

Care Quality Commission

Inspection Evidence Table

Dawlish Medical Group (1-547886713)

Inspection date: 11 December 2019

Date of data download: 29 November 2019

Following our review of the information available to us, including information provided by the practice, we focused our inspection on the following key questions: effective, responsive and well led. Because of the assurance received from our review of information, we carried forward the ratings for the following key questions: safe and caring.

Overall rating: Good

Dawlish Medical Group was rated good at their last inspection carried out in December 2015. We carried out an inspection of this service because our annual regulatory review indicated that there might be a change in quality of services. In accordance with CQC methodology we decided to inspect whether practice was providing effective, responsive and well-led services. The ratings from our previous inspection for provision of safe and caring and services have been carried through to contribute to the overall rating for the practice.

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 were delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) <small>(NHSBSA)</small>	1.11	0.89	0.74	No statistical variation

Older people

Population group rating: Good

Findings

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

- Influenza, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice provided a service to a total of seven care homes. There was a GP allocated to each home so that staff knew who to contact and continuity of care was maintained. Only 25% of emergency admissions to hospital of patients in residential care from the practice happened at a weekend. The average for the locality was 33%.
- The practice had produced a protocol to help staff identify urinary tract infections. They had met with care home staff to train them in using the protocol. However, the practice reported that there was a reduction in the number of urine samples being received from care homes and a reduction in requests for antibiotics from them.
- Where patients needed a home visit (or a visit at the community hospital) this was done in the morning. This allowed the patient to get medicines, such as antibiotics, on the day of being seen.
- There was a strong focus on treating older people in their own homes, or at the local community hospital and avoiding their admission to the District General Hospital (DGH). Data showed that the rate of emergency admissions to the DGH hospital from care homes was two thirds that of other local practices.

People with long-term conditions

Population group rating: **Good**

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice demonstrated how they identified patients with commonly undiagnosed conditions. The practice's disease prevalence, was higher for every long-term condition, measured by QOF, than locally, regionally and nationally. All staff were actively engaged in activities to monitor and improve quality and outcomes. As well as clinicians making diagnoses, administration staff were coding and screening to help ensure outcomes for patients were positive, consistent and regularly exceed expectations.
- 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.
- There is a high prevalence of diabetes in practice area. The practice had focused on treatment of diabetes. Evidence from the National Diabetes Audit showed that the practice was the only one in the Devon Clinical Commissioning Group's Coastal locality to have achieved over 50% against three recognised treatment areas.

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)	89.9%	83.0%	79.3%	Variation (positive)
Exception rate (number of exceptions).	19.8% (202)	16.2%	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) (QOF)	88.3%	78.5%	78.1%	Tending towards variation (positive)
Exception rate (number of exceptions).	4.0% (41)	14.1%	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	86.8%	83.6%	81.3%	No statistical variation

months) is 5 mmol/l or less (01/04/2018 to 31/03/2019) ^(QOF)				
Exception rate (number of exceptions).	12.9% (132)	16.1%	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) ^(QOF)	77.5%	76.9%	75.9%	No statistical variation
Exception rate (number of exceptions).	4.2% (48)	11.7%	7.4%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2018 to 31/03/2019) ^(QOF)	95.8%	91.5%	89.6%	Tending towards variation (positive)
Exception rate (number of exceptions).	9.0% (35)	13.8%	11.2%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to 31/03/2019) ^(QOF)	83.9%	84.3%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.0% (84)	5.6%	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)	91.3%	91.1%	91.1%	No statistical variation
Exception rate (number of exceptions).	4.0% (14)	6.3%	5.9%	N/A

Any additional evidence or comments

Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting, or certain medicines cannot be prescribed because of side effects. For the practice this was lower than the national averages, save for one aspect of diabetic care which was within the expected range. High disease prevalence, positive QOF outcomes and low exception reporting are, together, generally seen as an indicator of good care.

Families, children and young people

Population group rating: Good

Findings

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

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	113	117	96.6%	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)	113	114	99.1%	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)	113	114	99.1%	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)	113	114	99.1%	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

Population group rating: Good

recently retired and students)

Findings

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat 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)	73.5%	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)	70.7%	75.4%	72.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	61.6%	61.1%	57.3%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	54.5%	63.9%	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)	56.7%	55.5%	51.9%	No statistical variation

Any additional evidence or comments

The practice was aware that the results for cervical screening had not met the national target. Women were offered appointments at different times throughout the week and there was a female sample-taker available. Non-attenders were flagged on the practice's electronic record so that clinicians could discuss the test opportunistically if the patient attended for any other reason.

