

# Care Quality Commission

## Inspection Evidence Table

### Ledbury Market Surgery

Inspection date: 8th October 2019

Date of data download: 18 October 2019

## Overall rating: Good

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

### Safe

**Rating: Good**

#### Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>All GPs were trained to level three safeguarding in adults and children.</li></ul>	

<b>Safeguarding</b>	<b>Y/N/Partial</b>
<ul style="list-style-type: none"> <li>• There was a safeguarding lead who had regular contact with health visitors and the local safeguarding team</li> <li>• There was a system which flagged concerns or potential risks for vulnerable patients.</li> <li>• Out of hours teams could access patient records so they had access to alerts and relevant information.</li> <li>• Nurses follow up failed children's appointments.</li> </ul>	

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Detailed and thorough recruitment processes were in place. We reviewed four files for staff employed in various roles and found all records were complete with all security checks carried out.</li> <li>• When the provider took on responsibility for the practice they found that records of staff vaccination status was incomplete and acted to rectify this. At the time of the inspection progress had been made to ensure that all records were accurate and reflected the status of staff immunisations.</li> </ul>	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 3/10/2019	Yes
There was a record of equipment calibration. Date of last calibration: 20/6/2019	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: Feb 2019	Yes
There was a log of fire drills. Date of last drill: 24/5/19	Yes
There was a record of fire alarm checks. Date of last check: 16/9/2019	Yes
There was a record of fire training for staff.	Yes

Date of last training: 20/6/2019	
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: July 2019	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>In March 2019 significant risks were identified with the fire alarm system. Immediate steps were taken to mitigate these risks which included the installation of a new fire alarm system.</li> </ul>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: March 2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: March 2019	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Following an audit in March 2019 areas for improvement had been identified in relation to the management of health and safety within the practice.</li> <li>We saw a report that detailed all the issues identified and the action taken to ensure everyone was kept safe. Examples of improvements made included areas of storage and security.</li> </ul>	

## Infection prevention and control

### Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: April 2019	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Actions identified in the infection control and hand washing audit carried out in April 2019 were being addressed with a further audit scheduled for October 2019. Examples included disposable curtains found to be out of date and a hands-free bin was needed for food waste in the kitchen. These had been actioned.</li> </ul>	

## Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"><li>• One GP was away on long term sick leave which had impacted upon staffing at the practice. This absence had been covered by a salaried GP and a regular long-term locum GP.</li><li>• Succession planning was being managed by Taurus Healthcare through the planned merger with another practice in Ledbury.</li><li>• All staff (clinical and non-clinical) were trained to identify patients at potential risk of developing sepsis. Training included a recent away day session.</li><li>• Duty GP reviewed patients if reception staff had concerns.</li><li>• Sepsis management was discussed regularly at clinical meetings, which we saw evidenced in meeting minutes for June 2019.</li></ul>	

## Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes

Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• Patient records showed that information was shared with other agencies to ensure appropriate care and treatment was provided.</li> <li>• Regular audits were carried out including peer reviews of referrals to demonstrate appropriate clinical oversight.</li> </ul>	

## Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) (NHS Business Service Authority - NHSBSA)	0.83	0.85	0.87	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2018 to 30/09/2019) (NHSBSA)	10.1%	7.6%	8.5%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2019 to 30/09/2019) (NHSBSA)	5.08	5.10	5.60	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2019 to 30/09/2019) (NHSBSA)	1.55	1.56	2.08	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	N/A
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Appropriate emergency medicines were readily available with regular checks carried out to ensure all medicines were in stock and in date.</li> <li>• Oxygen and a defibrillator was available with appropriate masks.</li> <li>• Prescriptions were stored in a locked cupboard and were logged on delivery and distribution to the clinicians. They were removed from each printer at night. A protocol supported this.</li> <li>• The repeat prescription and medicine review protocols had been reviewed. High risk medicines were well managed with all prescriptions issued monthly so that close checks and monitoring</li> </ul>	

Medicines management	Y/N/Partial
<p>could be carried out. GPs responded to acute issues only outside of these monthly prescriptions.</p> <ul style="list-style-type: none"> <li>The lead nurse had recently qualified as a prescriber and their prescribing was monitored by a nominated GP mentor.</li> <li>Regular prescribing audits were carried out to ensure appropriate prescribing guidelines were followed. Regular clinical governance meetings were scheduled for further discussion and review of prescribing.</li> <li>Cold chain management was outlined in the vaccination storage distribution and disposal policy. Fridge temperatures were documented on the practice system.</li> </ul>	

