

Care Quality Commission

Inspection Evidence Table

Sycamore House Medical Centre (1-5524834153)

Inspection date: 25 September 2019

Date of data download: 24 September 2019

Overall rating: add overall rating here

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

Safe

Rating: Good

Safety systems and processes

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

| Safeguarding | Y/N/Partial |
|---|-------------|
| There was a lead member of staff for safeguarding processes and procedures. | Yes |
| Safeguarding systems, processes and practices were developed, implemented and communicated to staff. | Yes |
| There were policies covering adult and child safeguarding which were accessible to all staff. | Yes |
| Policies took account of patients accessing any online services. | Yes |
| Policies and procedures were monitored, reviewed and updated. | Yes |
| Partners and staff were trained to appropriate levels for their role. | Yes |
| There was active and appropriate engagement in local safeguarding processes. | Yes |
| The Out of Hours service was informed of relevant safeguarding information. | Yes |
| There were systems to identify vulnerable patients on record. | Yes |
| Disclosure and Barring Service (DBS) checks were undertaken where required. | Yes |
| Staff who acted as chaperones were trained for their role. | Yes |
| 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. | Yes |
| Explanation of any answers and additional evidence: | |
| <ul style="list-style-type: none">The adult safeguarding policy did not make reference to modern slavery or radicalisation. The practice informed us following the inspection that the policy had been updated.Not all staff who acted as chaperones were clear on where they stood to observe the | |

| Safeguarding | Y/N/Partial |
|--|-------------|
| <p>examination. They reported that they would stand outside the curtain if requested to do so by the patient. The policy was not specific on where staff should stand.</p> <ul style="list-style-type: none"> The practice met with the health visitors and school nurses to regular basis to support and protect children at risk of harm. | |

| Recruitment systems | Y/N/Partial |
|--|-------------|
| Recruitment checks were carried out in accordance with regulations (including for agency staff and locums). | Yes |
| Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role. | Partial |
| There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored. | Yes |
| <p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The full immunisation status for one member of staff, who had previously been employed as a locum, was not available. | |

| 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: 16/11/2017 | Yes |
| There was a record of equipment calibration. Date of last calibration: 25/02/2019 | Yes |
| There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals. | Yes |
| There was a fire procedure. | Yes |
| There was a record of fire extinguisher checks. Date of last check: 08/10/2018 | Yes |
| There was a log of fire drills. Date of last drill: 19/09/2019 | Yes |
| There was a record of fire alarm checks. Date of last check: 19/09/2019 | Yes |
| There was a record of fire training for staff. Date of last training: 09/07/2018 (practical training) / Individual dates for on-line training | Yes |
| There were fire marshals. | Yes |
| A fire risk assessment had been completed. Date of completion: 04/10/2018 | Yes |
| Actions from fire risk assessment were identified and completed. | Yes |
| Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Six monthly fire drills were carried out. Comprehensive records and action plans were completed following fire drills, and staff advised of action points/learning outcomes. | |

| Health and safety | Y/N/Partial |
|--|-------------|
| Premises/security risk assessment had been carried out. Date of last assessment: 07/03/2019 | Yes |
| Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 23/08/2019. | Yes |

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

| | Y/N/Partial |
|---|-------------|
| There was an infection risk assessment and policy. | Yes |
| Staff had received effective training on infection prevention and control. | Yes |
| Infection prevention and control audits were carried out. Date of last infection prevention and control audit: | Yes |
| The practice had acted on any issues identified in infection prevention and control audits. | Yes |
| There was a system to notify Public Health England of suspected notifiable diseases. | Yes |
| The arrangements for managing waste and clinical specimens kept people safe. | Yes |
| Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • A legionella risk assessment had been completed in February 2019, and the identified actions had been completed. • An infection prevention and control audit had been completed by an external agency in March 2019. | |

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. | Yes |
| There was an effective induction system for temporary staff tailored to their role. | Yes |
| Comprehensive risk assessments were carried out for patients. | Yes |
| Risk management plans for patients were developed in line with national guidance. | Yes |
| The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures. | Yes |
| Clinicians knew how to identify and manage patients with severe infections including sepsis. | Yes |
| 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. | Yes |
| There was a process in the practice for urgent clinical review of such patients. | Yes |
| When there were changes to services or staff the practice assessed and monitored the impact on safety. | Yes |
| Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • We saw that staff had received training on sepsis and this had also been discussed at staff meetings. • Reception staff had clear guidance to follow for deteriorating or clearly unwell patients, and | |

information was displayed around the practice.

- Clinical staff had access to electronic templates to assist with identifying and managing patients with severe infections included sepsis.
- The practice was part of a super partnership, and staff were contracted to work for the provider, rather than for a particular practice. Although there was a dedicated clinical staff team working at the practice, the provider was able to reallocate resources from across the group to ensure adequate staffing levels in each practice. The provider told us this supported safe staffing levels for long term and short term sickness and planned absence, and helped mitigate the impact on any particular practice.