People whose circumstances make them vulnerable

Population group rating: Good

The practice was previously rated outstanding for this population group. This was because the practice provided a specialist GP service for people with drug and alcohol problems living locally. That GP was no longer at the practice consequently this specialist service was not available from the practice.

Findings

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

People experiencing poor mental health (including people with dementia)

Population group rating: **Good**

The practice was previously rated outstanding for this population group. That was based on a GP service provided to patients who lived at a local specialist medium secure mental health hospital. The contract for that service has ended so these circumstances no longer apply.

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.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QoF)</small>	91.7%	91.6%	89.4%	No statistical variation
Exception rate (number of exceptions).	5.9% (9)	15.5%	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)	95.9%	90.4%	90.2%	No statistical variation
Exception rate (number of exceptions).	3.3% (5)	13.3%	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)	95.8%	84.2%	83.6%	Variation (positive)
Exception rate (number of exceptions).	5.9% (9)	7.4%	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)	559	No Data	539.2
Overall QOF score (as a percentage of maximum)	100%	No Data	96.4%
Overall QOF exception reporting (all domains)	5.8%	No Data	No Data

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

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

In September 2019 there had been an audit of patients who were prescribed Nonsteroidal anti-inflammatory drugs (NSAIDs) who might have risk factors associated with taking the medicines. The practice identified 48 such patients. All patients were assessed either in person or through a review of their notes. Most were prescribed a different medicine or a second medicine to counter the adverse effects. Post audit the number of patients still with high risk indicators had fallen to six and the clinical appropriateness of their prescribing had been reviewed.

There was a comprehensive quality improvement plan. This recorded some 26 practice specific, quality improvement activities. Some of these were learning events such as understanding the risks, for diabetics, associated with fasting for Ramadan and the signs and symptoms of sepsis. Others were audit

type activity related to tapering the prescribing of antidepressants in appropriate cases and managing contraception in patients with a high body mass index.

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
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
The practice had supported district nurses to qualify as independent nurse prescribers. Such nurses need a GP mentor, need regular contact with the mentor and 70 hours in the GP surgery. Over the last five years five local matrons or nurses had qualified under the scheme. The practice was the only one in the area to do this. The practice found having independent prescribers benefited both patients and other health and care providers in the area.	

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)	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

For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
<p>There was effective communication between the community hospital and the local District General Hospital (DGH). The GPs from the practice provided care and treatment for 18 beds at the community hospital. The ethos was to provide care and treatment close to patients' homes and minimise admissions to the DGH. When needed GPs were able to admit directly via a referral to a hospital consultant to the DGH, without patients having to go to the accident and emergency department,</p> <p>We spoke with a manager at the community hospital who told us that it was rare for a patient, who needed admission to the GDH to be taken to A&E, almost all went directly to the department concerned.</p>	

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
<p>There was a long-term strategy to help improve the health of patients locally. The aim was to educate people to live more healthily. Research has identified areas of the globe, called "blue zones" where people live healthier for longer. Common factors, diet, activity and social connectivity had been identified. The practice was a driving factor in a blue zone plan locally. There had been a public event, with 87 attendees. Partners included health professionals, volunteer groups local councillors and local people and their children. They looked at what services exist and how they could promote blue zone living. Outcomes so far had included a healthy eating challenge, to which 90 people had signed up. Posters and social media had been used to promote the concept.</p>	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	97.3%	94.9%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.5% (22)	1.1%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	Yes

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
All patients who needed to see a GP were seen on that day. There was a 5pm walk in surgery for patients who felt they needed to be seen but had not been able to get an appointment. The practice did not close until all these patients had been seen. Usually they were seen by the duty GP but any GPs available would help to complete the work. There was a branch surgery with an open surgery for patients who had difficulty in accessing the main surgery.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday	8am – 5pm (Emergencies surgery 5pm)
Tuesday	8am – 5pm (Emergencies surgery 5pm)
Wednesday	8am – 7.45pm (Emergencies surgery 5pm)
Thursday	8am – 7.45pm (Emergencies surgery 5pm)
Friday	8am – 5pm (Emergencies surgery 5pm)
Saturday	8.30am – 11.30am

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population

14204.0	244.0	127.0	52.0%	0.89%
---------	-------	-------	-------	-------

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)	98.9%	95.4%	94.5%	Variation (positive)

Any additional evidence or comments

In previous years the patients' satisfaction with telephone service had not been as high. The practice had recognised this and had installed a switching system so that calls, if unanswered for a specific period, were diverted to general administrators' telephones. This had resulted in an improvement in patients' satisfaction such that this year 90% of patients found it easy to get through to the practice by telephone compared with 77% local and 68% nationally.

