

Care Quality Commission

Inspection Evidence Table

Lombard Medical Centre (1-556512937)

Inspection date: 18 September 2019

Date of data download: 17 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.	N/A
Explanation of any answers and additional evidence: A network navigator worked at the practice one day a week. They identified actions to minimise the amount of patient falls in the community and to minimise avoidable hospital admissions. The network navigator used data to identify patients to be discussed at the next multidisciplinary meeting to consider whether additional support could be put in place.	

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)	0.24	0.65	0.75	Variation (positive)

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's clinical pharmacist carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. Where appropriate, an interim review took place at six months. 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 asthma were offered an asthma management plan and patients with COPD were offered rescue packs.
- Patients could attend the practice for wound management.
- The practice had a diabetes support group which met monthly. Staff advised this group on

healthy eating.

- One of the nurse practitioners was able to start patients on insulin to avoid delays in treatment.

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>	94.2%	81.5%	78.8%	Significant Variation (positive)
Exception rate (number of exceptions).	27.7% (292)	14.8%	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>	88.6%	75.1%	77.7%	Tending towards variation (positive)
Exception rate (number of exceptions).	20.4% (215)	11.6%	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>	91.0%	82.9%	80.1%	Variation (positive)
Exception rate (number of exceptions).	22.5% (237)	15.7%	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>	86.2%	79.3%	76.0%	Variation (positive)
Exception rate (number of exceptions).	24.9% (249)	11.4%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	92.7%	87.0%	89.7%	No statistical variation
Exception rate (number of exceptions).	28.7% (105)	14.0%	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>	90.7%	84.9%	82.6%	Variation (positive)
Exception rate (number of exceptions).	11.1% (279)	5.7%	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>	96.8%	93.1%	90.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	13.4% (49)	6.5%	6.7%	N/A

Any additional evidence or comments

Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. Exception rates were higher than CCG and national averages in all areas. We discussed this with practice staff and did not identify any concerns with the process being followed to exception report.

Families, children and young people

Population group rating: Good

Findings

- 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)	164	184	89.1%	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)	223	237	94.1%	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)	222	237	93.7%	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)	219	237	92.4%	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>

Any additional evidence or comments

The practice provided us with childhood immunisation figures for quarter one of 2019. This showed figures of 89%, 83%, 81% and 81% which showed a decrease in performance. The practice had difficulty engaging with some of its population but was continuing efforts to increase uptake. A GP would call the parents of children who did not attend for immunisation. Following our inspection visit, the practice provided unverified quarter two figures which showed an improvement in their performance in this area.

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. NHS health checks were carried out as a partnership between a nurse and a GP to minimise the amount of times the patient had to attend the practice.
- 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)	69.0%	N/A	N/A	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	73.7%	78.7%	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)	53.5%	63.1%	54.4%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	59.1%	63.4%	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)	47.5%	52.7%	51.9%	No statistical variation

Any additional evidence or comments

The practice provided us with cervical screening figures for quarter one of 2019. This showed a similar percentage of 69.2%. We discussed this with staff and were satisfied that the practice was taking appropriate action to increase uptake in this area. Practice staff proactively contacted patients who had not attended and appointments were available outside working hours, including Saturday appointments, to encourage uptake.

People whose circumstances make them vulnerable

Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check. 106 health checks were completed of 148 patients invited in 2018/9. This was above local averages.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. A network navigator helped to review patients who might be reaching the end of their life to ensure that the necessary support was in place at an early stage. The practice reviewed all patient deaths to identify if appropriate care given by practice.
- The practice had a system for vaccinating patients with an underlying medical condition according

to the recommended schedule.

- The practice demonstrated that they had a system to identify people who misused substances.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- 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>	95.7%	93.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	25.2% (31)	20.6%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	91.3%	94.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	25.2% (31)	18.1%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	90.8%	83.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	9.8% (13)	10.9%	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)	549.3	544.6	537.5
Overall QOF score (as a percentage of maximum)	98.3%	97.4%	96.2%
Overall QOF exception reporting (all domains)	11.9%	6.0%	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 improvement demonstrated because of clinical audits or other improvement activity in past two years

The practice carried out a two-cycle audit of renal monitoring of patients receiving a specific medicine. The first audit searched for two different types of blood tests (ideally patients should have both) and found that 85% of patients had received one type and 48% of patients had received the second type of test. A number of actions were identified and the second audit found that the figures had improved to 87% and 95%. This showed that an improvement in the renal monitoring of patients receiving a specific medicine.

