

Care Quality Commission

Inspection Evidence Table

Southmead Surgery (1-561211328)

Inspection date: 14 January 2020

Date of data download: 2 January 2020

Overall rating: Good

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

Safe

Rating: Good

Southmead Surgery was rated good at their last inspection carried out in March 2017. In accordance with Care Quality Commission methodology we carried out this inspection following our annual review of the information available to us, and within the new methodology we decided to inspect whether practice was providing effective and well-led services. The ratings from our previous inspection for the provision of safe, caring and responsive services have been carried through to contribute to the overall rating for the practice.

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice received and circulated new local and national guidance to clinicians. The practice demonstrated they provided care and treatment in line with best practice guidelines through clinical audits. 	

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>	0.74	0.54	0.74	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. The majority of these reviews were completed by one of the two Clinical Pharmacists within the practice. The practice provided GP services to a local assisted living facility for older people (approximately 45 patients) and a local nursing home (approximately 14 patients). Both services had a named designated clinician (GP and paramedic) who visited weekly to review residents to ensure continuity of care. We spoke with representatives from both of the services; they spoke positively of the arrangement with the practice and the effective coordinated care and treatment for their residents. Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. As part of the inspection, we received several items of written feedback from patients which highlighted how key members of the practice team, notably the reception team who provided additional time and support when helping older people and their families. 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.

Findings

- Patients with long-term conditions were offered a structured annual review with one of the in-house Clinical Pharmacists 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. For example, the recently recruited practice nurse was completing diabetes training. This specific training aligned to the long-term condition clinical performance and improved outcome action plan.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. Following a complex asthma exacerbation in 2019, the practice completed a series of clinical audits which reviewed the management of asthma, including the medicines used for asthma control. The audit findings showed the majority of patients were on suitable treatment (medicine, dose and frequency) and the practice adhered to NICE guideline NG80: Asthma - diagnosis, monitoring and chronic asthma management.
- 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. The data submission for the local quality outcome scheme, known as the Primary Care Development Scheme (PCDS April 2018 - March 2019) indicated 100% of eligible patients were issued a rescue pack. This was above (positive variation) the local target of 80%. A COPD rescue pack provides patients with a five-day supply of corticosteroid (and some patients with a five-day supply of an antibiotic) to support effective self-management of the condition.
- In November 2019, group education consultations for long-term conditions had been launched. A cohort of 16 patients diagnosed with diabetes had been invited to the first group consultation and the practice advised the initial findings were positive and the first sessions were well received. These sessions aligned to the practice action improvement plan for diabetes care.

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>	70.4%	74.7%	79.3%	No statistical variation
Exception rate (number of exceptions).	2.2% (7)	6.2%	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>	77.7%	71.1%	78.1%	No statistical variation
Exception rate (number of exceptions).	2.2% (7)	5.6%	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>	78.2%	76.1%	81.3%	No statistical variation
Exception rate (number of exceptions).	7.2% (23)	10.6%	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>	52.9%	63.7%	75.9%	Significant Variation (negative)
Exception rate (number of exceptions).	1.0% (4)	5.2%	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>	67.0%	76.8%	89.6%	Significant Variation (negative)
Exception rate (number of exceptions).	1.0% (1)	6.1%	11.2%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to 31/03/2019) (QOF)	82.8%	78.4%	83.0%	No statistical variation
Exception rate (number of exceptions).	2.3% (23)	3.0%	4.0%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2018 to 31/03/2019) (QOF)	96.9%	96.6%	91.1%	Tending towards variation (positive)
Exception rate (number of exceptions).	7.6% (13)	7.3%	5.9%	N/A

Any additional evidence or comments

In August 2019, the Care Quality Commission (CQC) completed an annual regulatory review for the practice. During the review, the practice advised of a period of change (changes within the nursing team) which had impacted clinical interventions for many long-term conditions. The practice also advised that participation in the local quality outcome scheme, known as Primary Care Development Scheme (PCDS) over the past two years may account for some discrepancies in Quality and Outcome Framework (QOF) data. The QOF incentive scheme rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care.

Data collected for PCDS (April 2018 to March 2019), indicated long term conditions were being managed appropriately. For example:

- The practice met all three of the local targets for atrial fibrillation outcomes, the targets were 95%, 90% and 98% and the practice achieved 100% (5% over target), 90.2% (0.2% over target) and 100% (2% over target).
- The practice met both the local targets for COPD outcomes, the targets were 85% and 80% and the practice achieved 87.5% (2.5% over target) and 100% (20% over target).
- The practice did not meet the local target for hypertension outcomes, the target was 70% and the practice achieved 62.5% (7.5% under target).