Information to deliver safe care and treatment

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

| | Y/N/Partial |
|--|-------------|
| Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation. | Yes |
| There was a system for processing information relating to new patients including the summarising of new patient notes. | Yes |
| There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. | Yes |
| Referral letters contained specific information to allow appropriate and timely referrals. | Yes |
| Referrals to specialist services were documented and there was a system to monitor delays in referrals. | Yes |
| There was a documented approach to the management of test results and this was managed in a timely manner. | Yes |
| There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff. | Yes |
| 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. | Yes |
| <p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice told us they prioritised summarising the notes of children who were new to the practice. GP to GP transfer of notes was up to date. • Staff maintained a log of all referrals and were able to demonstrate the process for checking that appointments had been made. • The practice had introduced an organisational wide clinical peer review system for referrals, to improve the quality and ensure the best clinical pathways were accessed. This had resulted in a low referral rejection rate (6.91%) over the past 12 months. | |

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) (01/07/2018 to 30/06/2019) (NHS Business Service Authority - NHSBSA) | 0.69 | 0.90 | 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). (01/07/2018 to 30/06/2019) (NHSBSA) | 4.2% | 5.6% | 8.6% | Variation (positive) |
| 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 (01/01/2019 to 30/06/2019) (NHSBSA) | 5.53 | 5.32 | 5.63 | No statistical variation |
| Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/01/2019 to 30/06/2019) (NHSBSA) | 1.94 | 1.93 | 2.08 | No statistical variation |

| Medicines management | Y/N/Partial |
|--|-------------|
| The practice ensured medicines were stored safely and securely with access restricted to authorised staff. | Yes |
| Blank prescriptions were kept securely and their use monitored in line with national guidance. | Yes |
| Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions). | Yes |
| 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. | Yes |
| There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines. | Yes |
| The practice had a process and clear audit trail for the management of information about | Yes |

| Medicines management | Y/N/Partial |
|---|-------------|
| changes to a patient's medicines including changes made by other services. | |
| 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. | Yes |
| The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength). | Yes |
| There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer. | Yes |
| If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance. | NA |
| The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance. | Yes |
| For remote or online prescribing there were effective protocols for verifying patient identity. | Yes |
| 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. | Yes |
| There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use. | Yes |
| Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective. | Yes |
| <p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice successfully bid for NHSE funding via the clinical pharmacists in general practice scheme and had utilised the role to increase the number of medication reviews for patients with complex poly pharmacy (on average 24 additional medication review appointments per week) and provide an efficient, safe response time to repeat prescription requests. The practice told us this had reduced the medicine management workload for the GPs, resulting in increased GP access and GP satisfaction and retention due to better working conditions. • The provider employed five clinical pharmacists across their five sites. They supported medicines optimisation through medicine reviews, management of prescription requests and queries, face to face consultations with patients, safety and medicine alerts and clinical audits. • The practice worked closely with clinical commissioning group (CCG) pharmacists to actively reduce the prescribing rate for certain antibiotics. The practice had achieved below the CCG's target. | |

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

| Significant events | Y/N/Partial |
|--|-------------|
| The practice monitored and reviewed safety using information from a variety of sources. | Yes |
| Staff knew how to identify and report concerns, safety incidents and near misses. | Yes |
| There was a system for recording and acting on significant events. | Yes |
| Staff understood how to raise concerns and report incidents both internally and externally. | Yes |
| There was evidence of learning and dissemination of information. | Yes |
| Number of events recorded in last 12 months: | 15 |
| Number of events that required action: | 15 |
| <p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice used a risk stratification tool to ensure the timely reviews of all significant events. All significant events were discussed by the clinical governance team on a monthly basis, the learning discussed at education meetings, and the action plans shared at staff meetings as well as communicated electronically. We saw that the practice recognised with complaints also needed to be investigated through the significant events process. We noted a number of significant events related to errors with scanned information. We saw that staff had been involved in the development of a new protocol which including three point checking when scanning information and a specific member of staff responsible for scanning on a daily basis. The incidents and new protocol had been discussed at an organisation meeting, as well as at a practice meeting. The provider also maintained a corporate data breach log and sought advice as appropriate. | |

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

| Event | Specific action taken |
|---|---|
| A two week wait referral had not been actioned. | The secretary at the practice was not at work so the referral should have been sent to the secretarial group for action. The task was sent to the reception staff instead. The patient attended for an appointment two weeks later and commented they had not received an appointment. The referral was made immediately, and an appointment booked. Clinicians were reminded to send all urgent referrals to the secretarial group, regardless of referring practice, so they were actioned appropriately. |
| A shared care agreement had not been coded correctly and the hospital prescribed medicines not added to the | The practice had correctly not prescribed medicine requested by the patient as it was not recorded in the notes. The GP had reviewed the blood results, which were abnormal, and |

| | |
|-------------------|---|
| patient's record. | had contacted the patient to advise them not to continue with the medication and seek advice from the secondary care. |
|-------------------|---|

| Safety alerts | Y/N/Partial |
|---|-------------|
| There was a system for recording and acting on safety alerts. | Yes |
| Staff understood how to deal with alerts. | Yes |
| Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • All safety alerts were recorded and clearly identified action taken and by whom. Alerts were reviewed by the clinical governance lead and forwarded to the most appropriate person, for example, medicine safety alerts were actioned by the pharmacists. Alerts were discussed at the monthly education meeting and the minutes circulated to staff. • We saw examples of actions taken on recent alerts for example, regarding sodium valproate. | |