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.
- There was a medicines delivery service for housebound patients.
- A residential home forum had recently been established, which facilitated communication between the practice, the home and other community facilities. The improved communication allowed nursing staff to consult with a GP for their home who had knowledge of the patient concerned. The forum had specific objectives, these included achieving more consistency across the sector. For example, using common measures to determine frailty, basic observations and managing urinary tract infections
- The practice had arranged for GPs to visit the largest care homes, between Christmas and the New Year. The objective was to review patients who might otherwise not be seen and possibly be admitted to Accident and Emergency (A&E). The practice had provided the same service during the Easter break when again there had been a long weekend of reduced medical services.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

- The practice partnership had invested in improving the structure and size of the practice building, to create a health “hub”. As well as the medical practice the hub included, hearing, optical, physiotherapy and community pharmacy services. Patients with long-term conditions were therefore able to access a range of services without travelling to more distant facilities.
- People with long-term conditions could access support organisations, sometimes referred to as social prescribing. The practice employed a social prescriber to facilitate this. There was a specific programme, HOPE (Help Overcoming Problems Effectively) It was designed to help people cope better with long-term medical conditions especially those who felt overwhelmed with their health issues or who were not good at self-management. We saw independent research of the impact of the initiative, in the form of case histories and video interviews, which showed that people valued the expertise and independence that the service helped them to achieve. Clients accessed this service by different routes, so it was not possible to determine exactly how many patients from the practice had used the service. However, there was evidence that about a third more patients, from the practice, used the service was the average locally.
- The practice GPs held ward rounds at the local community hospital between Christmas and New Year, to provide reassurance as well as any treatment for patients. The practice learned that the local Minor Injuries Unit would be closed over Christmas so had created more same day nurse appointments after Christmas for dressing patients who might be affected by this closure.

Families, children and young people

Population group rating: Good

Findings

- There were nurse and GP appointments were available outside school hours 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.
- A practice GP had been to an educational/networking event with the local schools, police and social workers. The subject had been adolescent mental health. There had been shared learning of what each service could contribute to addressing the issues. Local charities and youth centres were also represented.
- Vulnerable young mothers could access support organisations, sometimes referred to as social prescribing. A support group comprised a group of experienced mothers supporting each other and young mothers who might be feeling stressed or of low mood.

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.
- Appointments were available on Saturday from 8.30am until 11.30am. They were designed to meet

the needs of these patients. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation.

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, and those with a learning disability. The practice provided protected appointment times, for learning disability patients, for staff to bring those who were able into the surgery. They believed this supported relationships and confidence for the patients.
- 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.
- Vulnerable people could access a range of organisations providing welfare and support, sometimes referred to as social prescribing. Any staff could refer patients to the various support organisations. The practice employed a social prescriber, they offered 40-minute appointments where problems could be examined in detail. Patients were referred for help in areas such as housing, finance, social security benefits and such like. There was an emphasis on vulnerable patients such military veterans, those with dementia, carers and those with transport issues from the rural community.

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. Staff proactively screened people for dementia. The practice screening rate was 3.2%, which was four times the national rate.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- Patients experiencing poor mental health could access a local support organisation that provided a mental health professional delivering a range of interventions and support for the local community.
- The practice provided clinic space and a reception service for a local counselling provider. In addition, it hosted an additional counsellor's placement, again providing clinic and reception services.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2019 to 31/03/2019)	89.6%	N/A	68.3%	Variation (positive)
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)	74.7%	74.6%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	71.6%	70.9%	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)	82.2%	80.7%	73.6%	No statistical variation

Any additional evidence or comments

The practice recognised that if patients could not get through on the telephone then this could impact accessing any other services. In previous years the practice had not been satisfied with their results for this aspect of the service. They had installed a “ring-round” system. Unanswered calls were diverted to another telephone in the administration area this had reduced the time patients waited to have their calls answered.

