

Care Quality Commission

Inspection Evidence Table

The Armada Family Practice (1-549986914)

Inspection date: 28 November 2019

Date of data download: 12 November 2019

Overall rating: Good

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

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:

We saw that all GPs and advanced nurse practitioners (ANPs) had a named GP partner as a mentor. Clinicians held an informal daily meeting to plan and co-ordinate care for patients.

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) (NHSBSA)	0.87	0.69	0.75	No statistical variation

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. We saw that carers of patients were offered health checks at the same time as these assessments.
- 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. We were told that many patients were residents of care or nursing homes and where appropriate the practice pharmacist visited the homes to carry out medication reviews.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice employed a specialist dementia care nurse. We saw arrangements in place to offer and carry out health checks, including frailty and regular memory assessments, for older patients. These assessments would also review patients' social environment and this informed regular liaison with other clinicians and the local dementia team.
- 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. For example, the heart failure team from the local hospital, including a consultant and specialist nurses, held clinics at the practice twice a week.
- 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) (QOF)	80.6%	81.7%	79.3%	No statistical variation
Exception rate (number of exceptions).	22.1% (233)	18.0%	12.8%	N/A

Diabetes Indicators	Practice	CCG average	England average	England comparison
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) (QOF)	72.1%	77.6%	78.1%	No statistical variation
Exception rate (number of exceptions).	21.3% (225)	13.5%	9.4%	High rate
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2018 to 31/03/2019) (QOF)	79.8%	83.5%	81.3%	No statistical variation
Exception rate (number of exceptions).	18.7% (197)	16.2%	12.7%	N/A
Any additional evidence or comments				
We asked the provider about areas of high exception reporting for patients with diabetes. They told us they were made aware of this anomaly following their annual regulatory review in June 2019 and it was due to a coding error. Some patients who had been exception reported had received a diabetic review, however, the exception code had not been removed from their record. We saw that action was underway to correct coding errors in patient records.				

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) (QOF)	71.3%	74.3%	75.9%	No statistical variation
Exception rate (number of exceptions).	26.6% (269)	10.2%	7.4%	High rate
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	91.2%	91.5%	89.6%	No statistical variation
Exception rate (number of exceptions).	18.2% (58)	13.3%	11.2%	N/A
Any additional evidence or comments				
We asked the provider about areas of high exception reporting for patients with asthma. They told us this was due to a coding error. Patients with both asthma and COPD had received a review and this was recorded for one condition but not both on the clinical record. The practice had implemented a change in process so that exception codes were removed from clinical records if a review had been carried out after the patient had been exception reported. We saw that action was underway, since July 2019, to correct the coding and there had been some improvement. For example, the rate of exception reporting for patients with asthma had reduced from 37.8% (370 patients) in 2017/18 to 26.6% (269) in 2018/19 (although this was still higher than average). For patients with COPD the rate had reduced from 24.3% (71 patients) in 2017/18 to 18.2% (58) in 2018/19 which was in line with local and national averages.				

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)	79.6%	82.3%	83.0%	No statistical variation
Exception rate (number of exceptions).	7.8% (207)	5.3%	4.0%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2018 to 31/03/2019) (QOF)	90.2%	89.9%	91.1%	No statistical variation
Exception rate (number of exceptions).	6.8% (27)	5.1%	5.9%	N/A

Families, children and young people

Population group rating: Good

Findings				
<ul style="list-style-type: none"> The practice has met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for all four childhood immunisation uptake indicators. The practice contacted the parents or guardians of children due to have childhood immunisations. The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary. The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance. Young people could access services for sexual health and contraception. Staff had the appropriate skills and training to carry out reviews for this population group. 				
Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	171	176	97.2%	Met 95% WHO based target
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)	162	167	97.0%	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)	162	167	97.0%	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)	162	167	97.0%	Met 95% WHO based target
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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>

Any additional evidence or comments

We asked the provider about data indicating better than average uptake of all four childhood immunisations. They told us they pro-actively followed up all non-attendance of children due to be immunised.