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 |
| Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • New guidance was discussed with clinicians at education meetings. • Outside speakers were invited to the monthly education and nurse meetings to discuss existing, new and changes to national and local guidance. | |

| 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) <small>(NHSBSA)</small> | 0.82 | 0.73 | 0.75 | No statistical variation |

Older people

Population group rating: Good

| Findings |
|--|
| <ul style="list-style-type: none"> • The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. • The practice offered a system of regular review by their named GP for patients with multiple health needs. The next appointment was booked at the time of the consultation. |

- 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 had recently introduced a home visiting model which supported housebound and care home patients through regular review visits. **Patients requesting a home visit were triaged by a GP between 8am and 12pm and the most appropriate clinician allocated to visit.**
- 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.
- Holistic assessments, which includes dementia screening, medication review and long-term condition review, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Good

Findings

- 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. The practice offered dedicated nurse led clinics for diabetes, cardiovascular and respiratory conditions.
- The practice nurses and health care assistants were trained in spirometry. (Spirometry is a test used to help diagnose and monitor certain lung conditions).
- 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 home blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

| Diabetes Indicators | Practice | CCG average | England average | England comparison |
|---|-----------|-------------|-----------------|--------------------------|
| The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small> | 70.3% | 78.5% | 78.8% | No statistical variation |
| Exception rate (number of exceptions). | 4.4% (12) | 11.4% | 13.2% | N/A |
| The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small> | 67.6% | 81.1% | 77.7% | No statistical variation |
| Exception rate (number of exceptions). | 8.9% (24) | 6.2% | 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> | 76.1% | 81.6% | 80.1% | No statistical variation |
| Exception rate (number of exceptions). | 8.9% (24) | 9.5% | 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> | 72.2% | 77.6% | 76.0% | No statistical variation |
| Exception rate (number of exceptions). | 0.9% (3) | 2.5% | 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> | 95.0% | 92.0% | 89.7% | No statistical variation |
| Exception rate (number of exceptions). | 9.1% (4) | 8.5% | 11.5% | N/A |

| Indicator | Practice | CCG average | England average | England comparison |
|--|-----------|-------------|-----------------|--------------------------------------|
| The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small> | 79.0% | 84.1% | 82.6% | No statistical variation |
| Exception rate (number of exceptions). | 2.4% (17) | 2.8% | 4.2% | N/A |
| In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) <small>(QOF)</small> | 96.4% | 90.7% | 90.0% | Tending towards variation (positive) |
| Exception rate (number of exceptions). | 6.7% (6) | 4.8% | 6.7% | N/A |

Findings

- The practice had met the minimum 90% target for all of the four childhood immunisation uptake indicators. The practice had met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for one of the four childhood immunisation uptake indicators.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children’s appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

| Child Immunisation | Numerator | Denominator | Practice % | Comparison to WHO target of 95% |
|--|-----------|-------------|------------|---------------------------------|
| The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England) | 44 | 46 | 95.7% | 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) | 49 | 53 | 92.5% | 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) | 49 | 53 | 92.5% | Met 90% minimum |
| 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) | 49 | 53 | 92.5% | Met 90% minimum |

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 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.
- **The practice had improved the uptake of NHS health checks through the introduction of a dedicated administration lead. The practice had completed 137 NHS health checks during the previous five months, which equated to 16% of eligible patients.**
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

| Cancer Indicators | Practice | CCG average | England average | England comparison |
|--|----------|-------------|-----------------|--------------------------|
| The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England) | 73.0% | 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) | 71.3% | 67.9% | 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) | 59.8% | 49.1% | 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) | 80.0% | 75.6% | 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) | 44.4% | 44.7% | 51.9% | No statistical variation |

Any additional evidence or comments

A quality improvement project carried out between January and March 2019 for cervical screening update had demonstrated an improved attendance post intervention, achieving 84% as opposed to 56% pre-intervention. There was a system in place to recall patients who failed to book or attend for cervical screening.

