

Care Quality Commission

Inspection Evidence Table

Valley View Surgery (1-581753600)

Inspection date: 31 October 2019

Date of data download: 30 October 2019

We carried out an announced focused inspection at Valley View Surgery on 31 October 2019.

We decided to undertake an inspection of this service following our annual review of the information available to us. This inspection looked at the following key questions effective, responsive and well led.

Overall rating: Good

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Non-clinical practice staff were trained as care navigators, this enabled staff to direct patients to the most appropriate clinician to meet their needs.</p> <p>GPs and advanced nursing practitioners (ANPs) were supported in their decision making by clinical protocols and an advanced computer programme called 'GP assist' which gave access to best practice guidelines and support.</p> <p>The practice had recently introduced e-consultation services for patients. Patients could email the practice via the website with their queries. The patient was given a clear date when their query would be answered. Any words of concern used in the query would cause the system to display a message for the patient to seek immediate help.</p>	

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)	0.20	0.64	0.75	Significant 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 pharmacist carried out structured annual medication reviews for older patients. If any concerns were identified these were reviewed by a GP.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training and were knowledgeable in these areas.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. Asthma management plans were offered as necessary.
- 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. Patients with COPD were offered rescue packs.
- Adults with newly diagnosed cardio-vascular disease were offered statins as per best practice guidelines.
- The practice was aware that outcomes for patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months were lower than CCG and national averages. An audit had been undertaken of this patient group and patients offered oral medicines and reviews to help them reduce their HbA1c. Regular reports highlighted patients that did not attend, and non-attenders were followed up
- Patients with suspected hypertension were offered 24-hour ambulatory blood pressure monitoring.
- Patients with suspected atrial fibrillation could be assessed using a hand-held device in the practice. If necessary patients would be assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	63.0%	74.5%	79.3%	Variation (negative)
Exception rate (number of exceptions).	6.3% (34)	10.3%	12.8%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	82.6%	79.0%	78.1%	No statistical variation
Exception rate (number of exceptions).	5.6% (30)	5.7%	9.4%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	79.9%	77.8%	81.3%	No statistical variation
Exception rate (number of exceptions).	6.3% (34)	7.0%	12.7%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	82.2%	82.7%	75.9%	No statistical variation
Exception rate (number of exceptions).	1.4% (6)	3.7%	7.4%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	92.4%	91.5%	89.6%	No statistical variation
Exception rate (number of exceptions).	2.5% (2)	10.2%	11.2%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to 31/03/2019) (QOF)	88.8%	84.0%	83.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	2.3% (12)	4.8%	4.0%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2018 to 31/03/2019) (QOF)	100.0%	91.9%	91.1%	Variation (positive)
Exception rate (number of exceptions).	16.7% (4)	9.4%	5.9%	N/A

Any additional evidence or comments

The practice participated in an external ongoing prescribing audit which evidenced that between March 2018 to September 2019 antibiotic prescribing at the practice had reduced by 25%.

Families, children and young people

Population group rating: Good

Findings

- The practice explained that they had a hard to reach population and community factors which had impacted on childhood immunisation uptake attainment. In response to the continually reviewed low uptake, the practice had introduced an additional immunisation 'catch up clinic' for one hour per week alongside the ongoing clinics and appointments.
- The practice contacted the parents or guardians of children due to have childhood immunisations, compliance was also reviewed by clinicians when children attended for other issues and offered opportunistically.
- 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. An additional quarterly review was undertaken to review multiple failed attendances so that concerns could be highlighted. The practice would also take time to educate patients regarding the importance of immunisations at registration and during baby checks.
- 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 were signposted to access services for sexual health and contraception in the local area.
- 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)	105	119	88.2%	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)	111	127	87.4%	Below 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)	115	127	90.6%	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)	113	127	89.0%	Below 90% minimum

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information:
<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- The practice had systems to inform eligible patients up to the age of 25, 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. Appointments could also be booked in advance with a male or female clinician, walk in clinics were held twice weekly.
- E-consultations were available to all patients alongside extended access appointments. Patients could see a range of professionals on evenings and weekends including a podiatrist, a mental health worker, physio's and nurses. Welfare and benefits advice were also available.