Source	Feedback
For example, NHS Choices	There were 11 reviews of mixed responses on the NHS choices website. Four responses awarded 4 or 5* (out of 5*), two responses awarded 3* and remained less than 3*. There appears to be no single cause for complaint. Issues mentioned included, waiting for the telephone to be answered, attitude of some staff and the

	<p>pressure that the staff were under.</p> <p>There were 14 reviews on an internet search engine totalling 3.8* out of 5*. Comments included friendly staff and unfriendly staff. There were positive comments about being able to access a doctor.</p>
--	---

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.	18
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes

Example(s) of learning from complaints.

Complaint	Specific action taken
There was a complaint about clinical treatment	The practice examined the circumstances and contacted the complainant. Through explanation and mediation, a productive relationship was maintained with the patient who chose to stay with the practice.
There were complaints about confidentiality at the branch surgery	This was not easy to eliminate given the structure of the building. The practice installed a music system in the waiting area and patients were only called through to the second waiting area, by the receptionist, only after the previous patient had left the consultation room.

Well-led

Rating: Good

The practice was previously rated outstanding for Well-led because:

There was a systematic approach was taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money.

The practice had provided specialist GP services to people at secure mental health hospital and results for cervical screening were above the national average.

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Staff met regularly to discuss any issues or complex cases. There was a schedule of meetings so that most, though not all, of the clinicians met on a Wednesday. We saw evidence of discussions of complex ethical issues, for example related to domestic abuse, where staff gave and received peer support There was a principal of promoting leaders from within where possible. There were five partners, four of the partners originally came to the practice as trainee GPs. After completion of their training they became salaried GPs, at the practice and then partners. Reception staff had been encouraged and supported to become healthcare assistants. Staff had a range of internal development opportunities.	

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

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
The practice was concerned to maintain high levels of satisfaction across all staff in particular those with protected characteristics under the Equality Acts. During the practice refurbishment a lift had been installed so patients or staff with disabilities could access the second-floor clinical areas.	

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

Source	Feedback
Staff interviews and minutes of staff meetings	Staff were proud of the organisation as a place to work and spoke highly of the culture. Where new administration policies were needed, for example, for the new workflow processes, or existing policies reviewed staff did this in team meetings or small workgroups. The policies were then discussed with management before being submitted to the governance process for approval or further review.

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
GPs had lead roles. These included for example, support at the local community hospital, support for learning disabilities patients in the community, research, prescribing and training. There was a systematic approach to working with other organisations to improve care outcomes. The practice worked as a close partner in the Primary Care Network, called the Coastal locality. There was evidence that the Coastal locality was better integrated than some other localities. The data suggested that the Coastal locality was holding a higher complexity of workload in primary care.	

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

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
There was determined commitment at all levels to using data and information proactively to drive and support decision making. For example, a member of the practice had seen a presentation on the management of urinary tract infection (UTI) from the Microbiology department of the local hospital. The practice had used the information to work together with their residential homes to bring a standardised approach to identifying and managing UTIs. There not yet been a formal audit of the impact but the practice reported fewer prescriptions for antibiotics and fewer samples for analysis to the GDH. Another member of the practice had seen data on the national prevalence of Atrial Fibrillation and applied the data to the practice. It suggested that the practice was underdiagnosing the condition by perhaps 60 patients. By March 2019 35 new patients had been diagnosed and the work was continuing.	

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Yes

Patient records were held in line with guidance and requirements.	Yes
Any unusual access was identified and followed up.	Yes

Engagement with patients, the public, staff and external partners

The practice involved patients, 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

Feedback from Patient Participation Group.

Feedback

The PPG had fed back that patients had not been happy with the appointment system and getting through on the telephone. As a result, the practice appointed additional staff to answer the telephone lines. PPG representatives said this had improved the process for patients. This improvement was also reflected in the GP national survey

The practice and the PPG were running courses to help patients use the new information technology, such as on-line appointments and prescriptions. They had asked for and obtained patients who acted as mentors to other patients, usually elderly, to help them use the technology. There had been two courses so far and about forty patients had had the training.

Continuous improvement and innovation

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

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

Examples of continuous learning and improvement

Learning and improvement were at the heart of the practice's ethos.

One of the GPs was a GP Programme Directors (formerly known as VTS course organisers) and tasked with ensuring that individual training programmes were sufficiently broad and balanced to meet the requirements for a GP to receive their certificate of completion of training.

The practice was involved in research. There were nine current research projects. This included work on irritable bowel syndrome, prostate cancer and childhood chest infections and the use of antibiotics. There was a new forum bringing care home staff, nurses and GPs together to improve outcomes for patients, early results, though not yet audited were promising.

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.