Any additional evidence or comments
The practice provided us with their unverified QOF results for 2018/9. Performance had improved to 552.75/559.

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.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in 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> <ul style="list-style-type: none"> Processes were in place to ensure staff were safely recruited and appropriate staffing levels were maintained. Staff were supported to develop within their current role or to move to a new role. Reception staff had been trained to become care navigators. Some care navigators were training to become health care assistants. Some of the health care assistants were training to become nursing associates. The practice had employed a newly qualified nurse who was studying the practice nurse qualification. The practice was a teaching and training practice and provides training for doctors from three different geographical schemes: Nottingham, Mansfield and Lincoln. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Practice staff had completed signposting training to allow them to provide guidance for patients on other organisations that might be able to support them. The practice used tele-dermatology to work effectively with other organisations. Tele-dermatology is the use of telecommunication to exchange medical information (concerning skin 	

conditions and tumours of the skin) over a distance using audio, visual and date communication. This allows quicker more convenient access to specialist advice for patients.

- The acute visiting service home service was located in the practice. The acute home visiting service was a pilot service aiming to reduce admissions to hospital, A&E attendances and 999 emergency calls. It was a rapid response home visiting service to patients who ring their GP practice requesting an urgent home visit for an acute medical problem.

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice hosted a weekly walking group and also supported the park run initiative. 	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	97.2%	96.3%	95.1%	No statistical variation
Exception rate (number of exceptions).	4.7% (200)	1.5%	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.	N/A
Explanation of any answers and additional evidence:	

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: <ul style="list-style-type: none"> The practice provided 80% of the extended access appointments for a population of 77,000 over seven general practices. The practice offered extended access appointments on Tuesday, Wednesday, Thursday and Friday evenings. The practice also offered Saturday morning extended access appointments on four out of every five Saturdays. The practice also provided Sunday and bank holidays appointments from a room at a local hospital. The 111 out-of-hours service had access to the practice's appointments system and could book patients into appointments directly. The practice had recruited additional staff and purchased a centrifuge in order to offer extended access to appointments and blood testing. The practice provided a 24-hour ECG service. The practice had converted a number of administrative rooms into clinic rooms to provide more appointments for patients. Patients could sign in for their appointments using a touchscreen. One of these touchscreens was at a lower height so that it was more accessible to patients using a wheelchair. The practice had information leaflets in different languages, including Polish and Latvian. One of 	

the reception staff spoke Romanian.

- The practice had identified over 3% of its patients were carers and practice staff were proactively contacting them to offer support if particular issues had been identified at the last consultation. The practice had appointed four carers champions to carry out this work and to refer patients to the Carers hub for additional support as required.

Practice Opening Times

Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 8pm
Wednesday	8am to 8pm
Thursday	8am to 8pm
Friday	8am to 8pm
Appointments available:	
Monday	8am to 6.30pm
Tuesday	8am to 8pm
Wednesday	8am to 8pm
Thursday	8am to 8pm
Friday	8am to 8pm

The practice reception opened between 8.00am and 6.30pm Monday to Friday. Appointments were offered between 8.00am and 6.00pm Monday to Friday. The practice also offered pre-bookable appointments from 6.30pm to 8pm on Tuesdays, Wednesdays, Thursdays and Fridays and from 8am to 12pm on most Saturdays. In addition, the practice offered appointments from 8am to 12pm on Sundays and bank holidays from a room based at Newark Hospital nearby. Patients could also book appointments for Monday evenings at a nearby GP practice.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
19082	308	118	38.3%	0.62%

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)	91.4%	94.4%	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 provided effective care coordination to enable older patients to access appropriate services.

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.

Families, children and young people

Population group rating: Good

Findings

- Additional nurse appointments were available outside school hours 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.
- Midwives were based at the practice.

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.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including 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.
- Practice staff had volunteered to be part of a CCG street health event which would provide targeted support for homeless people directly in the community.

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. Reception staff had completed training in this area.