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) (PHE)	64.2%	N/A	80% Target	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)	54.5%	55.7%	72.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	41.9%	36.1%	57.3%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	70.0%	74.5%	69.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	44.4%	51.5%	51.9%	No statistical variation

Any additional evidence or comments

The practice was participating in a nurse led scheme to target females before their twenty-fifth birthday and invite them for screening. It was hoped by contacting individuals early that screening would become embedded into their self-care. Uptake of screening at the practice was impacted upon by a hard to reach and engage patient population

The practice would ring patients would had failed to attend for cervical screening and send additional letters. Screening was also discussed when patients attended for other issues.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments, flexible and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check. None attendance at these checks was also reviewed by a clinician and patients and carers contacted to offer support.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Patients who may require additional assistance had access to a 'gold line' number for ongoing support from professionals.
- 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.

When necessary, referrals would be made to specialist community support services including voluntary services.

- The practice supported a vulnerable group from a residential facility. They ensured that registration of these individuals was timely to enable support to be offered at the point of contact.

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.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe. A private room and clinical support would be offered.
- 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. A review of the persons care was offered annually.
- Patients with poor mental health, including dementia, were referred to appropriate services. A mental health worker was available during the extended hours provision.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	92.7%	91.8%	89.4%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	6.6%	12.3%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	92.7%	95.1%	90.2%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	4.2%	10.1%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	90.5%	88.9%	83.6%	No statistical variation
Exception rate (number of exceptions).	4.5% (1)	6.9%	6.7%	N/A

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	528	No Data	539.2
Overall QOF score (as a percentage of maximum)	94.5%	No Data	96.4%
Overall QOF exception reporting (all domains)	5.9%	No Data	No Data

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

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

The practice was aware that outcomes for patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months were lower than CCG and national averages. A three cycle audit in 2018/2019 found that for 17 out of 68 patients, aggressive treatment with oral medicines and reviews reduced their HbA1c, ten patients were referred for level two more specialist care. The audit also found that compliance was a major issue, as was patients living abroad for extended lengths of time.
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Any additional evidence or comments

On the day of inspection, we found an incoming correspondence protocol had been recently introduced. There was a backlog of correspondence from 16 October 2019, prior to our inspection due to an issue with the delivery system. Urgent correspondence had been reviewed by GPs in a timely manner, and despite the apparent backlog, we did not see any impact on patient safety as clinicians using the patient record were able to click into the correspondence if required.
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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	Yes

taking for the cervical screening programme.	
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Annual appraisals were undertaken which included training and development plans for staff, face to face and online training was completed.</p> <p>All staff had completed safeguarding training as required by the intercollegiate document Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019.</p> <p>The practice has recently completed a safeguarding framework assessment tool to assure themselves of compliance with best practice in Safeguarding.</p>	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2018 to 31/03/2019) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence: A dietician was available at the practice monthly. The practice gave continuous support to their patient groups who could use an appropriate room for meetings and get together. This alliance focused on the physical and mental wellbeing of patients in a highly deprived area with a number of initiatives to combat ill health, loneliness and vulnerability. These included weekly 'knit and natter sessions', coffee mornings held to raise awareness of relevant health issues such as diabetes and tuberculosis, working in partnership with a women's refugee society and offering Pilates classes to patients. The practice had also begun to offer English and rdu classes in partnership with a women's organisation.	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	96.4%	96.2%	95.0%	No statistical variation
Exception rate (number of exceptions).	1.0% (11)	0.7%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and	Yes

recorded a patient's mental capacity to make a decision.	
The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	Yes
Explanation of any answers and additional evidence: We saw evidence that consent was audited by the team.	

