

# Care Quality Commission

## Inspection Evidence Table

### Plasnet Medical Centre (1-543805984)

Inspection date: 11 December 2019

Date of data download: 28 November 2019

**Effective**

**Rating: Good**

#### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
Explanation of any answers and additional evidence: Regular clinical meetings took place where best practice guidelines including NICE guidelines were discussed. Care and care plans were appropriate including for patients with asthma, COPD, mental health concerns and frail elderly.	

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>	0.17	0.31	0.74	Significant Variation (positive)

#### Any additional evidence or comments

Hypnotics prescribing was significantly below average which was a positive indicator.

### Older people

### Population group rating: Good

#### Findings

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

### People with long-term conditions

### Population group rating: Good

#### Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

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>	70.0%	72.6%	79.3%	No statistical variation
Exception rate (number of exceptions).	12.3% (46)	7.9%	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>	84.8%	78.5%	78.1%	No statistical variation
Exception rate (number of exceptions).	3.2% (12)	4.9%	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>	75.8%	80.2%	81.3%	No statistical variation
Exception rate (number of exceptions).	8.0% (30)	7.0%	12.7%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	79.0%	77.9%	75.9%	No statistical variation
Exception rate (number of exceptions).	0.4% (1)	3.0%	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) <small>(QOF)</small>	91.7%	92.1%	89.6%	No statistical variation
Exception rate (number of exceptions).	5.3% (2)	7.8%	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>	81.1%	81.7%	83.0%	No statistical variation
Exception rate (number of exceptions).	1.4% (8)	3.4%	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>	91.7%	90.2%	91.1%	No statistical variation
Exception rate (number of exceptions).	14.3% (4)	6.0%	5.9%	N/A

#### Any additional evidence or comments

Data showed the practice clinical performance for patients with long-term conditions was in line with national averages.

### Families, children and young people

Population group rating: **Good**

#### Findings

- The practice was slightly below the minimum 90% target for all childhood immunisation uptake indicators. However, this is a widespread challenge in the local area due to high proportions of patients from overseas and list turnover meaning ongoing dedicated work to catch up with national targets is required. The practice demonstrated it had monitored and improved its performance in this area. For example, staff had focused on better patient engagement to increase awareness and uptake, and more recent unvalidated data from the practice for the period showed uptake had improved by 20.83% in the three months prior to our inspection.
- 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)	58	69	84.1%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	56	69	81.2%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	57	69	82.6%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	59	69	85.5%	Below 90% minimum

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

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

### Population group rating: Requires improvement

Findings
<ul style="list-style-type: none"> <li>The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.</li> <li>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.</li> <li>Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.</li> </ul>

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	52.2%	N/A	80% Target	Below 70% uptake

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)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	27.0%	55.0%	72.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	41.7%	45.1%	57.3%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	92.3%	80.4%	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)	25.0%	44.3%	51.9%	No statistical variation

#### Any additional evidence or comments

The practice was below the 80% target cervical screening but demonstrated it had monitored and improved its performance in this area. For example, staff had focused on better patient engagement and education to improve uptake, call and recall. More recent unvalidated data from the practice for the period showed 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) was currently 68%; (and within 5.5 years for women aged 50 to 64) was 88%.

The practice routinely audited inadequate smears to check and ensure sample takers competence. Rates of inadequate smears were and indicated cervical screening sample takers were competent.

**People whose circumstances make them vulnerable**

**Population group rating: Good**

#### Findings

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

**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>	90.0%	90.4%	89.4%	No statistical variation
Exception rate (number of exceptions).	2.4% (1)	9.0%	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>	90.0%	91.9%	90.2%	No statistical variation
Exception rate (number of exceptions).	2.4% (1)	6.2%	10.1%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	70.0%	81.7%	83.6%	No statistical variation
Exception rate (number of exceptions).	9.1% (1)	7.2%	6.7%	N/A

**Any additional evidence or comments**

More recent unverified data held at the practice indicated the percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months had

improved and was currently 81%.

### 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)	548.4	No Data	539.2
Overall QOF score (as a percentage of maximum)	98.1%	No Data	96.4%
Overall QOF exception reporting (all domains)	7.5%	No Data	No Data

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

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

The practice undertook a completed two cycle audit to improve antibiotics prescribing, including quinolones and co-amoxiclav antibiotics. Clinicians met to discuss the findings of the first audit cycle and refresh on best practice guidelines to raise awareness, and the second cycle showed improved antimicrobial stewardship with an 11% reduction in antibiotics prescribing.

