

# Care Quality Commission

## Inspection Evidence Table

### The Ferns Medical Practice (1-569804102)

Inspection date: 23 September 2019

Date of data download: 18 September 2019

## Overall rating: Good

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

## Effective

## Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	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) (01/07/2018 to 30/06/2019) (NHSBSA)	0.71	0.83	0.75	No statistical variation

## Older people

## Population group rating: Good

### Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

- 21 patients were on the palliative care register at the time of our inspection.
- The practice had undertaken an audit of deaths in the past 12 months and a review of the palliative care register. The findings identified some areas for improvement in terms of strengthening working relationships and the better recording of information pertaining to patient choice including patients preferred place of death and next of kin which the practice had started to address.

## 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.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.
- The practice identified a need for patients with diabetes who had previously had leg ulcers but were now “well” to receive ongoing support. The practice submitted a bid for a “well-leg” clinic in order to meet these patients’ needs. The practice liaised with two other local practices and submitted a bid for additional funding to host the clinic. The bid was approved. A decision was made on the logistics of the service to ensure the service was effective. As such the clinic was operational from the Farnham Integrated Care Services (FICS) which is a federation of local GP practices and patients of The Ferns had access to all services offered by FICS. As the service was in its infancy there was currently no impact data available for the practice to present to us but the practice was positive about responses going forward. Appointments would be available both in traditional core GP hours and through the improved access pathway.

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>	79.8%	80.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	4.6% (19)	9.2%	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>	72.8%	79.3%	77.7%	No statistical variation
Exception rate (number of exceptions).	7.9% (33)	7.8%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	74.6%	83.3%	80.1%	No statistical variation
Exception rate (number of exceptions).	8.2% (34)	10.8%	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>	74.5%	73.2%	76.0%	No statistical variation
Exception rate (number of exceptions).	3.6% (17)	4.0%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	94.2%	92.2%	89.7%	No statistical variation
Exception rate (number of exceptions).	13.3% (16)	10.3%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	89.4%	81.5%	82.6%	Variation (positive)
Exception rate (number of exceptions).	3.1% (44)	3.1%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	97.0%	93.7%	90.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	3.4% (7)	5.9%	6.7%	N/A

## Families, children and young people

## Population group rating: Good

### Findings

- Childhood immunisation uptake rates were mostly in line with the World Health Organisation (WHO) targets. 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)	99	114	86.8%	Below 90% minimum
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)	117	124	94.4%	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)	120	124	96.8%	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)	118	124	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>

#### Any additional evidence or comments

The practice provided us with unverified childhood immunisation data from the previous four quarters (November 2018, January 2019, April 2019 and July 2019) which showed that the practice was consistently achieving over 95% each quarter for both first immunisations and boosters. This is an improvement from the previous published data shown above which showed that they were below the target for immunisations at 12 months old.

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

Population group rating: Good

#### Findings

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

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)	77.8%	N/A	N/A	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)	77.0%	73.1%	69.9%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	64.3%	62.2%	54.4%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	67.6%	77.0%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	56.4%	43.5%	51.9%	No statistical variation

#### Any additional evidence or comments

The practice had worked on improving their cervical screening uptake. The practice provided us with unverified data to show that the percentage of eligible patients who had undertaken cervical screening had increased from 77.8% for 2017/2018 data (listed above) to 83% when the data was run on 23 September 2019. This is above the national target of 80%.

The practice provided evidence in the form of a report to show that breast cancer screening percentage uptake had increased from 74% in 2016 to 77% in 2019.

**People whose circumstances make them vulnerable**

**Population group rating: Good**

**Findings**

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed patients at local residential homes.
- The practice monitored their patient registers on a regular basis undertaking audits where required.