The practice advised they had reverted to participating in the NHS England's QOF scheme for 2019/20 onwards. We saw since our review in August 2019, the practice had successfully recruited a practice nurse and a lead nurse manager to support patient outcomes and improved clinical performance. The practice nurse had completed a series of training modules to support their role in managing long-term conditions.

During the inspection, the CQC GP specialist advisor reviewed samples of patient records for a variety of long-term conditions and saw the correct interventions were taking place and recorded correctly. This included the management of asthma, COPD, diabetes, hypertension and rheumatoid arthritis. This aligned to live QOF data which we reviewed which showed the practice had achieved:

- 100% of asthma targets
- 100% of atrial fibrillation targets
- 94% of COPD targets
- 85% of diabetes targets
- 98% of hypertension targets
- 100% of rheumatoid arthritis targets

Families, children and young people

Population group rating: Good

Findings

- The practice had met the minimum 90% target for all four of 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 advised the childhood immunisation uptake had increased since changes to the appointment system which now provided flexibility when scheduling 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.
- Staff had the appropriate skills and training to carry out reviews for this population group.
- The practice provided GP services to a local preparation school for boys aged seven to thirteen (approximately 100 patients). The school had a named designated GP who visited weekly to review all pupils to ensure continuity of care. We spoke with representatives from the schools, they highlighted examples of coordinated effective care for the school pupils.

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)	53	56	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)	49	51	96.1%	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 Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	49	51	96.1%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	49	51	96.1%	Met 95% WHO based target

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information:

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

Working age people (including those recently retired and students)

Population group rating: Good

Findings
<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. The practice advised the number of health checks completed recently was lower than expected and was due to the changes within the nursing team. The practice was optimistic following recent (July 2019 and December 2019) recruitment into the nursing team, more health checks would be completed. The practice offered online services including access to phlebotomy and minor illness/injury clinic appointments online as well health promotion advice that reflected the needs for this age group.

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). (31/03/2019 to 30/06/2019) (Public Health England)	75.8%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	77.7%	75.3%	71.6%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	63.0%	58.8%	58.0%	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. (01/04/2018 to 31/03/2019) (PHE)	51.6%	60.3%	68.1%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) (PHE)	41.9%	51.0%	53.8%	No statistical variation

Any additional evidence or comments

- During the inspection, the practice provided more recent (unverified data) for cervical screening. This data was live unverified data as of 14 January 2020 which demonstrated improvement, specifically 78% (within 3.5 years for women aged 25 to 49) and 86% (within 5.5 years for women aged 50 to 64) of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- End of life care (EOL) was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Data from the local quality scheme for 2018/19, indicated 96% of patients on the EOL register had a completed advanced care plan shared on summary care records. This was 6% above the local target (90%) and supported effective care coordination for EOL patients.
- 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 held a register of patients living in vulnerable circumstances including those with a learning disability. There were 10 patients on the learning disability register, in the last 12 months, all 10 (100%) were offered a health check and eight of the 10 (80%) had a completed health check.

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.
- 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 to the local memory support service, a dementia support service commissioned by Bucks County Council and Buckinghamshire CCG.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services. This information was also provided in the form of dementia specific carers packs which the carers champion had created. These packs included information and contact details for local and national services, for example the National Dementia helpline and 'Singing for the brain – Beaconsfield'. 'Singing for the brain' is based on the principles of music therapy with stimulating music sessions to support those affected by the different forms of dementia.

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>	48.5%	63.9%	89.4%	Significant Variation (negative)
Exception rate (number of exceptions).	0.0% (0)	5.3%	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>	51.5%	69.1%	90.2%	Significant Variation (negative)
Exception rate (number of exceptions).	0.0% (0)	4.0%	10.1%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	90.7%	84.2%	83.6%	No statistical variation
Exception rate (number of exceptions).	1.3% (1)	3.8%	6.7%	N/A

Any additional evidence or comments

Similar to the management of long-term conditions, the practice advised of several different factors which impacted the practices clinical QOF performance, including mental health and dementia clinical outcomes.

The practice advised participation in the local quality outcome scheme, known as Primary Care Development Scheme (PCDS) over the past two years may account for some discrepancies in data.

Data collected for PCDS (April 2018 to March 2019), indicated mental health conditions were being managed appropriately. For example:

- The practice exceeded the local target for common mental health outcomes, the target was 60% and the practice achieved 96%. In addition, the practice exceeded the local target for dementia outcomes, the target was 80% and the practice achieved 93%.

During our inspection, we saw the correct clinical interventions were taking place and these were recorded correctly. We also saw live unverified QOF data (date range April 2019 to January 2020) which indicated the practice was close to meeting targets with two months remaining. For example, as of 14 January 2020, the practice had achieved 89% of mental health targets and 94% of dementia targets.