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 had access to same day appointments, were offered an annual health check and appropriate care plans developed. The practice worked closely with the learning disability specialist nurse to support these patients.
- 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 introduction of the home visiting model had enabled the GPs to focus more on end of life care and effective care planning. This had resulted in an increase of patients on the register (50% in total), who had a preferred place of death and a 'do not attempt resuscitation' plan in place.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe. A number of staff had attended suicide prevention training.
- 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.
- Patients with poor mental health, including dementia, were referred to appropriate services.

| Mental Health Indicators | Practice | CCG average | England average | England comparison |
|---|----------|-------------|-----------------|--------------------------|
| The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small> | 93.1% | 91.6% | 89.5% | No statistical variation |
| Exception rate (number of exceptions). | 0.0% (0) | 7.9% | 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> | 89.7% | 93.5% | 90.0% | No statistical variation |
| Exception rate (number of exceptions). | 0.0% (0) | 4.8% | 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% | 82.5% | 83.0% | No statistical variation |
| Exception rate (number of exceptions). | 9.7% (3) | 5.9% | 6.6% | 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) | 538.7 | 531.7 | 537.5 |
| Overall QOF score (as a percentage of maximum) | 96.4% | 95.1% | 96.2% |
| Overall QOF exception reporting (all domains) | 3.8% | 5.3% | 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 |

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

An audit of patients prescribed a specific type of medicine to treat high blood pressure was undertaken across all five practices to establish whether blood monitoring had taken place when the medicine was started and any change in dose. The audit identified 135 patients prescribed the medicine, of which 35 (74.6%) had not attended for blood monitoring. One in five patients whose dose had been changed were also identified as not having regular blood monitoring. Patients were sent letters and invited to attend for blood monitoring. For intervention, the records for the same cohort of patients were audited and it was found that 93.5% of patients had regular blood monitoring recorded.

Any additional evidence or comments

The practice made use of a range of quality improvement tools, which included audits, quality improvement projects, medicine optimisation (PINCER) and stopping over medication of people with a learning disability, autism or both with psychotropic medicines (STOMP).

Effective staffing

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

| | Y/N/Partial |
|---|-------------|
| Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme. | Yes |
| The learning and development needs of staff were assessed. | Yes |
| The practice had a programme of learning and development. | Yes |
| Staff had protected time for learning and development. | Yes |
| There was an induction programme for new staff. | Yes |
| Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015. | Yes |
| Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation. | Yes |
| The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates. | Partial |
| There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable. | Yes |
| Explanation of any answers and additional evidence: | |
| <ul style="list-style-type: none"> Staff told us that reviews of consultations took place and one of the GP partners was responsible for reviewing medical records and sharing any learning with all members of the clinical team. However, this was not recorded for individual members of staff. | |

- The practice was currently supporting a member of the nursing team to develop their skills and knowledge through completion of post graduate degree in advanced clinical practice.
- Non-clinical staff had been supported through the apprenticeship scheme to develop their skills and knowledge.
- The salaried GPs did not have an in-house appraisal.

Coordinating care and treatment

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

| Indicator | Y/N/Partial |
|--|-------------|
| The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) <small>(QOF)</small> | 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 |
| Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • We saw that minutes of multidisciplinary team meetings were available. • Information was shared with the out of hours service in a timely manner. • The home visiting team were able to access patient remotely. | |

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 | Yes |

| |
|---|
| health, for example, stop smoking campaigns, tackling obesity. |
| <p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Staff signposted patients to appropriate services for smoking cessation, weight management and mental health services. • The practice website directed patients to self help resources, as well as enabling patients to self-refer to physiotherapy, chiropractic and osteopathy services, as well as life style services. • The practice had introduced a non-clinical Cancer Champion. This member of staff contacted newly diagnosed patients to share information about local support agencies and to act as a point of contact within the practice. Patients also received an initial cancer care review, including a holistic assessment as well regular reviews with their GP. |

| Smoking Indicator | Practice | CCG average | England average | England comparison |
|---|----------|-------------|-----------------|--------------------------|
| The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small> | 96.5% | 97.2% | 95.1% | No statistical variation |
| Exception rate (number of exceptions). | 0.2% (2) | 0.3% | 0.8% | N/A |

Consent to care and treatment

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

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

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. | Yes |
| Staff displayed understanding and a non-judgemental attitude towards patients. | Yes |
| Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition. | Yes |

| CQC comments cards | |
|--|----|
| Total comments cards received. | 11 |
| Number of CQC comments received which were positive about the service. | 9 |
| Number of comments cards received which were mixed about the service. | 0 |
| Number of CQC comments received which were negative about the service. | 2 |

| Source | Feedback |
|--------------------------|---|
| CQC comment cards | Eleven comment cards were completed by patients. Patients described the service as outstanding and brilliant. They said that staff were caring and helpful. The negative comments related to specific care and treatment for individual patients. |
| Interviews with patients | We spoke with two patients during this inspection. They told us they were happy with the service provided and always treated with kindness and respect. |
| NHS Website | Seven reviews had been posted on the NHS website since September 2017. The practice had responded to all reviews. Four of the seven reviews were positive, one was mixed and two were negative. One of the negative comments related to the quality of care provided, the other about over-familiarity of a member of clinical staff. |