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

**Population group rating: Good**

**Findings**

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.
- At our previous inspection the practice had established strong links with the local university and in particular with the counselling service there in order to provide joined up working and support for patients. Since that inspection the practice has continued to strengthen links as the student population in the area has steadily increased. Testimonials provided by the counselling service evidenced the positive relationship and the benefit this had for the patients. The counselling service would contact the practice manager about any students who they were seeing that they had concerns about (such as suicidal behaviour) so that the practice was aware and could see the patient quickly if required. They also notified the practice when there was no further capacity in the counselling service to prevent clinicians at the practice directing students to the university service and instead offer additional support and further signposting.
- The practice had recognised a link between their patient demographic of the student population and the rise in mental health issues in this population. As such the practice had applied to 'the



hope project' and at the time of inspection were waiting to hear if their application had been accepted. If accepted the practice would receive additional training and support which would include specialised suicide awareness training and support. This would provide further support for their patient population and for the counsellors at the local university.

- The practice register for patients with severe mental health diagnoses has increased to 82 patients in 2019 compared with 67 patients in 2014. This register includes patients with diagnoses of: Psychosis, schizophrenia and other serious mental health issues.
- The practice exception reported fewer patients from mental health reviews when compared to local and national averages. QOF data was in line with 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 (01/04/2017 to 31/03/2018) (QOF)	82.8%	91.8%	89.5%	No statistical variation
Exception rate (number of exceptions).	4.9% (3)	10.8%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	82.8%	89.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	4.9% (3)	9.0%	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) (QOF)	87.6%	83.3%	83.0%	No statistical variation
Exception rate (number of exceptions).	4.3% (4)	4.9%	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)	546.6	547.6	537.5
Overall QOF score (as a percentage of maximum)	97.8%	98.0%	96.2%
Overall QOF exception reporting (all domains)	3.0%	4.4%	5.8%

	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

- A nurse undertook a reflective account reviewing the impact of ear syringing on nurse appointment times. The nurse reviewed the number of patients who required a second appointment for ear syringing in a 12 month period. They identified that many had not undertaken the proper preparation ahead of their appointment. The nurse devised a patient information leaflet about what was required pre-appointment which reception staff gave out at time of booking and was available on the website. A second audit of ear syringing post implementation demonstrated that the majority of patients who followed the leaflet pre-appointment required only one appointment for their ears to become clear and thus freeing up nurse availability and appointment times for other patients. For example, in the initial review prior to implementation of the leaflet 17 patients out of 57 who attended for ear syringing required a second visit to complete the process. The nurse re-ran the data post leaflet and identified that 31 patients had had their ears syringed in the time period. 22 patients had followed the new procedure ahead of their appointment and their ears were clear within one visit. One patient had followed the procedure but required a second visit. Two patients had not followed the procedure but their ears were clear within one visit and six patients did not follow the procedure and all required second visits.

The practice had undertaken an audit of deaths and the palliative care register. The audit recorded 90 deaths in the past 12 months (1 May 2018 and 1 May 2019) and 33 of those were also on the palliative care register. Of those 33, only six had a next of kin recorded on their records. Seven patients had next of kin recorded who were not on the palliative care register. This did not mean that the discussion had not been had just that this was not coded. The practice identified following the audit that the current templates used for frailty and dementia did not have a prompt for discussing and recording next of kin information. None of the 90 patients had a preferred place of death recorded. Only 45 of the 90 patients had details about resuscitation preference (DNACPR – Do not attempt cardio pulmonary rehabilitation) and 12 patients on the palliative care register did not have a record of this on their notes. The practice concluded that these discussions may have taken place and documented by other organisations but not shared with the GP practice to be recorded on their records. Following the audit, the practice identified the following improvements to be made which included, strengthening communication pathways with nursing homes, and community teams and to improve the current recording templates to include next of kin codes.

The practice had undertaken a diabetic audit of all patients on their diabetic register from April 2018 to March 2019. The learning points identified from their audit was that 22% of patients were not up to date with their diabetic recall and that although patients with diabetes were being reviewed their blood pressure and cholesterol were not always being addressed or that correct coding was not always being applied. The recommendations included encouraging the use of a tool (QMasters) template for accurate coding and standardisation of diabetic appointments and to send all diabetic letters to one member of staff for consistent coding. The re-audit is due to be undertaken to assess any changes at the end of the 2019/20 QOF year.