## Track record on safety and lessons learned and improvements made

### The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	10
Number of events that required action:	1
<p>Explanation of any answers and additional evidence:</p> <p>We saw examples of significant events and one which had required action:</p> <ul style="list-style-type: none"> <li>A patient had not been contacted about an abnormal blood test result. The subsequent investigation resulted in improvements to the process for dealing with results. GPs selected specific actions from a list of tasks which automatically booked a patient call back.</li> <li>Learning was discussed in clinical meetings.</li> <li>There were no emerging trends identified or events where harm occurred for the incidents reported.</li> </ul>	

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>We saw examples of actions taken on recent alerts which included the HRT and Bisacodyl prescribing.</li> <li>The practice manager was responsible for cascading alerts. An overview of the system process was demonstrated during the inspection. Discussions took place on alerts received in team meetings. We viewed recent clinical meeting minutes in relation to the HRT prescribing discussion.</li> </ul>	



## Effective

**Rating: Good**

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• Examples were seen of documented meetings in relation to Gold Standard Framework (GSF) care which demonstrated effective recording.</li> <li>• We saw that templates were followed for chronic disease management to ensure all aspects were covered and reviewed.</li> <li>• Care plans were in place and ensured that patients received regular reviews of their care and treatment.</li> </ul>	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) <small>(NHSBSA)</small>	0.94	0.53	0.74	No statistical variation



## Older people

## Population group rating: Good

### Findings

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

## 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 GPs 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.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

### Data

The data in this table applies to the previous provider. Although this data is not considered for this inspection it demonstrates the position prior to the current provider. Regular audits were being conducted by Ledbury Market Surgery to monitor data and make improvements where identified. These improvements will also be incorporated into the action plan for the merger of the two practices.

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) (QOF)	69.1%	76.4%	79.3%	Tending towards variation (negative)
Exception rate (number of exceptions).	9.6% (28)	10.6%	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	78.8%	73.1%	78.1%	No statistical variation

months) is 140/80 mmHg or less (01/04/2018 to 31/03/2019) (QOF)				
Exception rate (number of exceptions).	3.4% (10)	8.0%	9.4%	N/A
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) (QOF)	77.6%	77.1%	81.3%	No statistical variation
Exception rate (number of exceptions).	13.0% (38)	13.8%	12.7%	N/A
<b>Other long-term conditions</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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) (QOF)	67.3%	69.3%	75.9%	Tending towards variation (negative)
Exception rate (number of exceptions).	2.6% (8)	4.0%	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) (QOF)	87.6%	80.8%	89.6%	No statistical variation
Exception rate (number of exceptions).	3.0% (3)	7.6%	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)	81.0%	78.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	2.0% (17)	3.5%	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)	90.2%	89.3%	91.1%	No statistical variation
Exception rate (number of exceptions).	3.4% (5)	5.9%	5.9%	N/A

Diabetes Indicators	Practice	CCG average	England average	England comparison
Percentage of patients on the register with the last blood pressure reading is 140/80	89.24%	87.83%	91.63	2.39 below England

mmHg or less				average
Exception rate (number of exceptions).	1.70%	4.76%		N/A
<ul style="list-style-type: none"> <li>QOF results in all areas of diabetes care was in line with local and national levels. Exception reporting was lower than or in line with local and national levels.</li> </ul>				

## Families, children and young people

## Population group rating: Good

### Findings

- The practice had met the minimum 90% target for all childhood immunisation uptake indicators. For example, the uptake for childhood immunisations between January and October 2019 for children aged two years was 95.3% and aged five of 94.5%.
- 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.
- Staff had the appropriate skills and training to carry out reviews for this population group.

### Data

The table below mainly refers to data for the previous provider. Although this data was not considered for this inspection it demonstrates the position inherited by the current provider. Regular audits were being conducted by the new provider to monitor data to make improvements where identified. These improvements will also be incorporated into the action plan for the merger of the two practices.

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)	36	39	92.3%	Met 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)	46	51	90.2%	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	47	51	92.2%	Met 90% minimum

Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)				
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	49	51	96.1%	Met 95% WHO based target

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

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

Population group rating: **Good**

### Findings

- 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 medicines without the need to attend the surgery.

### Data

The data in the table below refers to data for the previous provider. Although this data is not considered for this inspection it demonstrates the position inherited by the new provider.

