

Care Quality Commission

Inspection Evidence Table

Haverhill Family Practice (1-3146817861)

Inspection date: 21 November 2019

Date of data download: 18 November 2019

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

Safe

Rating: Good

At our previous inspection published November 2018, we rated the practice as requires improvement for delivering safe services because we found that not all patients taking high risk medicines had received their monitoring in a timely manner. This had been identified as a concern in our report for the inspection undertaken in January 2017.

At this inspection we have rated the practice as good for providing safe services because we found the practice had implemented and imbedded systems and process to ensure patients were monitored and reviewed in a timely manner.

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 |

| Safeguarding | Y/N/Partial |
|--|--------------------|
| 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 |

| Recruitment systems | Y/N/Partial |
|---|--------------------|
| Recruitment checks were carried out in accordance with regulations (including for agency staff and locums). | Yes |
| Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role. | Yes |
| There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored. | Yes |

| Safety systems and records | Y/N/Partial |
|---|----------------------|
| There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection test: September 2019 | Yes |
| There was a record of equipment calibration. Date of last calibration: September 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: October 2019. | Yes |
| There was a log of fire drills. Date of last drill: 19 November 2019 | Yes |
| There was a record of fire alarm checks. Date of last check: 20 November 2019. We saw weekly fire alarm checks were undertaken. | Yes |
| There was a record of fire training for staff. Date of last training: various dates as practice used eLearning and held a face to face training day each year with an appropriately qualified person. We saw evidence to show the practice included fire safety training as part of the induction for new staff. | Partial ¹ |
| There were fire marshals. | Yes |
| A fire risk assessment had been completed. Date of completion: October 2019 | Yes |
| Actions from fire risk assessment were identified and completed. | Yes |

Explanation of any answers and additional evidence:

1. We found three GPs had not undertaken or received refresher fire training in the past 12 months. The practice told us they would address this issue.

| Health and safety | Y/N/Partial |
|---|-------------|
| Premises/security risk assessment had been carried out. Date of last assessment: September 2019. | Yes |
| Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: September 2019. | Yes |
| <p>Explanation of any answers and additional evidence:</p> <p>The practice demonstrated a commitment to the health and safety of the premises. We saw examples of many risk assessments the practice had undertaken and regularly reviewed including Legionella disease, Asbestos, and the use of the wheelchair for emergencies.</p> | |

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: June 2019 | Yes ¹ |
| 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 |
| <p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> 1. The practice demonstrated their approach to infection prevention and control (IPC) and had undertaken an annual audit. We found a lack of detail recorded within the IPC audit to demonstrate a clear identification of risks and action taken to mitigate. For example, in the audit 2018, the practice had noted some GP rooms have carpet on the floor, these had not been replaced but did not appear in the 2019 audit. We discussed this with the practice who told us they would review this and ensure more detail was recorded. The practice showed evidence that they had mitigated the risk of carpet in the rooms and the carpets had been deep cleaned (November 2019). We found the practice clean and tidy and did not identify any concerns relating to IPC. | |

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 |

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 |

Appropriate and safe use of medicines

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

| Indicator | Practice | CCG average | England average | England comparison |
|--|----------|-------------|-----------------|--------------------------|
| Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) (NHS Business Service Authority - NHSBSA) | 1.14 | 1.05 | 0.87 | No statistical variation |
| The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2018 to 30/06/2019) (NHSBSA) | 11.5% | 10.5% | 8.6% | 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 (01/01/2019 to 30/06/2019) (NHSBSA) | 6.48 | 6.13 | 5.63 | No statistical variation |
| Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/01/2019 to 30/06/2019) (NHSBSA) | 3.04 | 1.85 | 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 ¹ |
| 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 ² |

| Medicines management | Y/N/Partial |
|--|-------------|
| The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength). | Yes |
| There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer. | Yes |
| If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance. | Yes |
| 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> <p>1&2 – At our previous inspection, we identified the practice did not have systems and processes to ensure patients were appropriately monitored and medicines reviewed in a timely manner. At this inspection, systems and processes had been implemented and staff were knowledgeable about their role and responsibilities. Any patient requesting medicine due for review was sent to the GP, where appropriate the patients was invited in for tests or for consultation with the GP. Staff we spoke with and evidence we saw, told us the system worked well and they had confidence to reduce the amount of medicine given to a patient if the patient had not attended their appointment. Staff told us because of this approach patients that may not have been compliant attended more readily for reviews.</p> | |