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	76.5%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	73.1%	70.6%	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)	59.2%	56.4%	57.3%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	70.5%	72.0%	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)	52.4%	53.8%	51.9%	No statistical variation

Any additional evidence or comments

We asked the provider about data indicating below target uptake of cervical screening by eligible women. They told us they were taking action to improve uptake including discussing non-attenders in

clinical meetings and offering a flexible choice of appointment days and times. However, we noted that the uptake rate had been consistently below the 80% target since 2016/17 (ranging from 76.3% to 77.9% - Public Health England - PHE data). The provider told us they would continue to take action to increase uptake. We saw some improvement in the most recent PHE data published for 31/03/19 to 30/06/19 that indicated uptake had increased to 77.8%.

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.
- The practice reviewed young patients at local residential homes.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis. All staff had received dementia training in the last 12 months.
- We saw that the practice had a high prevalence of dementia amongst patients and the practice employed a specialist dementia care nurse. We saw arrangements in place to carry out health checks, including frailty and regular memory assessments. These assessments would also review patients' social environment and this informed regular liaison with other clinicians and the local dementia team.
- Patients with poor mental health, including dementia, were referred to appropriate services. The practice had continued to provide a monthly memory café event for patients living with dementia and their carers, despite cessation of external funding in Spring 2019.

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) (QOF)	95.8%	92.2%	89.4%	No statistical variation
Exception rate (number of exceptions).	22.8% (28)	20.2%	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) (QOF)	80.6%	90.2%	90.2%	No statistical variation
Exception rate (number of exceptions).	16.3% (20)	17.1%	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) (QOF)	83.9%	84.1%	83.6%	No statistical variation
Exception rate (number of exceptions).	6.5% (12)	6.2%	6.7%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	552.4	547.8	539.2
Overall QOF score (as a percentage of maximum)	98.8%	98.1%	96.7%
Overall QOF exception reporting (all domains)	8.4%	7.0%	5.9%

	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

We saw that arrangements for palliative care for patients had been improved to ensure clinical records were accessible to a range of relevant healthcare professionals. For example, this included the local out of hours provider; local hospital A&E department; ambulance service and district nurses. A template was in use on the clinical computer system to ensure consistent and clear records. All patient deaths were discussed and any learning shared at monthly meetings involving GPs, district nurses and community and hospice staff.

We saw that activity on medicines optimisation had resulted in improvement. For example, one indicator for prescribing of antibacterial medicines (see below) showed improvement to better than average performance since the period 01/01/19 to 31/03/19 when data indicated no statistical variation.

Indicator	Practice	CCG average	England average	England comparison
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection. (01/04/2019 to 30/09/2019) (NHSBSA)	4.81	5.22	5.60	Tending towards variation (positive)

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.	Y
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, one to ones, coaching and mentoring, 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 advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
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: Arrangements were in place to ensure adequate clinical cover. For example, on the day of this inspection there were three salaried GPs on parental leave with cover in place provided by four locum GPs.	

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

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:</p> <p>We saw proactive arrangements in place for care navigation to provide easy and prompt access to a range of specialist healthcare professionals. For example, reception staff were trained to identify needs and direct patients to the most appropriate clinician. The practice employed a physiotherapist, a specialist dementia nurse and two pharmacists who supported patients who needed extra or specialist care. The practice had developed and provided self-help information packs for patients.</p> <p>The practice was the first in Bristol to trial an innovative arrangement in 2019 to direct patients, where appropriate, to the local pharmacy. Community pharmacists provided assessment, advice and non-prescription medicines for a range of minor illnesses and conditions; and clinical records were shared with the practice. The learning from the new initiative had been shared with other local practices and recognised by other organisations. For example, the practice had received an award for outstanding collaborative working in 2019 from the Local Pharmaceutical Committee (Avon LPC).</p> <p>We also saw that carers were identified and offered support such as health checks (carried out at the same time as the patients' health check); on-site support from a local carers organisation; and respite time when patients attended the dementia café events provided by the practice.</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) (QOF)	95.8%	93.6%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.3% (13)	1.2%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
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
Explanation of any answers and additional evidence: We saw that confirmation of verbal consent was included in patient records for joint injections. The provider told us they would improve this by ensuring they obtained written consent in future for all such procedures and include this in patients records.	