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)	75.3%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	70.6%	73.4%	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)	61.2%	60.9%	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)	89.7%	75.6%	69.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	57.6%	57.1%	51.9%	No statistical variation

### Any additional evidence or comments

The provider told us that all eligible patients were encouraged to take up screening.

### People whose circumstances make them vulnerable

**Population group rating: Good**

#### Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check. The practice supported a local care home with 10 residents, using different tools (such as signs and symbols) to help with assessment of pain where communication was difficult.
- The learning disability lead had developed positive relationships with a local residential home and the multi-disciplinary care team to provide support.
- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed young patients at local residential homes.

### 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.

### Data

The data in the table below mainly shows data relevant to the previous provider. Although this data was not considered for this inspection it demonstrates the position inherited by the current provider.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and	64.5%	69.0%	89.4%	Variation (negative)

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>				
Exception rate (number of exceptions).	6.1% (2)	8.6%	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>	68.8%	75.3%	90.2%	Variation (negative)
Exception rate (number of exceptions).	3.0% (1)	7.4%	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>	89.2%	79.2%	83.6%	No statistical variation
Exception rate (number of exceptions).	2.6% (1)	5.9%	6.7%	N/A

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 care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate.				-
Percentage of patients receiving the intervention.	60.61%	63.11%	78.42%	
Exception rate (number of exceptions).	6.10%	8.55%	12.32%	N/A

Any additional evidence or comments
<ul style="list-style-type: none"> <li>QOF results in all areas of mental health care were lower than local and national averages, with exception reporting rates which were generally lower than or in line with local and national levels. Example of indicators is shown above.</li> <li>Patients were able to access local services including counselling and Improving Access to Psychological Therapies (IAPT).</li> </ul>

## 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	England
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		average	average
Overall QOF score (out of maximum 559)	507.14		
Overall QOF score (as a percentage of maximum)	90.72%	96.98%	96.19%
Overall QOF exception reporting (all domains)	91.28%	96.61%	96.01%

	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
<p>Explanation of any answers and additional evidence:</p> <p>Taurus Healthcare had managed the practice for the last 12 months and had implemented an extensive audit process through their audit plan. We reviewed seven completed first and second audits which included:</p> <ul style="list-style-type: none"> <li>• High risk drug monitoring</li> <li>• Quality satisfaction</li> <li>• Safeguarding training and process audit. Identified gaps in training (now rectified) and clarified practice safeguarding processes.</li> <li>• Audit of coding and diagnosis of dementia. 24 patients reviewed, and four patients shown to have definite dementia. 20 records updated and corrected.</li> </ul> <p>A schedule of audits for completion was in place which ensured that repeat audits were carried out at the agreed timescales.</p> <p>QOF results:</p> <p>The practice aimed to improve performance by March 2020 through:</p> <ul style="list-style-type: none"> <li>• Instigation of regular medical, nursing and operational meetings</li> <li>• Introduced CAS alert system</li> <li>• Team maintained service provision with GP long term absence</li> <li>• Developing advanced clinical practice skills of lead practice nurse.</li> </ul>	

## Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes



The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	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> <ul style="list-style-type: none"> <li>• Responsibility for managing the practices performance was shared between clinicians.</li> <li>• QOF targets and results were monitored and shared, and further discussed at clinical meetings</li> <li>• NHSE appraisals were completed for clinicians</li> <li>• Practice away days were held to focus on specific training or development needs.</li> <li>• Online training was available for all staff</li> <li>• Appropriate processes were followed where there were performance issues with staff</li> <li>• Cervical cytology current results for ages 25 – 49 years achieved 76% and 50 – 64 years 81% with the national target of 80%. Cervical screening had acceptable rates of inadequate smear samples.</li> <li>• All smears were undertaken by two GPs, two practice nurses and one locum nurse.</li> </ul>	

## Coordinating care and treatment

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

Indicator	Y/N/Partial
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.	n/a
Explanation of any answers and additional evidence:	

## 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: <ul style="list-style-type: none"> <li>GP and nurse checks were in place to support people to live healthier lives including patients with dementia.</li> <li>GPs reviewed patients at risk of cardio vascular disease and referrals were made to appropriate programmes as required.</li> <li>Annual health checks were carried out.</li> <li>There was a system to follow up on patients with a mental health condition who failed to attend appointments.</li> <li>Care plans were reviewed to demonstrate the discussions about patient's needs, wishes and preferences were recorded.</li> </ul>	