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 from April 2019 to November 2019: | 39 |
| Number of events that required action: | 39 |
| Explanation of any answers and additional evidence: The practice had recorded 65 significant events from April 2018 to March 2019. Staff told us they were encouraged to report events and we saw that learning was shared across the teams. Staff reported the open culture and their involvement in the changes had improved their knowledge and confidence to manage patients more safely. | |

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

| Event | Specific action taken |
|--|--|
| February 2019 Specimens samples collection error | The practice sent samples to more than one local laboratory for testing. The practice recognised their system had failed on this occasion and the identity of the courier had not been fully checked and the courier had collected samples intended for a different destination. The practice took the appropriate steps to recover the samples with no effect to the patients and reminded staff of the system to prevent a further occurrence. |
| June 2019 Wrong attachment sent with referral | Patient had contacted the practice as instructed if they did not receive their appointment within 2 weeks. Practice reviewed and found the referral had not been processed correctly and the hospital had not received the referral. Immediate steps taken to obtain an appointment and staff were reminded to check attachments before sending email referrals. |

| Safety alerts | Y/N/Partial |
|---|-------------|
| There was a system for recording and acting on safety alerts. | Yes |
| Staff understood how to deal with alerts. | Yes |
| Explanation of any answers and additional evidence: We saw the practice had a comprehensive approach to managing safety alerts in a timely manner. We reviewed the detailed file and log maintained by the practice and saw they had actioned alerts, identified patients where needed and taken action. For example, three alerts had been received during the period 7 to 16 October 2019. These all related to medicines that may have been prescribed to patients. The practice had identified the patients and taken action, such as removing medicines from patients repeat prescription list and discussing alternative with the patients. In one instance a batch of medicine was being recalled by the manufacturer, the practice contacted the pharmacy who had dispensed this medicine to ensure they checked the medicine batch that had been issued to their patient. The practice demonstrated further follow up and auditing of previous alerts such as a high-risk medicine and potential complication in pregnancy. | |

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 |

| Prescribing | Practice performance | CCG average | England average | England comparison |
|---|----------------------|-------------|-----------------|--------------------------|
| Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) <small>(NHSBSA)</small> | 0.84 | 0.80 | 0.75 | No statistical variation |

Older people

Population group rating: Good

| Findings |
|---|
| <ul style="list-style-type: none"> The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. The practice carried out structured annual medication reviews for older patients, these were undertaken in the patient's own home if needed. 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 GP worked with other health and care professionals to deliver a coordinated package of care.
- The practice offered phlebotomy appointments six days a week, this enabled patient to make routine monitoring appointments at times convenient to them.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

| 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> | 79.3% | 81.5% | 79.3% | No statistical variation |
| Exception rate (number of exceptions). | 9.4% (90) | 13.2% | 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> | 75.4% | 78.7% | 78.1% | No statistical variation |
| Exception rate (number of exceptions). | 5.8% (56) | 8.3% | 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> | 79.7% | 81.0% | 81.3% | No statistical variation |
| Exception rate (number of exceptions). | 9.9% (95) | 12.4% | 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> | 71.7% | 75.8% | 75.9% | No statistical variation |
| Exception rate (number of exceptions). | 0.6% (5) | 4.5% | 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> | 91.5% | 90.0% | 89.6% | No statistical variation |
| Exception rate (number of exceptions). | 2.1% (9) | 9.4% | 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) <small>(QOF)</small> | 81.7% | 82.9% | 83.0% | No statistical variation |
| Exception rate (number of exceptions). | 2.6% (53) | 2.8% | 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) <small>(QOF)</small> | 90.8% | 91.7% | 91.1% | No statistical variation |
| Exception rate (number of exceptions). | 1.4% (3) | 6.3% | 5.9% | N/A |