The practice undertook a completed two cycle audit to improve appropriate prescribing of inhalers for patients with asthma, in line with best practice guidelines. The practice worked collaboratively with local pharmacists such as where more than 12 prescriptions for inhalers were issued annually for certain cohorts of patients with asthma patients. The second cycle audit showed a 9% reduction that reflected more appropriate prescribing of inhalers.

### Effective staffing

The practice was generally able to demonstrate staff had the skills, knowledge and experience to carry out their roles, but there was a lack of record keeping, to ensure effective oversight.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and	Partial



treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in clinical practice, for example, nursing and pharmacist staff.	Partial
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence:	
<p>There was evidence of relevant mandatory staff training and most role specific training such as infection control, safeguarding training at a level appropriate to staff roles, and practice nurse sample takers training for the cervical screening programme. However, there was no evidence of health care assistant formalised spirometry training that they were undertaking. Staff told us this training was delivered in house but there was no verification it had occurred or whether it was suitable and sufficient. Similarly, childhood immunisations updates were cascaded to nursing staff that attended local practice nurses' forums monthly, where they told us updates were shared. However, there was no evidence of a method for ensuring practice nursing staff were up to date with travel vaccines considerations and not all practice nursing staff were aware of where to find this information.</p> <p>There was clinical oversight of salaried GPs, and of healthcare assistants by nursing staff. However, oversight of practice nursing and pharmacist roles had no formalised framework and was limited to annual appraisal discussions.</p>	

## Coordinating care and treatment

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

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

For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
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Explanation of any answers and additional evidence:  
 Multidisciplinary meetings were held as well as additional communications as needed for palliative care, diabetic, and vulnerable patients.

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
<p>Explanation of any answers and additional evidence:            There was varied health promotion in the reception area including relating to breast awareness, immunisations, and common ailments.</p> <p>Patients feedback and care plans indicated staff encouraged and educated patients appropriately to help patients live healthier lives.</p>	

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>	97.3%	96.2%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.6% (5)	0.9%	0.8%	N/A

## Consent to care and treatment

**The practice 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.	Partial
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Most staff were appropriately trained on requirements of legislation and guidance when considering consent and decision making, except some nursing staff that had no formalised training but when we interviewed those staff responses indicated patient's mental capacity to make a decision had been considered appropriately.</p> <p>We also checked records for patient's intimate examinations, cervical screening, and immunisations and saw evidence patient's consent was sought and recorded.</p>	

## Caring

**Rating: Good**

### Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	22
Number of CQC comments received which were positive about the service.	13
Number of comments cards received which were mixed about the service.	9
Number of CQC comments received which were negative about the service.	0

Source	Feedback
1. GP Patient Survey results.	Clinical and non-clinical staff are kind, caring and respectful.
2. Patient comment cards.	Thirteen of the 22 comment cards were entirely positive, nine were

mixed, and none were negative. Patients dissatisfaction expressed in the mixed feedback cards related to access, but patients expressed staff were caring.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4835.0	456.0	79.0	17.3%	1.63%

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)	84.5%	83.7%	88.9%	No statistical variation
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)	79.6%	81.0%	87.4%	No statistical variation
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)	86.1%	91.3%	95.5%	Tending towards variation (negative)
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)	62.6%	75.6%	82.9%	Variation (negative)

### Any additional evidence or comments

GP patient survey indicators for responses gathered 1 January to 31 March 2019 indicated patients' feedback was comparable to averages for staff listening and treating them with care and concern, and that data was trending towards negative or slightly below averages confidence and trust in healthcare professionals and overall experience of the practice. Staff told us there had been access issues they had addressed relating to appointments and telephone access they attributed to patients experiences of the practice.

The practice had undertaken a very recent survey where 93 patients participated 4 November to 10 December 2019 where the practice analysed results immediately after the inspection that showed an increase to 92% of patients expressing their overall experience of the practice was good or fairly good, which was a positive indicator. However, methods of the survey and indicative findings showed further

development was needed to ensure effective systems and processes for enabling assessment, monitoring and improvement of the quality of services being provided. The practice survey analysis and action plan did not sufficiently assess or address patient's satisfaction with confidence and trust in the healthcare professional that was below average in the most recent GP patient survey. For example, the analysis was limited to patient's feedback on overall satisfaction with nursing consultations only, where results showed 40% of patients said this was very good or very good, but the majority of 54% said it was neither good or bad and the remaining 6% said it was poor. The survey analysis did not include patients' feedback on all healthcare professional's consultations and the action plan did not address the unsatisfactory levels of patient's satisfaction with nursing consultations.