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
Explanation of any answers and additional evidence:	

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)	62.2%	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)	66.2%	63.8%	67.4%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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)	73.0%	59.4%	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)	77.8%	72.3%	73.6%	No statistical variation

Any additional evidence or comments

- The practice had introduced a new telephone system. The system allowed real-time monitoring of calls to help staff numbers to be adjusted to improve call answering performance. On the day of our inspection the majority of calls had been answered within a minute and almost all within five minutes.
- The PPG had recommended that a patient survey was carried out twice a year to obtain feedback on appointment availability. The practice carried out the survey and findings were discussed with the PPG. The PPG told us that the first survey showed 21% of patients could not get an appointment. Following changes to booking (more online access, telephone consultations) the second survey showed a decrease to 7% of patients who could not get an appointment.

Source	Feedback
Patient comment cards	44 comment cards were received and 40 were fully positive, two mixed and two negative. Patients were positive regarding the quality of care provided by all staff and most commented that they were happy with the available appointments.

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.	24
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: Complaints were analysed for themes and learning points were highlighted to staff. Clear appropriate	

responses were sent to patients.

Example of learning from complaints.

Complaint	Specific action taken
Information sent to a patient was unclear and as a result misinterpreted by patient	Working party to review letters to ensure content is clear

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
Explanation of any answers and additional evidence:	

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: <ul style="list-style-type: none"> A five-year business/strategic development plan was in place. This also contained a detailed business plan setting out the goals and objectives of the practice with clear actions and timescales to work to. The plan covered staffing, premises, IT, Patient services, financial sustainability, management, communication, patient reference group, health and safety and the Primary Care Network (PCN). The practice's statement of purpose was, 'Lombard Medical Centre aims to promote the health and wellbeing of our patients by ensuring the appropriate provision of high-quality health care 	

services. We aim to maintain close links with the local community and be responsive in adjusting to the needs of the local population.'

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
Explanation of any answers and additional evidence:	

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

Source	Feedback
Staff interviews	Staff were happy working at the service. They felt that it was a supportive environment where managers and staff worked well together. There was an open and transparent culture with a low threshold for reporting when things went wrong.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Comprehensive, regular reviewed policies and procedures were easily accessible to all staff. An organisational structure was in place and staff roles and responsibilities were clearly defined. Specific staff were identified to lead on a range of non-clinical and clinical areas. A range of regular staff meetings, including GP partner meetings, took place which considered governance issues. 	

Managing risks, issues and performance

The practice had clear but not fully 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.	Partial ¹
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: <ul style="list-style-type: none">Regular audits took place including infection control and medicines audits. The practice's clinical pharmacist led on the medicines audits.Clear safeguarding processes were in place and systems to investigate incidents and make staff aware of safety alerts were effective.Quality meetings took place each month to ensure staff were following policies and procedures and a quality management meeting took place where significant events and patient complaints were analysed for themes.¹The practice had a number of staff who summarised new patient records. However, there had been some staff absence and at the time of our inspection, there was a backlog of 233 patient notes that required summarising. These records had been prioritised and a plan was in place to address this issue. The practice had employed an extra staff member to summarise records and offered overtime for staff to clear this backlog.¹The supervision and auditing of non-medical prescribers needed strengthening. GPs oversaw the practice of the non-medical prescribers, however, documentation to demonstrate this needed improvement. The practice informed us that there were plans in place to address this.	

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
Explanation of any answers and additional evidence:	

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: <ul style="list-style-type: none"> One of the practice's GPs had been appointed Clinical Director for the new Primary Care Network (PCN). The practice had employed a locum so that the GP could support the further development of the PCN. Another of the practice's GPs was the diabetes lead for two local Clinical Commissioning Groups. The network navigator, funded by the CCG, felt well integrated with staff at the practice and felt staff were welcoming and accessible. 	

Feedback from Patient Participation Group.

Feedback
The PPG met each month except August. There were nine members who met in person and there were 30 members who formed part of a virtual PPG. The PPG had carried out a number of surveys (appointments, medicine wastage) and recommended changes to letters and working practices to ensure privacy for patients. The practice director, assistant practice manager and usually a GP, attended the meetings and the PPG felt listened to and had a good relationship with the practice.

Continuous improvement and innovation

There was 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:	

Examples of continuous learning and improvement
The practice had acted on areas of previous concern (telephone access) and taken action to improve services for patients. The practice was playing a leading role in developing staff and the newly formed Primary Care Network.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > 1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

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

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

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

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

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.