Any additional evidence or comments

The practice had staff responsible for ensuring patients were appropriately monitored and recalled in a timely manner. The practice demonstrated a clear approach to ensuring patient's records were correctly coded and updated. The exception reporting for the practice was lower than the CCG and national averages and the practice demonstrated the efforts they took to ensure patients were encouraged to attend their appointments. This included GPs undertaking home visits for patients that were not able to attend the practice easily. All patients were reviewed by clinical staff before the exception code was added.

Families, children and young people

Population group rating: Good

Findings

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

| Child Immunisation | Numerator | Denominator | Practice % | Comparison to WHO target of 95% |
|--|-----------|-------------|------------|---------------------------------|
| The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England) | 157 | 166 | 94.6% | 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) | 175 | 182 | 96.2% | Met 95% WHO based target |
| The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received | 175 | 182 | 96.2% | Met 95% WHO based target |

| | | | | |
|--|-----|-----|-------|--------------------------|
| 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) | 175 | 182 | 96.2% | Met 95% WHO based target |

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

Working age people (including those recently retired and students)

Population group rating: Good

| Findings |
|---|
| <ul style="list-style-type: none"> The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery. The practice offered phlebotomy appointments six days a week, this enabled patient to make routine monitoring appointments at times convenient to them. |

| 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) | 74.7% | 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) | 75.9% | 76.5% | 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) | 56.1% | 60.5% | 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) | 72.9% | 73.4% | 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) | 47.8% | 52.2% | 51.9% | No statistical variation |

Any additional evidence or comments

Early, evening and Saturday appointments were available with the nursing staff for patients who wished to book for their routine cervical screening at these times.

Many of the practice staff had attended a training course for cancer care. This had led to the staff recognising ways they could encourage patients to attend or responds to screening appointments or kits.

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 held a register of 57 patients with a learning disability. The practice showed their plan to ensure all patients reviewed a full review. On the day of the inspection the practice had completed 19 reviews, invitation had been sent to the other patients. The practice team demonstrated the process they used to ensure all patients were reviewed within a 12 month period.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed 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.

- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

| Mental Health Indicators | Practice | CCG average | England average | England comparison |
|---|----------|-------------|-----------------|--------------------------|
| The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small> | 87.3% | 90.1% | 89.4% | No statistical variation |
| Exception rate (number of exceptions). | 9.8% (6) | 14.7% | 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> | 96.4% | 91.6% | 90.2% | No statistical variation |
| Exception rate (number of exceptions). | 8.2% (5) | 11.7% | 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> | 76.6% | 83.3% | 83.6% | No statistical variation |
| Exception rate (number of exceptions). | 8.7% (9) | 7.1% | 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) | 552.9 | No Data | 539.2 |
| Overall QOF score (as a percentage of maximum) | 98.9% | No Data | 96.4% |
| Overall QOF exception reporting (all domains) | 5.1% | 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 team including both clinical and non-clinical staff had developed a comprehensive approach to clinical and non-clinical audits. There was a programme of 35 audits which included nine re-audits such as patients taking certain medicines and adverse effects or potential risks in pregnancy. New audits included those patients with asthma who had not been prescribed a preventative. This audit showed 16 patients did not have a preventative inhaler, on further review it was found that nine patients did not need regular inhalers, the prescribed inhalers were removed from the patients repeat medicine list. The clinical records of one patient had been coded incorrectly, this was corrected, three patients needed reviews and were invited into see the GP, three patients had received a preventative inhaler and was now added to their repeat medication list.