## 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
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	N/A
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Responsibility for oversight of the staff training was down to the dedicated staff manager. The tool used by the practice clearly identified new starters who were still in their probationary period and therefore may not have had the full suite of face to face training. The practice had assurances that basic training was undertaken whilst waiting for face to face training which included a walkthrough of relevant protocols and links to key documents. Staff worked through the identified list of training and the expectation was that this was completed prior to their probation sign off meeting. The system was reviewed on a regular basis by managers and the colour coding scheme worked effectively in monitoring those staff who were still undergoing training and development to ensure their learning needs were met. Since the last inspection the practice had reviewed their system for monitoring staff training and identified a more efficient way of working. The practice previously relied on staff response to training requests but had changed the system so that staff presented a certificate of completion before the training matrix was updated. The practice now also had an online training system (bluestream academy) for staff to complete which they reviewed to ensure compliance with their mandatory training as specified by the practice.</p> <p>The manager explained any highlighted anomalies on the system (for example those that were slightly over 12 month refresher training) and evidenced that training was booked for these individuals. For example, some staff required level 1 safeguarding children and adult update training and the practice had taken the decision for this to be included as part of the planned level 2 safeguarding training which was booked in. The practice had taken the decision for this training to be face to face. Face to face fire safety training was also booked in for October and November 2019.</p>	

All staff had received an appraisal. Those that had been in post for less than 12 months received probationary review meetings and dates for a 12 month appraisal were planned.

The practice had not employed any Health Care Assistants since 2015.

## Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	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
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

## 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
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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	94.8%	94.4%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.2% (5)	0.5%	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.	Y
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

# 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.	Y
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:	
<p>The practice had undertaken a review of their patient demographic and identified several factors including an increasing student population. They had also identified that there had been an increase in patients on their mental health register and further analysis showed that this was particularly evident in the student population. As such the practice had looked at ways to deliver additional support and services to this population group. This included the introduction of e-consult and additional training for staff around mental health conditions.</p>	
<p>The practice had continued to attend university enrolment days every year. By having a presence at the university it meant that there was an increased assurance that students new to the area were registered with a GP practice and were up to date with their vaccinations. It also benefited students as they then did not have to attend the GP practice at a separate occasion to register as a patient.</p>	
<p>The practice was part of the local GP federation Farnham Integrated Care Services (FICS). As such patients registered at the practice had access to a range of enhanced services offered by FICS for example direct referral to the musculoskeletal clinic and the FeNo project for asthma patients. The FeNo project is a test to measure lung inflammation and how effective inhaled medicines are working to treat this and to detect diagnosis of asthma. The test is said to be more accurate than other current testing methods widely used in practice such as spirometry alone. The project had been running for three months and of 30 patients who had used the service 10 belonged to the practice. Access to the service was quick with patients being able to directly book into this service and be seen in a couple of days and at their convenience with appointments available during the daytime, evening and weekend. The FeNo tool is very helpful to aid diagnosis one way or another and is used in conjunction with patient history and spirometry.</p>	
<p>Since the previous inspection the practice had improved the arrangements for accessing information and communicating with other organisations including out of hours care. For example, the practice had now created a system whereby any patient contact undertaken by FICS or the North Hampshire Urgent Care</p>	



would go straight into a system utilised by the practice (docman) and work flowed to the GPs.

The practice was part of the North East Hampshire and Farnham Clinical Commissioning Group and as such took part in aspects of the vanguard project which previously ran in the area. The practice alongside the CCG have continued with the ethos of the initiatives started as part of the project and looked at further ways of developing. Patients from the practice have access to the facilities offered via the vanguard including the “happy healthy at home initiative”. Data showed that from the second year of the programme there was significant reduction in the trend of emergency admissions.