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

| Practice population size | Surveys sent out | Surveys returned | Survey Response rate% | % of practice population |
|--------------------------|------------------|------------------|-----------------------|--------------------------|
| 4988.0 | 284.0 | 105.0 | 37.0% | 2.11% |

| Indicator | Practice | CCG average | England average | England comparison |
|---|----------|-------------|-----------------|--------------------------|
| The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2019 to 31/03/2019) | 86.6% | 87.3% | 88.9% | No statistical variation |
| The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019) | 86.6% | 86.2% | 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) | 93.9% | 95.0% | 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) | 86.1% | 81.6% | 82.9% | No statistical variation |

Any additional evidence or comments

Members of the patient representative group (PRG) told us they were involved in reviewing the results of the national GP survey and the internal patient satisfaction survey with the practice manager. An action plan had been developed in response to the 2018 internal survey and was displayed on the PRG notice board.

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

Any additional evidence

The practice, with the support of the patient representative group, had devised a patient survey. This was available for patients to complete.

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. | Yes |
| Staff helped patients and their carers find further information and access community and advocacy services. | Yes |
| <p>Explanation of any answers and additional evidence:</p> <p>Three members of reception staff had taken on the role of champion for patients newly diagnosed with cancer, patients with a learning disability and carers. The champions had organised awareness days / coffee mornings to promote the services and support available to patients, families and carers. Each of these members of staff had their own literature, which they made available to patients. Easy read and pictorial materials were available, and information could be accessed in alternative languages and formats if required. Picture cards were available at reception to assist patients who found verbal communication challenging. Notices in the waiting area advised patients with hearing loss to speak with reception staff regarding alternative methods of communication, for example, via email.</p> | |

| Source | Feedback |
|-------------------|--|
| CQC comment cards | Eleven comment cards were completed by patients. One patient commented they received appropriate treatment and advice. |

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) | 92.9% | 92.3% | 93.4% | No statistical variation |

| | Y/N/Partial |
|---|-------------|
| Interpretation services were available for patients who did not have English as a first language. | Yes |
| Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations. | Yes |
| Information leaflets were available in other languages and in easy read format. | Yes |
| Information about support groups was available on the practice website. | Yes |
| Explanation of any answers and additional evidence: | |
| <ul style="list-style-type: none"> A member of reception staff was trained in British Sign Language (BSL). | |

| Carers | Narrative |
|---|--|
| Percentage and number of carers identified. | The practice population was approximately 4,977. The practice had increased the number of carers for 49 in April 2019 to 198 identified carers In September 2019. This represented 4% of the practice population. |
| How the practice supported carers (including young carers). | <p>The practice had introduced a carers champion, who was responsible for maintaining the carers register. They told us they have been updating the list, contacting all identified carers and offering them a flu vaccination (25 carers had attended at time of the inspection), annual health check and smoking cessation advice where necessary. Carers were also sent a carer support pack. Information about support organisations was available in the practice and on the website.</p> <p>The carers champion told they worked closely with the cancer champion and learning disability champion to identify any new carers. The practice also reviewed the long-term condition registers to identify patients who may have an unidentified carer, especially young carers.</p> <p>The practice held a carers support event in August 2019, which was attended by the Walsall Carers Hub.</p> |
| How the practice supported recently bereaved patients. | Bereaved relatives were sent condolence cards and information about support available and the process to proceed with arrangements. Information on bereavement services was available in the practice and on the website. |

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. | Yes |
| Consultation and treatment room doors were closed during consultations. | Yes |
| A private room was available if patients were distressed or wanted to discuss sensitive issues. | Yes |
| There were arrangements to ensure confidentiality at the reception desk. | Yes |

Explanation of any answers and additional evidence:

Due to the layout and size of the waiting area, it was a challenge to maintain confidentiality at the reception desk. The practice had recognised this and taken action. Telephone calls into the practice were answered away from the reception desk in a separate office area. A self check-in screen was available, reducing the need for patients to share personal information with staff. Music was playing softly in the waiting area to help reduce conversations being overheard.

The practice may wish to consider signage asking patients to stand back from the desk to respect the privacy of the person speaking with reception staff.