Effective staffing

The practice 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 |

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) | Yes |

| | |
|--|-----|
| (QOF) | |
| 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 |

| 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> | 96.2% | 94.9% | 95.0% | No statistical variation |
| Exception rate (number of exceptions). | 0.3% (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 recorded a patient's mental capacity to make a decision. | Yes |
| The practice monitored the process for seeking consent appropriately. | Yes |
| Policies for any online services offered were in line with national guidance. | Yes |

Caring

Rating: Good

Kindness, respect and compassion

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

| | Y/N/Partial |
|---|-------------|
| Staff understood and respected the personal, cultural, social and religious needs of patients. | Yes |
| Staff displayed understanding and a non-judgemental attitude towards patients. | Yes |
| Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition. | Yes |

| CQC comments cards | |
|--|------|
| Total comments cards received. | One |
| Number of CQC comments received which were positive about the service. | One |
| Number of comments cards received which were mixed about the service. | None |
| Number of CQC comments received which were negative about the service. | None |

| Source | Feedback |
|---|--|
| Comment card | Positive feedback about the care given by staff. |
| Feedback from Staff at local care homes | Staff we spoke with gave positive feedback about the care and helpfulness of GPs and staff at the practice. |
| Patients we spoke with | Patients we spoke with told us they received kind and considerate care from the GPs, nurses and staff at the practice. |

National GP Survey results. Data collected January to March 2019 published July 2019.

| Practice population size | Surveys sent out | Surveys returned | Survey Response rate% | % of practice population |
|--------------------------|------------------|------------------|-----------------------|--------------------------|
| 15600.0 | 302.0 | 120.0 | 39.7% | 0.77% |

| Indicator | Practice | CCG average | England average | England comparison |
|---|----------|-------------|-----------------|--------------------------------------|
| The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2019 to 31/03/2019) | 77.6% | 90.9% | 88.9% | Variation (negative) |
| The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019) | 76.3% | 90.0% | 87.4% | Tending towards variation (negative) |
| The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019) | 97.9% | 96.6% | 95.5% | No statistical variation |
| The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019) | 72.6% | 86.0% | 82.9% | No statistical variation |

Any additional evidence or comments

Data from the GP patient survey July 2019 showed patient satisfaction in two of the four indicators had declined from the GP patient survey data published July 2018. One indicator had remained the same and one indicator had increased, although this was still below the CCG and national average. However, the practice had undertaken their own survey reflecting the same questions and received a higher number of responses, which indicated a higher patient satisfaction to care and treatment given.

The practice conducted their own survey jointly with the Patient Participation Group, the data was collected in April 2019. The practice had given out and received back 319 completed surveys. This was a 100% response rate. The survey was not comparable to the GP National Patient Survey.

We found;

- The percentage of patients who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them had declined from 91.6% to 77.6%. The practice survey results showed 90% of patients reported the healthcare professional was good or very good at listening to them.
- The percentage of patients who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern had declined from 91.7% to 76.3%. The practice survey results showed 89% of patients reported the healthcare professional was good or very good at treating them with care and concern
- The percentage of patients who stated that during their last GP appointment they had confidence

and trust in the healthcare professional they saw or spoke to had remained the same at 97.9%. The practice survey results showed 98% of patients reported they had confidence and trust in the healthcare professional they saw or spoke to.

- The percentage of patients who responded positively to the overall experience of their GP practice had declined from 70.8% to 72.6%. The practice survey results showed 86% of patients reported positively to the overall experience of their GP practice.