Practice Opening Times	
Day	Time
Opening times:	
Monday	08.30 – 19.00
Tuesday	08.30 – 18.30
Wednesday	08.30 – 18.30
Thursday	08.30 – 18.30
Friday	08.30 – 18.30
Appointments available:	
Monday	08.30 – 19.00
Tuesday	08.30 – 18.30
Wednesday	08.30 – 18.30
Thursday	08.30 – 18.30
Friday	08.30 – 18.30

#### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10,489	258	118	45.7%	1.12%

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)	97.4%	95.4%	94.5%	No statistical variation

#### Any additional evidence or comments

The practice had a variety of appointment types in place including urgent on the day appointments which could be booked into as well as routine pre-booked. There were a variety of ways to book an appointment including via the telephone, in person, online access or using e-consult which was about to launch at time of inspection.

The administration team told us that appointments could currently be booked up to four weeks ahead.

## 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 provided effective care coordination to enable older patients to access appropriate services.
- Patients on the palliative care list or identified as high risk have an alert placed on their records for access to a GP on the day.
- Abdominal aortic aneurism screening was routinely offered in house to those who were eligible.

## People with long-term conditions

## Population group rating: good

### Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- 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.
- A weekly asthma and COPD clinic was run on a Tuesday by the GP and nurse.
- The practice had identified new ways of monitoring patients with long term conditions (such as the well-leg clinic and FeNo project). The practice reviewed demand and capacity for these services and felt they were best placed under the local federation as through the federation patients registered to the practice would have increased flexibility for monitoring their long term conditions as the federation had the contract for enhanced access which included appointments at evenings and weekends. The practice felt the increased flexibility offered through this service would be most beneficial for patients with mobility issues due to age or healthcare needs and those who rely on family members or carers to bring them to appointments.
- Diabetic review appointments were nurse led and offered on an ad-hoc basis rather than a set clinic day.
- Access for asthma patients to the FeNo project run by FICS nurses to better assess inflammation of the lungs and effectiveness of medicines to treat exacerbations.

## **Families, children and young people**

**Population group rating: Good**

### **Findings**

- Additional nurse appointments were available until 7pm on a Monday for school age children so that they did not need to miss school.
- 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.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Parents with concerns regarding children under the age of 10 could attend a drop-in clinic held at the same time as the twice weekly baby clinic.
- Access to CAMHS (community adult mental health services) recommended support groups for patients awaiting treatment through CAMHS and those currently undergoing treatment.

## **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.
- The practice was open until 8.15pm on a Monday and Friday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available Saturday and Sunday 10am until 1pm.
- Evening telephone appointments were available between 6.30pm and 7pm every weekday with the exception of Friday and targeted towards working aged individuals who are unable to take calls during the working day.
- Extended access appointments were provided by the Ferns GPs but working out of FICS (the local federation) one day per week on a rota basis with the other practices who were part of the federation. Appointments were available between 6.30pm and 8pm.
- Routine appointments were available on a Sunday morning at Frimley Hospital (through another CQC registered location – North Hampshire Urgent Care) for patients unable to attend the GP practice during the week.
- There was strong links with the local university. The practice attended enrolment days to ensure students were registered with a GP practice. All students received a tailored GP registration pack with details about services offered in the local community including local mental health support.

**People whose circumstances make them vulnerable**

**Population group rating: Good**

**Findings**

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and 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 and travellers.
- 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.
- The practice registers all patients from a local learning disability care home. The practice was currently exploring being able to gain patient record proxy access for staff working at the homes to allow them to order repeat prescriptions on behalf of the patients. The practice held separate flu clinics for patients with learning disabilities.
- Patients with learning disabilities had longer appointments automatically and access to a small waiting area away from the main reception area to reduce potential feelings of anxiety.
- Patients with learning disabilities attending for treatment were offered their healthcare reviews opportunistically to prevent the need to attend the practice more than once.
- One staff member has specialised in vulnerable patient groups and has undergone additional training in these areas. The most recent training was on working with the LGBT+ community in regards to registration processes and correct terminology. This staff member supported updating policies and processes and cascaded training to all staff to disseminate learning.