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence: Staff at the practice were able to speak a number of languages, which enabled them to support patients effectively. The self-arrival screen in the reception area could be translated into several relevant languages and information on the website was also translatable. English classes were available for patients for whom this was not their first language. These classes also taught patients how to make telephone calls, use the self-arrival screen and book appointments.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.30am-6pm
Tuesday	8.30am-6pm
Wednesday	8.30am-6pm
Thursday	8.30am-6pm
Friday	8.30am-6pm
Appointments available:	
Monday	8.30am-6pm
Tuesday	8.30am-6pm
Wednesday	8.30am-6pm
Thursday	8.30am-6pm
Friday	8.30am-6pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6530.0	466.0	94.0	20.2%	1.44%

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)	89.8%	91.7%	94.5%	No statistical variation

Any additional evidence or comments

The service conducted their own patient satisfaction survey in May 2019. Feedback was obtained from 63 patients.

- 98% of patients said that the receptionists at the practice were helpful.
- 90% of patients said their overall experience of the practice was good or very good.

The practice was offering e-consultations for patients. The uptake for this new initiative was low. The mail account registered for this service was reviewed by the team twice daily.

Pre-bookable appointments were available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available between 6.30pm and 9.30pm Monday to Friday and Saturday and Sunday 10am until 1pm. Patients could see a range of practitioners including a physiotherapist, a mental health worker, a phlebotomist, nurses and GPs.

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.
- Only 2.6% of patients registered with the practice were aged over 75 compared to the national average of 7.8%.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- In recognition of the religious and cultural observances of some patients, the GP would provide the family with their personal mobile number. This enabled families a rapid response, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred. We were told the reception team also worked out of hours in these circumstances to support the GPs and complete forms and tasks.
- There was a medicine review service for housebound patients conducted by the practice pharmacist.

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. Patients were referred to a large variety of voluntary and community services for support.
- The practice liaised and met 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 until 6pm several times during the week for school age children. An additional vaccination clinic was also held each week between 3.30pm and 4.30pm on a Thursday so that children did not 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. Clinicians would liaise with school nurses, safeguarding leads and health visitors as necessary.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- A baby clinic was held weekly with the advanced nurse practitioner (ANP) and GP, for baby checks, vaccinations and 8-week post-natal check-ups.

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 offering e-consultations for patients which could be submitted outside normal working hours, a time frame for a response was clearly given at the time of submission.
- 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 between 6.30pm and 9.30pm Monday to Friday and Saturday and Sunday 10am until 1pm.
- Patients could book appointments and order their medicines online.

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.

- Staff and patient champions supported local initiatives for vulnerable people including a local food bank.
- 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 had a 'worry list' which was a record of patients who they were concerned about. These patients may not fit into any other support category but were causing concern to clinicians for a variety of reasons. This 'list' was regularly reviewed at monthly meetings, and patients removed or added as necessary. When these patients requested an appointment, arrangements were always made for them to be seen by a clinician or have some clinical contact.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. Patients and / or their carers were contacted regarding reviews and appointments were offered to suit the person and their family. These could be offered at 'quiet times' to reduce stress and waiting times if necessary.

**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. The Advanced Nurse Practitioner told us she would respond to requests for support from patients who attended opportunistically at the reception desk.
- Staff we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had good links with numerous voluntary and community support groups within the area and signposted their patients to these accordingly.
- The practice, PPG and patient champion group had a good awareness of the issues facing individuals with mental health issues. There was a variety of open and supportive groups on offer for all patients which included, relaxation classes, Pilates, a knit and natter group, language classes and drop in coffee mornings. We saw that displayed information for patients was bright, visible and encouraged patients to come along to the surgery.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely	Yes

necessary.	
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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)	59.2%	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)	43.1%	56.9%	67.4%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	46.6%	58.9%	64.7%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	48.5%	63.9%	73.6%	Variation (negative)

Any additional evidence or comments

The practice had been aware of low patient satisfaction and had taken steps to improve. This had included ensuring more staff were available to answer incoming calls and the promotion of online access. The service conducted their own patient satisfaction survey in May 2019. Feedback was obtained from 63 patients.