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: Easy read and pictorial materials were available for those patients that needed them. | |

| Source | Feedback |
|--|--|
| Interviews with patients. | Patients we spoke with told us they were engaged in with the clinical staff and given information to understand and discuss their care and treatment. |
| Staff we spoke with from local care homes. | Staff reported positively about the communication between the clinical staff and the patients, carers and relatives. They told us clinical staff took the time to listen to their concerns and feedback and felt their opinion was valued. |
| NHS Choices | Since our last inspection two comments have been posted on NHS choices, one comment giving five stars and one comment giving one star. There were positive and negative comments about care and treatment received. |

National GP Survey results

| Indicator | Practice | CCG average | England average | England comparison |
|--|----------|-------------|-----------------|--------------------------|
| The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2019 to 31/03/2019) | 94.1% | 95.3% | 93.4% | No statistical variation |

Any additional evidence or comments

- The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment had declined from 99.3% to 94.1%. The practice survey results showed 87% of patients reported they were involved as much as they wanted to be in decisions about their care and treatment.

| | 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 |

| Carers | Narrative |
|---|--|
| Percentage and number of carers identified. | The practice had identified 242 patients (2%) as carers with three being young carers. |
| How the practice supported carers (including young carers). | The practice had a carers champion who encouraged staff to identify carers at every opportunity. Suffolk family carers attend the practice each month to offer support to patients who need it. |
| How the practice supported recently bereaved patients. | The practice contacts bereaved patients and offer appointments at times which are convenient to them. Patients are signed post to a local support group which meets in the local premises close to the practice. |

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 |

If the practice offered online services:

| | Y/N/Partial |
|--|-------------|
| | I |

| | |
|---|-----|
| Patients were informed, and consent obtained if interactions were recorded. | Yes |
| The practice ensured patients were informed how their records were stored and managed. | Yes |
| Patients were made aware of the information sharing protocol before online services were delivered. | Yes |
| Online consultations took place in appropriate environments to ensure confidentiality. | Yes |
| The practice advised patients on how to protect their online information. | Yes |

Responsive

Rating: Requires improvement

At our previous inspection published November 2018 we rated the practice and all the population groups as requirements improvement for responsive services because feedback from patients showed low satisfaction in access to the practice. The practice performance had further declined from the findings during an inspection September 2017.

At this inspection the practice remains rated as requires improvement for providing responsive services. We found the practice had reviewed the feedback from patients, had implemented changes such as an improved telephone system and made some improvements. However, patient feedback from the GP patient Survey data and the practices' own survey is generally still below the CCG and national averages. Some patients we spoke with reflected improvements but still reported some difficulties in access to the practice, in relation to getting through on the telephone. The issues identified in responsive affected all patients, however, there were some areas of good practice:

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 ¹ |
| 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: | |
| <p>1. The practice gave 15-minute appointments for all GP, emergency care practitioner and nurse practitioner appointments. Staff we spoke with told us this had enabled them to meet the patients' needs more effectively. This extended appointment time had not reduced the number of appointments available as GPs still offered the same number of appointments and saw patients that needed to be seen each day.</p> <p>The practice had access to a social prescriber who was able to signpost patients to other local agencies such as age concern and to Suffolk Carers.</p> | |

| Practice Opening Times | |
|------------------------|--|
| Day | Time |
| Opening times: | |
| Monday | 8am to 6.30pm Extended hours were available from 6.30pm to 7.30pm twice a month. |
| Tuesday | 8am to 6.30pm |
| Wednesday | 8am to 6.30pm |
| Thursday | 8am to 6.30pm |

| | |
|---|-------------------|
| Friday | 8am to 6.30pm |
| Saturday | 8.30am to 11.30am |
| Appointments available throughout the day with GPs, nurses and health practitioners. | |
| Appointments for evenings and weekends were available at the local GP+ service which was located within the town and convenient for patients to access. | |

National GP Survey results

| Practice population size | Surveys sent out | Surveys returned | Survey Response rate% | % of practice population |
|--------------------------|------------------|------------------|-----------------------|--------------------------|
| 15600.0 | 302.0 | 120.0 | 39.7% | 0.77% |

| Indicator | Practice | CCG average | England average | England comparison |
|--|----------|-------------|-----------------|--------------------------|
| The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2019 to 31/03/2019) | 97.9% | 96.7% | 94.5% | No statistical variation |

Older people

Population group rating: Requires improvement

Findings

- All patients had a named GP who supported them in whatever setting they lived. Staff at local care homes told us they received care and treatment in a timely manner including proactive care for their patients.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.