Responsive

Rating: 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. | Yes |
| The importance of flexibility, informed choice and continuity of care was reflected in the services provided. | Yes |
| The facilities and premises were appropriate for the services being delivered. | Yes |
| The practice made reasonable adjustments when patients found it hard to access services. | Yes |
| There were arrangements in place for people who need translation services. | Yes |
| The practice complied with the Accessible Information Standard. | Yes |
| <p>Explanation of any answers and additional evidence:</p> <p>The practice offered a range of appointments to meet the differing needs of the practice population.</p> <ul style="list-style-type: none"> • Urgent see and treat appointments, had reduced the number of patients accessing other services during core hours. The practice was in the top 10% of practices within the clinical commissioning group (CCG) for low emergency department attendances. • 15 minute long-term condition management appointments enabled the GPs to effectively manage patients in the primary care setting, resulting in a low referral rate to secondary care. The practice is within the top 10 out of 53 practices within the CCG for low referral rates. • Early morning appointments with a range of clinicians provided access for the working age practice population. • The practice had introduced a home visiting model. A designated GP and home visiting practitioner covered requests for home visits for all practices within the group. • The practice told us the number of home visits had reduced by 12% through the use of effective signposting and a structured template for home visit requests. Requests were managed more efficiently, either by a telephone consultation, a visit by the home visiting practitioner or GP trainees, with the GPs visiting patients with complex needs or requiring end of life support. • The home visiting model had enabled 30 minutes of extra appointment time to be added to GP long term condition management sessions. This resulted in an extra four long term condition appointments per day per GP. • Easy read and pictorial materials were available, and information could be accessed in alternative languages and formats if required. Notices in the waiting area advised patients with hearing loss to speak with reception staff regarding alternative methods of communication, for example, via email. • A member of reception staff was trained in British Sign Language (BSL). • Patients had access to mobile ultrasound scanning facilities at the practice. | |

Practice Opening Times

| Day | Time |
|-----------------------|------------------|
| Opening times: | |
| Monday | 7.30am to 6.30pm |
| Tuesday | 7.30am to 6.30pm |
| Wednesday | 7.30am to 6.30pm |
| Thursday | 7.30am to 1pm |
| Friday | 7.30am to 6.30pm |

Appointments available:

| | |
|---|---|
| Monday to Friday mornings | <p>7.30am to 10.30am: GP Long term condition Management Clinic (15 min appointment)</p> <p>9.00am to 12.00pm: GP Long term condition Management Clinic (15 min appointment) x2 GPs</p> <p>9.00am to 12.00pm: Urgent see and treat clinics (x1 Doctor & x1 Trainee ANP)</p> <p>7.30am to 10.30am: Medication Reviews / Routine Clinical Pharmacist</p> |
| Monday to Wednesday and Friday afternoons | <p>2pm to 6pm: GP Long term condition Management Clinic (15 min appointment) x2 GPs</p> <p>2pm to 5.30pm and 3.30pm to 5.30pm: Urgent see and treat clinics (x1 Doctor & x1 Trainee ANP)</p> |

Practice Nurse and Health Care Assistant Clinics

| | |
|---|----------------------------------|
| Monday to Friday mornings | 7.30am to 11.30 am & 8am to 12pm |
| Monday to Wednesday and Friday afternoons | 1.30pm to 5.30pm |

- The practice offered extended hours between 7.30am and 8am each day.
- The practice employed the services of another provider for appointments and home visits

between 1pm and 6.30pm on Thursdays.

-

Extended GP Access Service

Patients had access to the Extended GP Access Service. Appointments with GPs were available at four hubs within the locality: Darlaston Health Centre, Pinfold Health Centre, Broadway Medical Practice and Portland Medical Practice.

Extra GP appointments were available between:

- 6.30pm – 9pm weekdays (all four hubs)
- 10am – 3pm weekends (excluding Darlaston Health Centre & Portland Medical Practice)
- 11am – 1.30pm Bank Holidays (all four hubs)

Appointments could be booked by calling 01922 501999 during the following times:

- 8am – 9pm weekdays
- 10am – 3pm weekends
- 11am – 1.30pm bank holidays

The NHS 111 service was also able to book appointments on behalf of patients.

National GP Survey results

| Practice population size | Surveys sent out | Surveys returned | Survey Response rate% | % of practice population |
|--------------------------|------------------|------------------|-----------------------|--------------------------|
| 4988.0 | 284.0 | 105.0 | 37.0% | 2.11% |

| 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) | 91.9% | 93.3% | 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 and complex medical issues.
- The practice had implemented a system of 'anticipatory home visiting' for housebound patients, to support and manage these patients efficiently.
- The practice had the support of a clinical pharmacist who would flag up issues with polypharmacy for patients.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- The practice worked closely with integrated care team to support patients with conditions that could safely be managed in the community.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment and consultation times were flexible to meet each patient's specific needs.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- Patients were encouraged to engage with Expert Patient Programmes, to help them manage their condition more effectively.
- 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.

Families, children and young people

Population group rating: Good

Findings

- Appointments were available outside of school hours.
- 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. Records we looked at confirmed this.
- Following feedback the practice had introduced dedicated 'urgent child' appointments to facilitate rapid access for young children to be seen the same day.
- The health visitor and school nurse attended regular meetings to discuss families with safeguarding concerns. Children subject to protection plans were highlighted in clinical records.
- The practice had a close relationship with the local children's hospice and the lead GP committed a session a week to supporting the service. Children being cared for at the hospice registered as temporary patients at the practice. Two other partners within Umbrella Medical provided an in and out-of-hours cover, especially for end of life care.