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

**Population group rating: outstanding**

**Findings**

- The practice had undertaken a review of their student population (age range 14 to 19, and 20 to 29 years) and compared this to the two other GP practices in the locality. The practice mental health register was higher than average when compared to the clinical commissioning group (CCG) but also when compared to the two practices in the immediate locality which share similar demographic.
- The practice was known by organisations and residents in the local area for providing good mental health care as some staff (clinicians and non-clinicians) had specialist interest in this area. Since our last inspection in 2014 the practice had maintained strong links with the local university counselling service and engaged in additional training for staff around mental health conditions. Data provided by the practice showed that 16.7% of registered patients aged 20-29 were recorded as having a mental health issue compared to a neighbouring practice listed as 8.2% for the same demographic. Since 2014 the practice's total number of patients registered with

depression has increased; in October 2014 531 patients were registered with depression and in October 2019 it was 1061 patients.

- Since our inspection in October 2014 the number of young people on the mental health register was two but at the time of this inspection this had increased to 27 patients.
- Appointments were allocated when necessary to those experiencing poor mental health such as urgent, same day or prioritising routine appointments. Counsellors at the local university had a direct contact to the practice to discuss any students at risk such as those expressing suicidal thoughts in order for the GP to offer quick support which may in turn reduce emergency hospital admissions.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. Additional training had been provided for staff around mental health conditions. The practice was applying to a project which would provide further specialist training around certain mental health conditions and allow to further enhance the support available to patients and other organisations in the wider community.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- Patients were signposted to TalkPlus for further mental health support which can include psychological therapies and interventions. Information on TalkPlus was readily available in the waiting room. Over the last year 338 of the practice's patients have been seen by the TalkPlus. 290 of these referrals were self-referrals by the patients directly to the service.
- There were mental health and suicide prevention leads within the practice.
- There are a high volume of students registered with the practice. The practice has linked in with the university counselling service to provide enhanced joined up care for patients.
- The practice's register for mental health conditions has steadily increased since 2019 with 82 patients now registered (compared to 67 in 2014).

## 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

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)	57.6%	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)	75.0%	68.7%	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)	70.3%	63.2%	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)	82.0%	75.3%	73.6%	No statistical variation

### Any additional evidence or comments

The practice was aware of their lower GP survey score for access via the telephone. The practice told us they had reviewed their current system and had a meeting booked for the day after our inspection to discuss improvements to the telephone lines. The plan was to have a direct line to the secretaries bypassing reception in order to categorise certain requests and reduce queues on the telephone. They also had plans to have some telephone software introduced to pick up the queue numbers. The practice had recently purchased software which would allow patients to make simple requests or cancel appointments via SMS text message. The practice were due to launch e-consult the day after our inspection. The practice felt this would help reduce telephone line access as is geared towards a large portion of their patient demographic (students and working age individuals). The practice told us they have noticed an increase in people asking about the new NHS app in terms of making appointments and are in the process of providing information and education to patients about all the online access tools that

are available.

The practice had also changed their appointment system recently to allow for longer appointments when required.

Source	Feedback
Comment cards	<p>29 comment cards were received.</p> <p>25 were positive</p> <p>3 neutral</p> <p>1 negative.</p> <p>Positive comments named staff for the excellent care received and responsive nature of the service. They felt they had input and support towards their care in the absence of secondary care input recently. Long term condition monitoring was mentioned as a positive by patients.</p> <p>Neutral comments were positive about all aspects of care received with the exception of appointment wait times and availability.</p> <p>The negative comment was in response to difficulties in accessing an appointment.</p>
NHS choices	<p>Three out of five stars from nine ratings since September 2017. Not all comments have received a response from the practice. Most recent comments are mixed. Three of the last four reviews rate the practice a two or a one and only one rating gives a four star review which praises the clinical staff but is negative of the attitude of receptionists. The negative reviews and ratings have themes around difficulty in access via the telephone and feeling like patients are treated as a nuisance.</p>
External organisation (councillor from local university)	<p>Email to practice commenting about the positive working relationships and experience gained.</p>