- 78% of patients said it was easy or very easy to get through to the practice on the phone.
- 90% of patients said they would describe their overall experience at the practice as good or very good.
- 67% of patients said they were satisfied with the appointment times.

In response to the survey we were told that the telephone message was changed to make it easier to understand for patients.

Source	Feedback
Patient comment cards	On the day of inspection feedback from patients was very positive. 24 out of 28 patient comment cards were overwhelmingly positive and three contained mixed comments. Many patients commented that clinicians listened, were helpful and treated patients with respect.
Interviews with patients.	We spoke with six patients on the day of inspection. All six patients said they were involved in decisions about their care and treatment, referrals if necessary and were well informed about the services on offer at the practice.
Friends and Family test	Between April and July 2019, 112 patients provided feedback to the practice. 76% of patients said they would recommend the practice to their family and friends. The practice also asked for any comments. In response to several comments

	regarding the need for more bookable appointments from this survey and other patient feedback; the practice reduced the number of walk in clinics it offered per week from three to two.
NHS Choices	Two comments were posted on the NHS website in January 2019. One patient commented very positively and praised the staff team and the service provided. The negative comment was regarding the registration process and felt the wait for the telephone to be answered was too long.

Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	4 written and 8 verbal
Number of complaints we examined.	12
Number of complaints we examined that were satisfactorily handled in a timely way.	12
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	None

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: We saw that changes were made as a result of feedback from patients.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient attended for procedure, complained regarding a long wait and the difficulty booking appointments.	The practice apologised and explained the issues. Patients told that due to feedback more pre-bookable appointments would be offered.
Carer complained that the patient was not receiving the required support.	A review of the record found the person had not been coded properly, issue rectified with additional information regarding the person's needs.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: Staff at the practice told us that leaders were supportive, visible and approachable. We were told that staff were encouraged to develop their skills and following appraisals, development plans were in place.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: Staff we spoke with on the day of inspection told us that they had discussed practice priorities and the forward strategy in staff meetings and emphasised the importance of good care and effective care navigation.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes

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

Source	Feedback
Staff interviews	On the day of inspection, the staff we spoke with were highly complementary regarding the leadership of the practice. Staff told us leaders were supportive, professional and knowledgeable but also commented on a caring, family atmosphere. Staff told us that induction programmes enabled them to do carry out their roles with confidence and development and training was supported.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: On the day of inspection, we reviewed systems and processes relating to good medicines management, infection prevention and control and health and safety. This review did not highlight any concerns and staff were knowledgeable regarding relevant legislation and requirements.	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence: Outcomes for patients were reviewed regularly and action taken to improve uptake when necessary.	

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Any unusual access was identified and followed up.	Yes
Explanation of any answers and additional evidence: The data quality lead undertook weekly audits of patient records to ensure they were used and managed	

correctly.

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: The practice displayed a 'You said, we did' board which detailed how feedback from patients was used to improve services. Changes were made as a result of feedback. For example, the practice employed additional staff to support the reception area and allow for calls to be answered quicker. The practice also made available a computer tablet for the PPG to use and assist patients to sign up for; and learn how to use, on-line services. Weekly knit and natter sessions and coffee mornings gave patients the forum to feedback to PPG members. This was described as an informal way of engaging with patients without them feeling judged or uncomfortable. The PPG/Practice champions also raised monies for by charity by selling knitted jumpers and hats that patients from the knitting group had made.	

Feedback from Patient Participation Group.

Feedback
The PPG and patient champions were keen to highlight how assistance from the practice enabled them to offer a wide range of additional services and support groups to patients. They commented that they felt like part of the team and the team were friendly. Tea and biscuits for meetings was provided by the practice. The group collated and discussed patient comments with the practice team, discussed what changes could be made in response to feedback and said the practice was open and honest when things went wrong. The PPG and patient champions were very complimentary about the clinicians at 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.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: The practice participated in national and CCG lead initiatives to support good patient care	

Examples of continuous learning and improvement

The practice was a member of the local Primary Care Network. New initiatives, ways of working and best practice were discussed at the meetings.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

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

Glossary of terms used in the data.

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