there was a significant number of new homes being built in the practice area. To ensure sustainability and growth the practice had joined the Suffolk Primary Care partnership (SPC). SPC is a group of twelve practices who had formed a partnership and worked together to deliver high quality primary care across Suffolk.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y ¹
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: ¹ The practice had a 2019 business development plan, which was monitored by the practice manager and any issues were raised with the partners.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y

There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y

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

Source	Feedback
Staff interviews.	The leadership at the practice was open and supportive. Staff felt valued in their role and felt part of the team.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y ¹
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y ²
Explanation of any answers and additional evidence: ¹ The practice management team worked closely with the GP partners to establish clear governance processes. ² The practice were engaged with the primary care network and integrated neighbourhood team to improve services locally.	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y ¹
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Partial ²

When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: ¹ The practice had systems in place which had been embedded and were effective. ² Staff were informed of the business continuity plan during their induction.	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y ¹
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence: ¹ In response to feedback from patients, customer care training had been completed by all non-clinical staff.	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y ¹
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: ¹ The practice had recently updated their website following patient feedback, to improve awareness of the online services available to patients.	

Feedback from Patient Participation Group.

Feedback

The practice had a PPG which had been established for approximately eight years. The PPG met every three months to discuss activities they were undertaking for the practice, share patient feedback and practice updates. PPG meetings were chaired by the PPG chairperson and attended by the practice manager and a GP. Additional meetings were held if needed and these were supported and attended by practice staff. The PPG had a board in the waiting room to inform patients about the group and how patients could join. Feedback about the practice and the relationship they had with the practice was positive. The PPG advised that the practice listened to their views and feedback. For example, the PPG had developed a booklet for patients over the age of 65 aimed at tackling loneliness and isolation in the

community. This was being distributed to 1300 local households in January 2020. The practice produced a seasonal newsletter which the PPG contributed to. The Winter newsletter included information about new staff at the practice, measles, missed appointments, health promotion for winter months, NHS11 service, Ipswich hospital patient portal, Onelife Suffolk, NHS apps library and PPG news, which included the 'Kesgrave cares' booklet.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y

Examples of continuous learning and improvement

The practice taught medical students throughout the year and were currently in the process of gaining the skills and qualifications to become a full training practice. This would enable them to offer placements to doctors who were training to become GPs.

The practice was supported by a clinical pharmacist who was employed through the primary care network and was based at the practice one day every other week.

Reception staff had completed a programme of care navigation and signposting training. However, the system to set them up as care navigators was not yet completed. The practice had discussed with Suffolk Primary Care about having shared care navigators to support this service within the practice. This would enable the practice to ensure patients were signposted to the appropriate clinician or service and improve access for patients.

Patients were referred to a social prescribing service, where staff had a good knowledge of local support services and would directly support patients to access services. This ensured patients had easy access to other agencies who could support them.

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. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- 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.
- 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). This indicator does not have a CCG average and is scored against the national target of 80%.

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>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

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.