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

### 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.		Y
Staff helped patients and their carers find further information and access community and advocacy services.		Y
Source	Feedback	
1. GP Patient Survey results.	Patients are involved in their care though being listened to and options explained.	
2. Patient CQC comment cards.	Patients said staff were professional and that they were confident about the care they 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)	89.7%	87.9%	93.4%	No statistical variation

		Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.		Y
Patient information leaflets and notices were available in the patient waiting area which		Y

told patients how to access support groups and organisations.	
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified.	The practice register of all people who are carers is 115 patients, 2% of the practice list size.
How the practice supported carers (including young carers).	Carers meetings were held most recently in April 2019 and December 2019 where flu vaccinations were offered to carers. Information of support was available to carers through leaflets and in the reception area, including the local carers network.
How the practice supported recently bereaved patients.	The practice contacted bereaved patients to offer condolences, sent a sympathy card, and offered a follow up appointment where appropriate and if the patient needed this.

## 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.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Staff ensured privacy and confidentiality was maintained by offering a private space if necessary, appropriate use of NHS login cards, and documents were promptly filed. We observed staff were quiet when speaking with patients, to minimise the chances of conversations being overheard.</p>	

## Responsive

## Rating: Good

### Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the	Y

services provided.	
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence:	
There was accessible parking, step free access, a disabled toilet, and baby changing facilities.	
Reception staff were aware of circumstances requiring a home visit such as physical frailty and cognitive impairment.	
GPs were available for home visits or telephone assessment where necessary.	

Practice Opening Times	
Day	Time
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm

Appointments available	
	Monday to Friday 9am to 12pm and 3pm to 6pm.
Off-site after hours surgeries- Through a local network hub of GP practices/ out of hours (GP Cooperative)	
	8am to 8pm weekdays. The extended hours service offers appointments Monday to Friday 6.30pm to 10pm and from 9am to 5pm on Saturdays and Sundays.

#### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4835.0	456.0	79.0	17.3%	1.63%

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)	79.5%	90.6%	94.5%	Variation (negative)

## Any additional evidence or comments

GP patient survey responses gathered 1 January to 31 March 2019 indicated patients' feedback was below averages for their needs being met at the last GP appointment. In response the practice had increased and optimised its clinical staffing capacity for healthcare assistants, nurses and pharmacists including to free up GPs capacity. The practice analysis of the survey of 93 patients 4 November to 10 December 2019 did not look into this issue specifically and we considered that recent changes and improvements may not yet be reflected in patient's feedback. Patients CQC comment cards indicated their needs were met.

## Older people

## Population group rating: Good

### Findings

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- There was a medicines delivery service for housebound patients.

## 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

- Appointments were available before and after school, 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.
- 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.
- Off-site after hours surgeries were available through a local network hub of GP practices and the out of hours (GP Cooperative) 8am to 8pm during weekdays. The extended hours service offers appointments Monday to Friday 6.30pm to 10pm and from 9am to 5pm on Saturdays and Sundays.

### People whose circumstances make them vulnerable

Population group rating: Good

#### Findings

- The practice held a register of patients living in vulnerable circumstances 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.
- 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.

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

Population group rating: Good

#### Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

### Timely access to the service

The practice had improved arrangements to ensure patients timely access to care and treatment, but further work was needed to verify sustainable improvement.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y

Explanation of any answers and additional evidence:

GP patient survey responses gathered 1 January to 31 March 2019 indicated patients' feedback was below average or tending to below average for four of four measures of patient's satisfaction with access. The practice was aware of the GP Patient survey results and had taken a number of actions to improve including increasing telephone lines, promoting patient's online access, and increasing clinical staffing such as GP, healthcare assistant pharmacist and a social prescriber. We considered some of these improvements may not yet be reflected in patients experiences and feedback but also considered the most recent patient feedback regarding access which was mixed but generally positive. For example, a significant proportion of CQC patient comment cards and verbal complaints received by the practice expressed patient's dissatisfaction with appointments access. The practice analysis of the survey of 93 patients 4 November to 10 December 2019 showed 91% of patients said it was easy or fairly easy to get through to someone at your GP surgery on the phone, 81% said they were satisfied or fairly satisfied with opening hours, and 88% said their experience of making an appointment was good or fairly good.