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 services provided.	Y
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: We saw evidence that the practice worked with another local organisation who provided data and analysis fortnightly covering patient demand, clinical need and practice performance. This was used to manage and adjust services and capacity to better match the needs of the population.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	08:30 to 19:30
Tuesday	08:30 to 19:30
Wednesday	08:30 to 19:30
Thursday	08:30 to 18:30
Friday	08:30 to 18:30
Saturday	08:30 to 13:30
Improved access appointments at other local practices available: Mon to Fri 19:30 to 20:00	
Appointments available:	
Monday	08:40 to 19:30
Tuesday	08:40 to 19:30
Wednesday	08:40 to 19:30
Thursday	08:40 to 18:30
Friday	08:40 to 18:30
Saturday	08:40 to 13:30

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
16,710	327	142	43.4%	0.85%

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)	92.7%	95.5%	94.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/19 to 31/03/19)	75.4%	85.2%	82.9%	No statistical variation

Any additional evidence or comments

We saw that there had been some improvement in patient satisfaction since the results of the 2018 GP patient survey had been published. For example, in 2018 70% of patients responded positively to their overall experience of the GP practice (compared to averages for CCG 84.5% and England: 83.8%) which was tending towards variation negative. Results from the 2019 GP patient survey indicated that patient satisfaction had increased to 75.4% which was in line with local and national averages

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- 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.

People with long-term conditions

Population group rating: Good

Findings

- Patients with some multiple conditions, including COPD and asthma, had their needs reviewed in one appointment. We saw that nursing staff were undertaking training to become skilled in multiple long term conditions and this was improving the flexibility of available appointments.
- The practice provided effective care coordination and navigation 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

- Additional nurse appointments were available in blocks from 3.30pm to 7.30pm Monday to Wednesday for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Parents with concerns regarding children under the age of 10 could attend a drop-in clinic held fortnightly with health visitors (on site or at a local church hall in alternate weeks) or the twice weekly baby clinic.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 7.30pm Monday to Wednesday. Pre-bookable appointments were also available to all patients at additional locations within the area ('improved access' appointments, Monday to Friday from 7.30pm to 8pm) as the practice was a member of a GP federation. Appointments were also available Saturday mornings from 8.30am until 1.30pm.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

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

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 employed a specialist dementia nurse.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

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

National GP Survey results

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

We saw arrangements in place for care navigation to identify and prioritise patients' needs.

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 (01/2019 - 03/2019)	52.9%	N/A	68.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	45.2%	68.9%	67.4%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	50.6%	64.5%	64.7%	No statistical variation
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)	61.9%	76.3%	73.6%	No statistical variation

Any additional evidence or comments

We saw that there had been some improvement in patient satisfaction regarding access since the national GP patient survey results for 2018 had been published. For example, results in three areas of of the survey indicated that:

- There was variation negative for 2018 in the results for patients who responded positively to how easy it was to get through on the phone (Practice 46.8%, England average 70.3%). This had improved in the 2019 survey to no statistical variation (as above).
- There was variation negative for 2018 in the results for patients who responded positively to the overall experience of making an appointment (Practice 42.5%, England average 68.6%). This had improved in the 2019 survey to tending towards variation negative (as above).
- There was variation negative for 2018 in the results for patients who were satisfied with GP practice appointment times (Practice 43.9%, England average 65.9%). This had improved in the 2019 survey to no statistical variation (as above).

We spoke to the provider regarding action the practice had taken to improve access. They told us that they had replaced the phone system and the current system provided additional lines, was more reliable

and enabled analysis of call data. For example, the practice was able to identify peak times of demand and put in place additional staff capacity; along with using call recording for staff training.

The provider had also encouraged more patients to sign up for on-line access to enable patients to book appointments; order repeat prescriptions and access their medical records. Self-care advice had been developed and was available to patients via leaflets, posters and display screens in the practice.

We saw that the provider had implemented a programme to train reception staff; employ a range of specialist health professionals; and introduce care navigation arrangements to better identify patient need and direct them to the most appropriate clinician.