## 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.	18
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Informal complaints were documented in a separate notebook in order to monitor and review themes and trends arising from those not identified through the formal complaints process.</p> <p>If patients wanted to make an informal complaint or complain via the telephone about a clinical issue then the practice manager requested patients to put this in writing. For example, if a patient was unhappy with a consultation. The practice manager told us that some informal complaints had been made formal as a result of this and allowed a more in-depth of causes to prevent them from happening again.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Prescription was printed and filed without a signature.	Reminder to staff to check that all prescriptions were signed before filing. Issue was discussed with patient.
Email complaint patient dissatisfaction with difficulties in getting appointment	Patient was offered a telephone call to discuss and offered an appointment quickly.



## 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.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y

### 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
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:  The practice dedicated an away day to look at succession planning and business continuity. The emphasis was looking at how things could be managed operationally in the future.	

## 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
<p>Explanation of any answers and additional evidence:</p> <p>All staff spoken to on the day of the inspection stated they felt able to speak to the management team to raise concerns or ask questions. The management team told us that there was an open and transparent culture to the practice. They provided an example where a staff member came to the practice management team to notify that they had identified that an administrative error. A patient had received an incorrect appointment booking letter and this had not been identified until the patient contacted the practice. This was identified and discussed in the wider team meeting to share learning.</p>	

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

Source	Feedback
Staff interviews	All staff spoken to commented about the positive working relationship and their enjoyment of working at the practice. Staff commented about the open culture and felt able to speak to any member of the leadership team at any time.

## 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
Staff were clear about their roles and responsibilities.	Y

There were appropriate governance arrangements with third parties.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had recently purchased a piece of software which helped with IGDP (information governance data protection reporting). Feedback from the secretaries was that they benefitted from the software as it has removed an element of human error when redacting patient sensitive information for the purpose of reports such as insurance reports that request copies of patient records.</p>	

## Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
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.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
Infection control was a standing agenda item at team meeting and as such reviewed on a regular basis.	
The practice had had a couple of security incidents within the last 12 months which had been reviewed by the practice. The practice looked at security procedures and CCTV and identified this was inadequate. They brought this to the management company that oversaw the main hospital building (which the practice was located in) and a new process had been implemented. Their work highlighted to the management company that there were areas of the building not covered by CCTV and areas which could put patient safety and security at risk. As such new CCTV was being installed in some hot spot areas and a handle has been removed from one of the doors located within the practice so that people can get out of the building via that door but not enter.	
The practice had reviewed all risk assessments on an annual basis with regards to building and patient safety.	

## 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
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

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Any unusual access was identified and followed up.	Y

## 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
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:  The practice had identified five areas where their performance on the national GP patient survey was lower than expected. The practice undertook a targeted internal patient survey on 19 August 2019 for a week. We saw 30 surveys had been handed out with 18 returned (a completion rate of 60%). The practice had undertaken a full review of responses and generated a report of their findings. At the time of the inspection the practice had booked meetings to review telecommunication systems and to review ways to make the appointment structure simpler and quicker for reception staff. The practice aimed to repeat the questionnaire in six months time to see if improvements continued.	

Feedback from Patient Participation Group.

Feedback
The patient participation group representatives spoken to on the day of the inspection were positive about their relationship with the practice. They felt they were included in contributions towards discussions about the practice and ways to develop.



## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:  The practice had reviewed the GP patient survey and identified the five questions they performed worst on. They undertook a survey of patients attending the practice to review these questions specifically and see what could be improved. Results showed that telephone access was the biggest patient dissatisfaction. The practice had arranged some meetings to review how they could improve the	

telephone lines in a way of increasing patient satisfaction.

### **Examples of continuous learning and improvement**

The practice had established links with the local practices and the federation to engage in further learning and improvement. These included reviews of population needs' and audits such as medicines audits. The practice were also linked in with another federation (Salus) to continue to drive improvements for the benefit of their patients.

## Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

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

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

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

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

## Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These 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.