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)	433.8	492.7	539.2
Overall QOF score (as a percentage of maximum)	77.6%	88.1%	96.7%
Overall QOF exception reporting (all domains)	2.5%	3.8%	5.9%

	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

As a training practice, there was a long tradition of completing quality improvement activities including clinical audits. The practice GPs supported the GPs in training to complete audits, for example we reviewed a prescribing concomitant medicine audit completed by a Foundation Year 2 Doctor.

Prescribing concomitant medicine audit

One of the Foundation Year 2 Doctors completed a two-cycle clinical audit which reviewed the prescribing habits within the practice, specifically the prescribing of concomitant anticonvulsant medicines and pain relief medicines. Concomitant medicines are when two or more medicines are used or given at or almost at the same time.

The reasoning behind this audit was due to the significant national increase in the number of prescribed items within the UK for anticonvulsant medicines (increase of 350%) and pain relief medicines (100%). When used together, there was an increased risk of respiratory failure and death. The second cycle of audit highlighted clear improvements, for example:

The number of patients being counselled on the side effects of the pain relief medicines had increased by 33%. This counselling was either from the practice or specialist (rheumatology, neurology or pain) clinics.

There was also notable reduction in the prescribing of two of the stronger forms of oral pain relief, from 28% to 21% and 24% to 18%. This aligned to a greater awareness of how the practice prescribed pain relief.

New Oral Anti-Coagulant (NOAC) – an annual audit commenced in 2016

Each year, one of the GPs completed an audit which reviewed the care and treatment, specifically the monitoring of treatment for patients on a NOAC. A NOAC is a New Oral Anti-Coagulant, a medicine used to prevent blood clots and reduce the likelihood of developing serious conditions such as a stroke or heart attack. NOACs can also be used for treatment if the patient already has a blood clot, for example a deep vein thrombosis or pulmonary embolism.

Since 2016, the number of patients on a NOAC had doubled, from 70 in 2016 to 143 in 2019, an increase of 104%. Each year (from 2016 to 2019), despite the significant increase in numbers, the practice met the recommended standards for the monitoring the medicine and 100% of patients were on the correct medicine indication.

To ensure further compliance with standards, the most recent cycle of audit (November 2019) identified two additional actions – to record the weight of patients and record the creatinine clearance (only possible once the weight had been recorded). We saw the practice was in the process of contacting those patients without a weight recording, invited them to the practice to ensure the weight was accurately recorded and calculate the creatinine clearance. The practice were confident these actions would be completed prior to the next audit in May 2020.

Any additional evidence or comments

- Through our discussions with practice staff, it was clear there were formal systems in place to continually monitor patient outcomes and identify trends and patterns in clinical performance over a period of time. Meetings took place to ensure ongoing oversight of clinical outcomes.
- This included a twice yearly (January and June) medicines optimisation exercise, known as PINCER to reduce medication errors, and thereby improve medication safety. PINCER is the pharmacist-led information technology intervention for the reduction of clinically important errors in medicines management.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants (HCA) employed since April 2015.	No – Point 1
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 and pharmacists.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Point 1- During our discussions about the Care Certificate for the HCA, we saw the HCA had completed an equivalent qualification to the Care Certificate. The Care Certificate is an identified set of standards that health and care professionals adhere to in their daily working life. • We reviewed the system used to log training needs. This was a training matrix, which effectively highlighted future learning for all members of staff. This system and the staff files we checked including a review of training certificates indicated staff were up to date with their training. 	

Coordinating care and treatment

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

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

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice supported patients to live healthier lives through health promotion and prevention of ill health. We saw the practice promoted and referred into, where appropriate, various local services including the Buckinghamshire 'Live Well, Stay Well' service which had projects to help people lose weight, quit smoking, get more active, feel happier or manage their long-term conditions. 	

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>	91.6%	91.8%	95.0%	Tending towards variation (negative)
Exception rate (number of exceptions).	0.4% (7)	0.7%	0.8%	N/A

Consent to care and treatment

The practice obtained and was able to demonstrate that it 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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> During our discussions with clinicians they confirmed when providing care and treatment for children and young people, they carried out assessments of capacity to consent in line with relevant guidance. We also saw the correspondence the practice used to record written consent for joint injections. 	

Caring

Rating: Good

Southmead Surgery was rated good at their last inspection carried out in March 2017. In accordance with Care Quality Commission methodology we carried out this inspection following our annual review of the information available to us, and within the new methodology we decided to inspect whether practice was providing effective and well-led services. The ratings from our previous inspection for the provision of safe, caring and responsive services have been carried through to contribute to the overall rating for the practice.

Responsive

Rating: Good

Southmead Surgery was rated good at their last inspection carried out in March 2017. In accordance with Care Quality Commission methodology we carried out this inspection following our annual review of the information available to us, and within the new methodology we decided to inspect whether practice was providing effective and well-led services. The ratings from our previous inspection for the provision of safe, caring and responsive services have been carried through to contribute to the overall rating for the practice.