## Data

The table below refers to data for the previous provider. Although this data was not considered for this inspection it demonstrates the position inherited by the current provider.				
Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	94.6%	93.5%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.6% (8)	0.6%	0.8%	N/A

## Consent to care and treatment

**The practice was able to demonstrate that it always obtained consent to care and treatment in line with legislation and guidance.**

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to decide on their treatment.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	n/a
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• All staff were trained in how to respond when seeking consent.</li><li>• Consent forms were used, especially when minor surgery was undertaken (joint injections).</li></ul>	

## Caring

**Rating: Good**

### Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
<ul style="list-style-type: none"><li>• Patients told us they felt respected and well treated by all staff.</li><li>• Patients confirmed they received information they needed for their condition or treatment.</li></ul>	

CQC comments cards	
Total comments cards received.	18
Number of CQC comments received which were positive about the service.	18
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	Patients commented this was an excellent service, reception staff were extremely helpful, and that high quality was always maintained by the practice.
Comment cards	Positive comments were made about specific members of the teams, including GPs, nurses and reception staff; a GP was always very attentive; two GPs were particularly caring; they received good treatment, care and advice from a practice nurse; named receptionists were very helpful and always did their best for patients.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5034	243	114	47%	2.26%

### Any additional evidence or comments

- Feedback from patients and via the Patient Participation Group (PPG) is that patients had not noticed any adverse changes to services in preparation for the merger of the two Ledbury practices.
- Three patients had sent compliment cards to the practice since April 2019 to express their appreciation of the service they had received.

The practice scored higher than their CCG average in every question in the GP national survey results for 2019, for example:

- 99% find it easy to get through to this GP practice by telephone compared with local (CCG) average: 69% national average: 68%
- 99% find the receptionists at this GP practice helpful compared with local (CCG) average: 92% national average: 89%
- 84% are satisfied with the general practice appointment times available compared with local (CCG) average: 67% national average: 65%
- 80% usually get to see or speak to their preferred GP when they would like to, compared with local (CCG) average: 49% national average: 48%

The practice were in the top 5% for patient feedback in the national GP survey results.

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

### Any additional evidence

- The practice has shared information with patients about the pending merger and plan to carry out surveys to monitor patient satisfaction and gather feedback as the merger progresses.

## Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• Easy read and pictorial materials were available.</li> </ul>	

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• With the appointment of a carers champion the practice aims to improve support for carers, identification of carers and provision of services.</li> <li>• There were policies to support carers which includes a carers toolkit with information for carers.</li> <li>• Carers were registered and signposted to support services such as 'Carelinks Herefordshire'.</li> <li>• Carelinks Herefordshire were scheduled to visit the practice on 15<sup>th</sup> October 2019 to discuss opportunities for identifying and supporting carers.</li> <li>• Support is provided for eight veterans, with alerts on their records so that they are prioritised for referrals as required.</li> </ul>	

Carers	Narrative
Percentage and number of carers identified.	31 carers identified = 0.62% of the practice population.
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> <li>• The lead receptionist had been appointed as a carer champion to help identify carers and encourage them to register so that additional support could be offered.</li> <li>• Additionally, the practice planned to focus on improvements to the numbers of patients identified as carers and the support provided within the process for the merger of the two Ledbury practices.</li> </ul>
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> <li>• GPs contacted close relatives/carers to offer condolences. This conversation also included practicalities for the bereaved such as information regarding death certificates. These conversations also</li> </ul>

	<p>provided the opportunity for GPs to respond to any questions about the death itself such as care at End of Life. The overarching aim was to ensure the carer's emotional needs were being met in all ways.</p> <ul style="list-style-type: none"> <li>• If they were a patient at the practice, a note was added to the relative/carer's record mentioning their recent bereavement. This supported any additional or special care needs they may have needed at the time.</li> <li>• Specific bereavement services were considered and offered if appropriate, such as the Herefordshire Bereavement Support Directory.</li> </ul>
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## Privacy and dignity

### The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• The practice ensured patients were informed how their records were stored and managed.</li> <li>• The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.</li> </ul>	

## 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:	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday	8am – 6pm
Tuesday	8am – 6pm
Wednesday	8am – 6pm
Thursday	8am – 6pm
Friday	8am – 6pm