People with long-term conditions

Population group rating: Requires improvement

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.
- Phlebotomy clinics were available six days a week to ensure patients could access appointments

for routine monitoring at times that were convenient to them.

Families, children and young people

Population group rating: Requires improvement

Findings

- Additional nurse appointments were available until 7.30pm on a Monday for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice offered full contraceptive services including long acting devices.

Working age people (including those recently retired and students)

Population group rating: Requires improvement

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 7.30pm on a Monday twice a month and on Saturday mornings. Pre-bookable appointments were also available to all patients at the local GP hub which was located within the town in the evenings and weekends.
- The practice had implemented electronic consultations. Patients were able to access advice using an electronic system. The information received this was managed throughout the day by staff and clinical staff would respond either using the electronic system or by contacting the patient by telephone. Although patients were made aware this was not for urgent matters, we saw the practice had systems in place to have clear oversight throughout the day.

People whose circumstances make them vulnerable

Population group rating: Requires improvement

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning

disability.

- The practice sent text messages to patients reminding them of their appointments that had been booked for the next working day.
- The practice had worked jointly with others to ensure a public transport option was available for patients to have direct access to the local hospital.

People experiencing poor mental health (including people with dementia)

Population group rating: Requires improvement

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health. Patients experiencing poor mental health were offered same day longer appointments if needed.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- The practice had access to in house mental health link workers. This enabled patient who needed this support to access them in a place they knew and could access easily.

Timely access to the service

Access care and treatment in a timely way had improved although patient satisfaction was still lower than the CCG and National averages.

| | Y/N/Partial |
|--|-------------|
| Patients with urgent needs had their care prioritised. Receptionists had been trained as care navigators to help patients to be seen by the most appropriate clinician in a timely manner. | Yes |
| The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. | Yes |
| Appointments, care and treatment were only cancelled or delayed when absolutely necessary. | Yes |

| 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) | 36.7% | N/A | 68.3% | Significant Variation (negative) |
| The percentage of respondents to the GP | 54.3% | 72.7% | 67.4% | No statistical |

| Indicator | Practice | CCG average | England average | England comparison |
|--|----------|-------------|-----------------|--------------------------|
| patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019) | | | | variation |
| The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019) | 40.6% | 68.1% | 64.7% | 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) | 73.3% | 78.6% | 73.6% | No statistical variation |

Any additional evidence or comments

The most recent data published by the national GP patient survey showed that patient satisfaction in three indicators had improved from the GP patient survey data of July 2018, however one indicator had further declined. All indicators were below the CCG and National averages. However, the practice had undertaken a survey reflecting the same questions and received a higher number of responses which indicated a higher patient satisfaction to timely access to the practice.

The practice conducted their own survey jointly with the Patient Participation Group, the data was collected in April 2019. The practice had given out and received back 319 completed surveys. This was a 100% response rate. The survey was not comparable to the GP National Patient Survey.

We found;

- 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 had improved from 32.5% to 36.7%. The practice survey results showed 55% of patients reported positively to how easy it was to get through to someone at their GP practice on the phone.
- The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment had improved from 47.9% to 54.3%. The practice survey results showed 70% of patients reported positively to the overall experience of making an appointment.
- The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times had declined from 44.6% to 40.6%.
- The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered had improved from 63.0% to 73.3%.
- The practice survey results did not cover the two questions above, but it did ask patients for their feedback about the type of appointment they booked, who the patient saw and how long after booking did the appointment take place. 41% of patients were seen on the same day, 5% the next day.