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)	35.3%	N/A	68.3%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	41.4%	62.3%	67.4%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	44.3%	63.0%	64.7%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	53.6%	66.9%	73.6%	Tending towards variation (negative)

## 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.	9
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	9
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Partial
There was evidence that complaints were used to drive continuous improvement.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice received nine complaints, two were written and seven were verbal that included a theme of dissatisfaction with access. We saw evidence that complaints were fully investigated, with transparency and openness. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. including to improve access.</p> <p>We checked the practice systems for receiving complaints and noted there was no guidance in the reception area unless patients waited to see reception staff that had a leaflet available. On the day of our inspection staff put complaints guidance in the reception area.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
A complaint regarding access to an appointment with a specific clinician.	The practice apologised to the patient for their experience and looked into the detail of the complaint which included circumstances beyond their control. Staff met to discuss the issue and contacted the patient to clarify and explain related considerations and factors and offer assistance with ensuring their needs were met which the patient was happy with. The practice changes its systems to improve access.
A complaint regarding an appointment that was cancelled by a secondary care provider.	The practice contacted the patient to apologise and follow this up on their behalf in liaison with the secondary care provider, to ensure the patients care and treatment needs were met in line with urgency.

## Well-led

## Rating: Requires Improvement

### Leadership capacity and capability

**There was compassionate, inclusive and generally effective leadership at all levels, but some systems and processes needed to be improved.**

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y

There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: Leaders had the experience and skills to deliver the practice strategy and address risks to it, but some arrangements needed further development or embedding and monitoring to ensure effectiveness such as access.	

## Vision and strategy

### The practice had a clear vision and strategy to promote high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: The practice maintained the quality of care afforded to patient groups. Practice staff confirmed they wanted to do all they could to ensure patients had the right care when they needed it most. Staff were able to articulate the values and priorities of the practice. The practice was aware of areas it needed to improve and had taken steps to do so.	

## Culture

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

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

Explanation of any answers and additional evidence:

Staff had access to and whistleblowing policy and told us there was an open working culture.

The practice staff team was cohesive and motivated. Staff told us there was an open and accessible leadership and management team that were focused on providing high and improving standards.

Complaints and significant events information showed the practice was open and honest with patients and apologised to patients, where appropriate.

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

Source	Feedback
A range of non-clinical and clinical staff.	Staff felt it was a friendly, professional and happy place to work. The receptionists informed us that the practice manager and GPs were very supportive.

### Governance arrangements

**There were generally 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.	Partial
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	
There were a variety of internal and external meetings, including where staff discussed complaints, patient satisfaction survey results, safety alerts and significant events. However, oversight of staff checks, and training needed to be improved.	
There were organisational arrangements including delegated staff and lines of accountability in areas such as safeguarding and infection control.	

### Managing risks, issues and performance

**There were processes for managing risks, issues and performance some needed further development or embedding.**

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y

Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
<p>Prior to this inspection 11 December 2019 the practice was inspected in January 2017 when we said it should improve in several areas which it had done including identifying and supporting carers, ensuring GPs safeguarding training, and improving breast screening uptake. However, was also said the practice should work towards improved access and ensure the results are evidenced in the outcomes of patient surveys which required further work and development.</p> <p>We also found arrangements to ensure staff competence had weaknesses in oversight of some areas of clinical care and staff training.</p> <p>There were clear systems and processes for safeguarding including registers and alerts for protected and vulnerable patients. Staff were appropriately trained in safeguarding at a level appropriate to their role.</p> <p>Health and safety risk assessments and remedial actions were undertaken to improve safety including infection control and premises and equipment. There was an effective major incident plan in place.</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.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence:	
<p>The practice used data such as overall QOF performance and GP Patient survey data to monitor and improve care. Staff performance appraisals were undertaken annually.</p>	

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

### Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence:	
The liaised and practice met regularly with the PPG, most recently on 6 December 2019. We saw evidence discussions and plans had been implemented or were underway including a patient survey and patients online and video consultations.	

## Continuous improvement and innovation

### There were systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
<b>Examples of continuous learning and improvement</b>	
The practice led a Gynaecology referral project as part of CCG activity to monitor and improve the quality of referrals could be improved by making them more appropriate. This initiative resulted in a significant drop in gynaecology referrals locally and information at the practice indicated savings of £26,000 in a six month period had been achieved.	
The practice had made several improvements arising from complaints or significant events including in collaboration with external partners such as for more timely and accurate prescriptions.	

#### 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.