Any additional evidence or comments
<ul style="list-style-type: none"> <li>Extended hours were provided by Taurus Healthcare and were available for patients seven days per week at three hubs in Herefordshire. Patients could book appointments from their own GP practice during opening hours or through a dedicated telephone line when their GP practice was closed.</li> <li>The Herefordshire GP Out of Hours Service run by Taurus Healthcare provides urgent medical advice and treatment to residents and visitors in Herefordshire when the GP surgeries are closed.</li> <li>The Out of Hours Service forms part of a range of urgent care services across Herefordshire and operates alongside services such as NHS 111 and the '7 Day GP Service'. Residents of Herefordshire access the service by dialling 111.</li> </ul>

## Older people

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>All patients had a named GP who supported them in whatever setting they lived.</li> <li>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.</li> <li>The practice provided effective care coordination to enable older patients to access appropriate</li> </ul>



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**

- 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.
- There was a good working relationship with the health visitor teams and meetings were held with them when possible.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

### **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.
- Extended hours were provided by Taurus Healthcare and were available for patients seven days per week at three hubs in Herefordshire. Patients could book appointments from their own GP practice during opening hours or through a dedicated telephone line when their GP practice was closed.

### **People whose circumstances make them vulnerable**

**Population group rating: Good**

#### **Findings**

- 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.
- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

**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.
- 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.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients who failed to attend were proactively followed up by a telephone call from a GP.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- Patients could be referred to counselling through Improving Access to Psychological Therapies (IAPT).

**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 necessary.	Yes
<ul style="list-style-type: none"> <li>• One of the GPs had a specialist interest in working at a local hospice one day per week to optimise the care for patients based on their individual wishes.</li> <li>• Local palliative care and district nurses meet with the practice at six weekly meetings. The practice told us this provided opportunities to develop an excellent working relationship for the benefit of all their patients.</li> </ul>	

**Any additional evidence or comments**

Use this box to describe what action the practice has taken to improve access

Source	Feedback
NHS Friends and Family	Results of the NHS Friends and Family test was very positive, showing the practice to be third highest across Herefordshire, with 97% of patients extremely likely or likely to recommend the practice to family and friends.
NHS Choices	Four comments and ratings had been added by patients during the last 12 months giving an overall average four-star rating. Three patients commented on the excellent service they received but one patient expressed frustration at

	having to wait for an appointment to see a GP.
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## 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.	3
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.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The common theme of the three complaints received were about communication. One example showed there were issues about how results of blood tests were communicated to patients. Improvements had been made to the process. It was planned to further review the system and process for dealing with test results as part of the merger process.</li> </ul>	

## Well-led

**Rating: Good**

### Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: <p>There had been several challenges for the provider since they took over the practice 12 months ago. These included:</p> <ul style="list-style-type: none"> <li>Staff shortages, with one GP on long term sickness absence. Cover was provided by a regular locum GP known to the practice, together with a salaried GP.</li> </ul>	

- There had been a healthcare assistant (HCA) vacancy in the nursing team. Recruitment was successful, and an HCA was appointed in July 2019.
- The forthcoming merger of the two Ledbury practices would provide more GP resilience and an opportunity to review workforce skill mix with potential for new ways of working.

## 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
<p>Explanation of any answers and additional evidence:</p> <p>The provider had a clear vision:</p> <ul style="list-style-type: none"> <li>• To be the leading provider in Herefordshire, driving innovation, quality improvement and a positive healthcare experience empowered through collaborative partnerships and federative working.</li> </ul> <p>This was underpinned by their values:</p> <ul style="list-style-type: none"> <li>• Traditions of general practice in the context of modern-day innovative services that are safe, responsive and compassionate.</li> <li>• Recognising that their entire workforce was their strength.</li> <li>• Shared ownership where all were encouraged to contribute and share responsibility.</li> </ul>	

## 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
<p>Explanation of any answers and additional evidence:</p> <p>The culture and morale of staff was a key focus for the practice especially with the pending practice merger. Although this process had created some uncertainty among staff, regular meetings, discussions and information sharing were planned to allay these anxieties.</p> <p>The practice acknowledged that staff were key to the success of the merger had taken steps to ensure all staff were informed and involved throughout the merger process. They had:</p> <ul style="list-style-type: none"> <li>Notified all staff of the planned merger at a meeting on 17 September 2019.</li> <li>They had shared values, unknowns and mapped examples of what good service provision looked like at this meeting.</li> <li>The provider told us the meeting was very positive and many themes around workforce and good patient care paved the way for an effective merger. Regular follow up meetings were scheduled as part of the merger planning. Staff we spoke with confirmed this.</li> </ul>	

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

Source	Feedback
Staff	Staff told us that although they felt some apprehension they were positive about the benefits of the merger for them and for patients.