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. For example, extended opening hours five days a week.
- The practice was open from 7.30am every week day with GP appointments available from 7.30am two mornings a week. Early morning practice nurse and phlebotomy appointments were also available.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Pre-bookable appointments were available to all patients at additional locations within the area, through the Extended GP Access Service. Appointments were available between 6.30pm and 9pm on weekdays, between 10am and 3pm on Saturday and Sunday, and 11am and 1.30pm on bank holidays.
- Pre-bookable appointments were available up to three months in advance.

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 such as homeless people.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- The practice worked closely with the community mental health nurse, who held weekly clinics at the practice. Patients were able to book appointments directly with the nurse.

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. | Yes |
| The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. | Yes |
| Appointments, care and treatment were only cancelled or delayed when absolutely necessary. | Yes |
| <p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had reviewed and amended their home visiting model. A designated home visiting GP and home visiting practitioner covered requests for visits for all practices within the group. Requests were triaged by the home visiting GP and the most appropriate practitioner allocated to visit. The practice reported that approximately half of the requests for home visits were able to be managed by a telephone consultation. The home visit request template included red flag advice for reception staff to follow. | |

| 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) | 82.7% | N/A | 68.3% | No statistical variation |
| 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) | 66.4% | 65.1% | 67.4% | No statistical variation |
| 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) | 67.0% | 65.2% | 64.7% | No statistical variation |
| The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019) | 68.5% | 69.8% | 73.6% | No statistical variation |

| Source | Feedback |
|-----------------------------|--|
| Completed CQC comment cards | Eleven comment cards were completed by patients. Only one patient made reference to appointments and commented that the wait for appointments had increased. |

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. | 4 |
| Number of complaints we examined. | 2 |
| Number of complaints we examined that were satisfactorily handled in a timely way. | Yes |
| Number of complaints referred to the Parliamentary and Health Service Ombudsman. | 0 |

| | Y/N/Partial |
|---|-------------|
| Information about how to complain was readily available. | Yes |
| There was evidence that complaints were used to drive continuous improvement. | Yes |
| Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Information on how to complain was available in the practice and on the website. Learning outcomes from complaints were discussed at the monthly education meetings. | |

Examples of learning from complaints.

| Complaint | Specific action taken |
|--|---|
| Relative unhappy with the care provided to a patient. | A discussion took place between the clinician and their supervisor and they asked to reflect on the complaint and their practice. |
| Parent of a child was unhappy with the appointment system. | The practice had amended to the appointment system to include a specific urgent same day appointment for children. |

Well-led

Rating: Good

Leadership capacity and capability

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

| | Y/N/Partial |
|--|-------------|
| Leaders demonstrated that they understood the challenges to quality and sustainability. | Yes |
| They had identified the actions necessary to address these challenges. | Yes |
| Staff reported that leaders were visible and approachable. | Yes |
| There was a leadership development programme, including a succession plan. | Yes |
| <p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Staff reported that they felt well led and part of a team. There was strong collaboration and support across all teams and a common focus on improving the quality of care and people's experiences. Staff met regularly to discuss any issues or complex cases and to offer and receive peer support. The organisation had recognised the challenges facing primary care and had looked to develop a multidisciplinary team with the practices that included allied health care professionals. The staff team across the organisation had been expanded to include advance nurse practitioners, clinical pharmacists and the home visiting clinician, which enabled the GPs to concentrate on delivering care to patients with more complex needs. The provider had recognised the limitations of the buildings within which a number of the practices were located. The provider had secured a site, funding and outline planning permission for a new purpose-built medical centre within the locality. The practice had successfully bid for various funding streams to enhance and redesign the services being delivered. The funding had enabled the practice to employ a clinical pharmacist, a home visit practitioner, support a member of the nursing team to complete a post graduate degree to become an advanced clinical practitioner, and employ and develop a health care assistant to a Level 3 qualification. | |

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 | Yes |

| | |
|--|-----|
| them. | |
| Progress against delivery of the strategy was monitored. | Yes |

Culture

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

| | Y/N/Partial |
|---|-------------|
| There were arrangements to deal with any behaviour inconsistent with the vision and values. | Yes |
| Staff reported that they felt able to raise concerns without fear of retribution. | Yes |
| There was a strong emphasis on the safety and well-being of staff. | Yes |
| There were systems to ensure compliance with the requirements of the duty of candour. | Yes |
| When people were affected by things that went wrong they were given an apology and informed of any resulting action. | Yes |
| The practice encouraged candour, openness and honesty. | Yes |
| The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy. | Yes |
| The practice had access to a Freedom to Speak Up Guardian. | Yes |
| Staff had undertaken equality and diversity training. | Yes |
| Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. The provider had a Locality Manager lead for Mental Health First Aid, to support staff as required. | |

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

| Source | Feedback |
|------------------|--|
| Staff interviews | <ul style="list-style-type: none"> Staff reported that they were proud of the organisation as a place to work and spoke highly of the culture. Staff told us they received informal support when required and could request learning and development at any time. Staff felt they were treated equally. |

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: <ul style="list-style-type: none"> There was a clear organisational structure across Umbrella Medical, which resulted in shared | |

roles across the practices within the organisation.