Well-led

Rating: Good

Leadership capacity and capability

There was effective leadership at all levels and they demonstrated that they had the capacity and skills to deliver high quality sustainable care.

	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: <ul style="list-style-type: none">Leaders were aware of the challenges to delivering their service and took proactive steps to address them. For example, there was a recent period of time with limited access to nurses and nurse related services within the practice. The practice worked with other local practices to facilitate Southmead Surgery patients to receive nurse services at a different local practice. This was a temporary arrangement as the practice successfully recruited to the nursing team with three appointments, a health care assistant joined in 2018, a practice nurse joined in July 2019 and a previously employed nurse returned to the practice as nurse manager in December 2019.	

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: <p>Throughout the inspection, all members of staff spoke of the same vision and values within the practice. The practice vision for 2020, was to:</p> <p><i>'keep continuity and the ethos of a small village practice whilst surviving the future'.</i></p> <p>The practice advised how they would achieve this, including closer work with neighbouring practices through the launch of the South Bucks primary care network (PCN) with four other practices in July 2019.</p>	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Practice staff had completed specific 'Being Open' training for GP practices. This training included the communication process in terms of the needs of the patient, their family and carers, and how the investigation into the incident progresses. 	

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

Source	Feedback
Staff feedback (verbal and written)	<ul style="list-style-type: none"> Staff feedback highlighted the strong sense of team within the practice and a long-standing stable workforce, with the exception of the nursing team which had seen many recent changes. Further feedback highlighted the support from the GP partners, salaried GPs and practice manager in the support provided, for example, how the practice supported a member of staff to become the carers champion and lead the practice to win an Investors in Carers GP standard award. We also received positive feedback regarding the creation of an annual practice awards evening which coincided with the staff away day. Members of staff could nominate each other to be awarded with prize certificates, for example the 'WOW award' for a member of staff who had gone the extra mile within their role and the 'future is bright award', for the member of staff which had shown growth in their role over the previous 12 months.

Governance arrangements

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

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

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice were aware of external factors inside and outside of the local health economy which could impact the service, for example an increase in patients aged 65 and over and the planned increase of residential care home patients within the community. The practice had taken steps to prepare for this, which included expansion of the allied health professional team with the employment of two in-house pharmacists to manage chronic disease, medicine correspondence and enquires.	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes

Explanation of any answers and additional evidence:

- Stakeholder feedback from all sources including the nursing home and school which accessed GP services from the practice was consistently positive. Individual stakeholders gave examples of the practice and the practice team going above expectations.

Feedback from the Patient Participation Group (PPG)

- Following the inspection, we spoke to the chairperson of the PPG. The PPG met every six weeks, had approximately 20 members with a core group of ten members and associated work streams. The chairperson spoke positively of the relationship between the group and the practice.
- The most recent PPG work reviewed communication within the practice and included a PPG led patient survey. The practice and the PPG had reviewed the outcome of the survey, the 644 responses and working together to improve communication. For example, only 47% of respondents found the noticeboards in the practice useful. Both the practice and the PPG highlighted immediate remedial action to try to improve the information on the noticeboards. This was also observed during our inspection.
- The PPG had also worked with the practice and created a volunteer transport service to enable patients to attend urgent appointments and facilitated online access workshops to improve patients accessing online services. During our conversation with the PPG, they advised of plans for health awareness campaigns throughout 2020, including a greater presence at the flu clinics in 2020.
- In line with the practice vision to work closer with neighbouring practice, the chairperson for the PPG had also attended a Buckinghamshire PPG and PCN networking meeting and shared the local Buckinghamshire specific seven PCN objectives for example, enabling health and social care into one structure and tackling health inequalities within the PCN structure.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes

Examples of continuous learning and improvement

- The practice had recently been awarded with an Investors in Carers GP Standard award for their ongoing commitment in identifying and supporting carers in their patient populations. In order to receive an Investors in Carers GP Standard Award, the practice had appointed a dedicated carers champion, increased the number of carers on the carers register, ensured at least 50% of practice staff had attended a carer awareness training session, and demonstrated an understanding of the challenges faced by carers, for example, by offering flexible appointments where possible.
- The practice had engaged with the local boy's prep school who accessed GP services from the practice and a local older person's charity to create a buddy and pen pal initiative between the school and older people within the practice. This initiative was created to reduce loneliness, social isolation and also to increase engagement and community within the village. This resulted in a well-attended tea party which all people involved were invited to. The practice was keen for a new cohort of patients/pupils for 2020 and potentially a summer cricket match ending in another tea party.
- In November 2019, group education consultations for diabetes had been launched. We saw the session included discussions to help patients live healthier lives, specifically the role and importance of healthy eating, exercise, sleep and stress in managing diabetes.

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.