## 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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>Governance arrangements were well organised, detailed and clear for all staff to follow.</li> <li>Staff were clear about how to access information they needed to support them in their roles to carry out their responsibilities.</li> <li>Quality and safety reports were used as a reporting mechanism into Taurus Quality Assurance Committee for all services. Reporting for Ledbury Market Surgery would feed into the merger project plan, the delivery of which will be overseen by an operational delivery team accountable to Ledbury Transformation Board representative of stakeholders and commissioners.</li> </ul>	

## Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice recognised the challenges that the team faced and had an action plan in place to ensure the impact on service delivery was minimised. Some of these challenges were:</p> <ul style="list-style-type: none"> <li>• Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) process commenced August 2019 with staff, pending the merger of the two practices.</li> <li>• Resignation of practice manager in December 2018</li> <li>• Interim practice managers in place until April 2019</li> <li>• Experienced practice manager in post April 2019</li> <li>• Merger of two practices announced in July 2019</li> <li>• New ways of working, team, sites, processes being developed and rolled out.</li> <li>• Two team away days had taken place for discussions about what makes the practice good as well as exploring their core values to take them through the merger process smoothly and successfully.</li> </ul>	

## Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence:	

<ul style="list-style-type: none"> <li>• Staff understood the need to report all incidents. Records showed that incidents were acted upon, investigated and closed within 30 days.</li> <li>• Audits were used to monitor quality and performance so that changes could be made as needed to maintain and improve on service delivery.</li> <li>• Comprehensive risk assessments were completed to identify and manage all potential risks. Examples were seen during the inspection, such as the significant risk of inadequate fire protection identified and rectified as a priority.</li> </ul>
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If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Any unusual access was identified and followed up.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• Patients could sign up for patient access to book appointments and order prescriptions online.</li> </ul>	

## 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 (PPG).	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• The PPG was involved in the merger plans and were working with both practices to help respond to any patient queries about the pending merger. There were plans for the two practice PPG groups to combine into one from April 2020.</li> </ul>	

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	



The practice worked to maintain and improve quality services throughout the pending merger of the two practices:

- Central support to enable service delivery to continue.
- Corporate and practice management leadership, project management provision to support the smooth transition for patients and staff with the merger.
- Merger project governance with CCG and the other practice.

The practice recognised their learning since registration:

- A new system had been challenging to embed. Staff training had taken place with further training planned to improve their understanding of the system. Focus had been on incidents and complaints management to help with this process.
- Chronic condition prevalence rates provided a useful benchmark and were being used to inform work on ensuring patients were correctly diagnosed, coded and treated.
- Audits on high risk medicines and frequent attenders had seen a positive impact on patient care. The top 20 patients who were frequent attenders (based on number of appointments) were reviewed in team meetings and management plans had been agreed.

The provider demonstrated what they considered to be their overall achievements since they took over Ledbury Market surgery which included:

- Significant reduction of risk including new compliant fire alarm system improving safety of patients and staff
- Consistently good feedback from patients
- Initiation and completion of high-risk medicine audits with all patients reviewed, followed up or recall arranged.
- Team maintained service provision to patients with staff absence/vacancies
- Nursing team strive to upskill and improve patient care
- Effective support established for end of life with multi-disciplinary teams.
- Senior lead nurse completed two years of a non-medical independent prescribing qualification
- Recruitment into HCA vacancy
- Addressed partnership challenges and provided support to Ledbury Market GP services with “care taker” APMS contract to enable continuation of GP services to Ledbury Market patients
- Plans for staff involvement in designing new ways of working as part of the merger plans
- Strong and supportive PPG involvement with patient engagement and communication.

## Examples of continuous learning and improvement

The merger of the two practices had become the priority focus with planning and development of processes and procedures while maintaining quality services for patients.

The next steps for the providers included:

- Continuing to involve and support the teams through the transition particularly as the significant changes in culture would require intensive support.
- Maintenance of best practice models leading up to the merger.
- Maintenance of quality and safety, ensuring that improvements made were maintained.
- Working with both practices to optimise workflows and operational models.

## Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. 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.