Source	Feedback
NHS Choices	We saw 11 ratings with comments from patients in the last 12 months on the NHS Choices website. These gave an average rating of 1.5 stars out of 5. Two patients gave positive comments regarding friendly and helpful staff; and good care received from clinicians. Nine ratings were one star out of five and gave negative comments including difficulty in getting through by phone, delays in getting appointments and unhelpful staff. The practice had responded to all comments.
Friends and Family Test (FFT)	We saw FFT feedback for the period August to October 2019. Each month between 84% and 89% of patients would recommend the practice; whilst between 7% and 13% would not.
iwantgreatcare website	We saw that there had been 256 reviews submitted to the iwantgreatcare website resulting in ratings with an average of four stars out of five.
Patients	We spoke to four patients during the inspection who told us it was difficult to get through by phone but they were satisfied with the clinical care provided. We saw six letters or cards received from patients since June 2019 that gave compliments and/or thanks to the practice for the care and treatment provided.

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.	19
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	2
	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence:	
We did not receive any completed CQC comment cards on the day of inspection.	
Records confirmed that neither of the two complaints referred had been upheld by the Ombudsman.	

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient was prescribed a specialist medicine but had encountered some delays in receiving repeat prescriptions.	The provider had investigated the concern, demonstrated duty of candour and implemented enhanced monitoring of the patient's prescriptions. We saw there was regular contact with the patient to avoid any future issues.
It was not possible to use the automatic patient check-in system until 8.30am but the first appointments were at that time.	The practice improved the appointment system to ensure patients could check-in at least 10 minutes before the first appointment time.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	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: We saw a clear five year plan in place that addressed identified challenges including significant new local housing developments; premises issues; and GP recruitment. We saw evidence that significant pressure on staff capacity due to parental leave had been addressed through appropriate use of locum GPs; recruitment of a wide range of other healthcare professionals; and administrative staff development to maintain service delivery. For example, five apprentices had been employed over the last eight years, with four retained in permanent roles and the other completing their apprenticeship.	

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.	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

Culture

The practice had a culture which drove high quality sustainable care / The practice culture did not effectively support 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

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

Source	Feedback
Staff feedback	Staff told us they felt supported and managers were accessible and responsive. They told us that working arrangements were flexible and personal development opportunities were encouraged.

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.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y

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.	Y
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:

We saw that action was underway to improve performance following our annual regulatory review in June 2019. For example, action had been taken to review and correct coding that had resulted in high exception reporting for some groups of patients; and care navigation arrangements had been introduced to improve patient experience. Risks, such as reduced clinical capacity from GP absences, had been identified and mitigated through the use of a wider range of healthcare professionals, along with locum GPs. This had minimised the impact on patients.

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: The practice worked with another local organisation who provided data and analysis fortnightly covering patient demand, clinical need and practice performance. This was reviewed and used to proactively manage and adjust services and capacity to better match the needs of the population.	

If the practice offered online services:

	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 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.	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: Staff who we spoke to during the inspection told us they had been involved in the development of the practice vision, values and future plans. We saw evidence of close working within the emerging primary care network to identify and implement projects in the local area to improve services for patients.	

Feedback from Patient Participation Group (PPG).

Feedback
We spoke to a representative of the PPG who told us the practice was open and responsive and they felt listened to. Patients considered the new care navigation arrangement was an improvement and the PPG was working with the practice to improve patient awareness of the system and ensure realistic

expectations. For example, we saw that as a result of the patient newsletters produced by the practice, patients had been made aware of and gained prompt access to the practice's physiotherapy service.

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.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	
We saw an example of a staff suggestion that had been implemented to improve administration of patient care. A white board was used to list all daily tasks linked to patient records and care; and these were ticked when completed to ensure nothing was missed through team working.	
Examples of continuous learning and improvement	
We saw that the practice had invested in equipment to improve patient care and reduce the time needed for each intervention. For example, a doppler machine (used to measure blood flow in patients who may have poor circulation) had been purchased and was in use, including for patients attending with leg ulcers. This was easier for staff to use, produced clearer results and reduced the time needed for assessment of each patient. Also an ECG (electro-cardiogram) machine had been purchased for use in investigating heart rhythm of patients. This could transmit results instantly, directly to patient records, which avoided previous delays in data transfer and enabled results to be analysed more quickly and easily by appropriate clinicians.	

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

scored against the national target of 80%.

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

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

Glossary of terms used in the data.

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