The practice told us they had made some improvements to the telephone access by using additional staff at busy times. The practice told us that they were still actively recruiting new reception staff to fully utilise a telephone room enabling more staff to answer the phone in a timelier manner.

| Source | Feedback |
|-------------------------|---|
| Patients we spoke with. | Patients we spoke with told us they had seen an improvement in access to the practice but that they did still have some difficulties in getting through on the phone and seeing the same GP for routine care. |
| Comment card | We received one comment card which was positive about access to the practice. |

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 since last inspection, verbal and written | 39 |
| Number of complaints we examined. | Four |
| Number of complaints we examined that were satisfactorily handled in a timely way. | Four |
| 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 |

Examples of learning from complaints.

| Complaint | Specific action taken |
|--|---|
| Patient unhappy with wording in letter sent to them. | Practice apologised to patient. Reviewed the standard letter and amended the wording. Positive feedback on practice response to complainant. |
| Patient unhappy medicines not issued | Practice investigated. Patient had not been attending review appointments and had not responded to invites from practice. patient reviewed, and medicines issued. |

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: The practice had been successful in recruiting new GPs and had re allocated lead areas. Staff we spoke with told us the additional GPs and cohesive team work had enabled the improvements to be made and sustained. The practice had clear leadership to continue their developments; for example, the practice extended the options for patients to access advice and treatment through electronic consultations. | |

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: The practice demonstrated a clear plan to work together and continue to provide good health care to their population. The practice statement was the three C's. "Care with courtesy, compassion and competence". The practice had joined with another local practice to form a primary care network (PCN). The lead GP told us they were working together to provide healthcare services to patients in a setting that was closer to the patient's home. The Haverhill PCN was working with other PCNs to investigate other services such as pharmacist support for the practice. | |

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 | Feedback from staff was positive in relation to their working at the practice. staff told us they were proud to work there and enjoyed their involvement with the whole practice team. Some staff told us the improvements made in the opportunities for them to attend more meetings was very beneficial. They felt more knowledgeable and confident to manage patients effectively and safely. |

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 ¹ |
| 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: | |
| <p>1. There was a comprehensive plan of audits which were used to monitor performance and quality in the practice. We found the audit relating to infection prevention and control (IPC) lacked detail to be fully assured that risks were fully assessed and mitigated. On the day of the inspection, we did not find evidence that IPC was not well managed.</p> | |

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 |

| | 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 |

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 known as the Patient Reference Group (PRG). | 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 |

Feedback from Patient Participation Group.

| Feedback |
|---|
| <p>We spoke with members of the PRG who were positive in their feedback about the relationship and communication with the practice. We were told of work the PRG had been involved with such as undertaking the practice patient survey. The PRG were proud of the improvements the practice had made whilst recognising some patients still had difficulties in getting through on the phone.</p> <p>The group told us of work they and the practice had worked with the West Suffolk Hospital, another local practice to get an ultrasound service located in the premises the practice shared. This would save patients having to travel a significant distance to the local hospital for diagnostic scans.</p> <p>To ensure patients had easy access to the local hospital, the PRG had worked with the practice and other local agencies to ensure a direct bus service was available.</p> |

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 |
| <p>Explanation of any answers and additional evidence:</p> <p>The practice told us they had seen an increase in their practice over a relatively short space of time and were in discussion with the CCG to secure additional space within the shared premises from which they operated to ensure they would be able to meet the needs of their population.</p> | |

The lead GP shared with us some of the plans the PCN would be looking forward to implementing such as pharmacist support for the practice.

The practice planned to continue to support their staff through education and well support. Staff we spoke with told us they were encouraged to identify training needs such as staff were being supported to undertake prescribing qualifications and health care assistant staff had received appropriate training to undertaking aural care.

We saw staff had attended a course for greater awareness of cancer care, we saw the practice was taking a proactive approach to encouraging patients who had not attended their screening programme or had not returned their test kits to do so.

In addition, non-clinical staff had attended a team building event, staff told us this was very positive and gave them greater insight to the way the team members responded to different situations. Staff told us they believed this had help when looking at the improvement plan and achieving success.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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