- There was a clear governance structure, which included meetings to discuss management and leadership, finance and clinical governance.
- Communication was effective and organised through structured, minuted meetings.
- Clinicians attended education meetings, which was the forum at which significant events, new policies and procedures and updates to guidance were discussed as well as presentations by other health care professionals.
- Any changes to practice or learning from incidents and complaints was shared across all staff teams within the organisation.

Managing risks, issues and performance

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

| | Y/N/Partial |
|---|-------------|
| There were comprehensive assurance systems which were regularly reviewed and improved. | Yes |
| There were processes to manage performance. | Yes |
| There was a systematic programme of clinical and internal audit. | Yes |
| There were effective arrangements for identifying, managing and mitigating risks. | Yes |
| A major incident plan was in place. | Yes |
| Staff were trained in preparation for major incidents. | Yes |
| When considering service developments or changes, the impact on quality and sustainability was assessed. | Yes |
| <p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The provider had undertaken several risk assessments relevant to the provision of clinical care, including infection control and premises risk assessments. Recommendations from risk assessments had been actioned. • The provider used a risk stratification tool to allow identification of high risk and high harm significant events, so they may be managed with appropriate urgency. • One of the GP partners had the lead role for quality assurance and was responsible for monitoring practice performance. This included reviewing QOF and other clinical indicators, data quality, performance against enhanced services, medical records and the quality of notes summaries. They were provided with dedicated time each week to undertake this role. | |

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: <ul style="list-style-type: none"> The practice had engaged with an information governance support service to provide information governance (IG), GDPR support and roll out, IG queries support management and policies in line with local and national guidelines. This had supported the practice in the successful delivering of Subject Access Requests (SAR). | |

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: <ul style="list-style-type: none"> The practice had increased the number of members of the patient participation group from 9 in January 2017 to 31 at the time of our inspection. | |

Feedback from Patient Participation Group.

| Feedback |
|---|
| We met with representatives from the patient participation group (PPG). They were very supportive of the practice and keen to provide assistance to help the practice to move forward and improve. They told us they had a good working relationship with the practice and were kept informed regarding any |

proposed changes. They told us they set the agenda for the meetings and invited representatives from the practice to attend. They felt the practice listened to suggestions and took action whenever possible.

The PPG were actively involved in the discussions around the new build and a representative from each practice PPG attended the forum meetings. The PPG supported the practice with patient satisfaction surveys, were involved in the development of the questions, review of the results and any subsequent action plan.

The PPG had developed a newsletter, which mirrored the information on the practice website and social media. This was available in the waiting area.

Continuous improvement and innovation

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

| | Y/N/Partial |
|---|-------------|
| There was a strong focus on continuous learning and improvement. | Yes |
| Learning was shared effectively and used to make improvements. | Yes |
| Explanation of any answers and additional evidence: | |
| <ul style="list-style-type: none"> • Learning from audits, significant events and complaints was shared all practices within Umbrella Medical. • Staff were encouraged and supported to develop their skills and knowledge. For example, supporting a member of the nursing team through a post graduate course in advanced clinical practice. • The provider was actively involved and engaged with their local Primary Care Network. • The practice was a teaching and training practice. • The practice had participated in Productive General Practice programme organised by the clinical commissioning group. This resulted in staff being allocated specific roles/tasks, increasing accountability and effective monitoring of systems and processes. The learning from this programme had been shared across all practices in the Umbrella Group. | |

Examples of continuous learning and improvement

- The provider had restructured their service and provision of clinics through the employment of clinical pharmacists, advanced nurse practitioners (ANPS) and a home visiting practitioner. Daily urgent care clinics for minor ailments were managed by the ANPs and clinical pharmacists, which enabled the GPs to have 15 minute appointments to see patients with more complex needs.
- All requests for home visits were triaged through the dedicated home visiting team, resulting in patients being seen by the most appropriate clinician, or managed through a telephone consultation if appropriate. [Almost 40% of home visits were undertaken by the home visiting practitioner rather than the GP. Consequently, the practice had been able to increase the number of GP appointments available, and provide a timely review for housebound patients.](#)
- The practice had developed the role of non-clinical champions for cancer care, learning disability

patients and carers.

- The practice had supported a member of reception staff to complete British sign language training (BSL). The practice had identified and coded 323 patients with reported hearing loss and 23 patients with a clinical code of deafness.
- The practice had signed up to participate in the CCG pilot to implement E-consult.
- The practice was actively involved in the development of the local Primary Care Network (PCN). One of the Practice Partners had been appointed as a clinical director and the practice manager as managerial / administrative lead. The clinical director had worked alongside colleagues to initiate the recruitment of a clinical pharmacist and a social prescriber.

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.