

# Care Quality Commission

## Inspection Evidence Table

### Teldoc-Oakengates Medical Practice (1-5237350271)

Inspection date: 20 January 2020

Date of data download: 14 January 2020

## Overall rating: add overall rating here

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

## Safe

**Rating: Good**

### Safety systems and processes

**The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.**

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: Staff had access to safeguarding policies and procedures and up to date contact details were available to them. Staff were aware of the relevant safeguarding leads and who to talk to should they have concerns. Posters were displayed in the waiting room offering a chaperone service and staff that performed this duty had received training. Monthly meetings with Health Visitors were arranged and	

Safeguarding	Y/N/Partial
safeguarding concerns were also discussed during in house clinical meetings.	
An audit of staff completion rate of safeguarding training had been carried out in May 2019. A further audit was undertaken in June 2019, which showed that a 100% of clinical staff had completed safeguarding training at level 3. The findings showed that 90% of non-clinical staff had undertaken training. Staff were sent reminders to complete the on-line course.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Partial
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Recruitment took place centrally at provider level. The provider had employed a human resource lead who was responsible for staff recruitment for all sites. During the inspection, we checked the files of 10 members of staff from across the organisation. We found that the required information was available on the files of staff recruited and that files were well presented. At the time of the inspection, it was difficult to ascertain from the records however if staff vaccination was maintained in line with current Public Health England guidance. The provider had access to an Occupational Health (OH) department. The service was commissioned by the Telford and Wrekin Clinical Commissioning Group, which provided OH service to Telford practices. Following the inspection, the provider told us that OH did not hold all information regarding all staff vaccination. To address this, the provider told us that they would revise their processes and introduce a further policy, which required staff to complete a self-declaration regarding their immunisation status.</p>	

Safety systems and records	Y/N/Partial
<p>There was a record of portable appliance testing or visual inspection by a competent person.</p> <p>Date of last inspection/test: Oakengates: 16 April 2019 Hadley Branch: 7 May 2019</p>	Yes
<p>There was a record of equipment calibration.</p> <p>Date of last calibration: Oakengates: April 2019 Hadley Branch: June 2019</p>	Yes
<p>There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.</p>	Yes
<p>There was a fire procedure.</p>	Yes
<p>There was a record of fire extinguisher checks.</p> <p>Date of last check: Oakengates: 17 January 2020 Hadley Branch: 17 January 2020</p>	Yes
<p>There was a log of fire drills.</p> <p>Date of last drill: Oakengates: 21 August 2019 Hadley Branch: 21 August 2019</p>	Yes
<p>There was a record of fire alarm checks.</p> <p>Date of last check: Oakengates: Weekly last recorded 15/01/2020 Hadley Branch: Weekly last recorded 15/01/2020</p>	Yes
<p>There was a record of fire training for staff.</p> <p>Date of last training: Various dates through on-line training</p>	Yes
<p>There were fire marshals.</p>	Yes
<p>A fire risk assessment had been completed.</p> <p>Date of completion: Oakengates: December 2019 Hadley Branch: December 2019</p>	Yes
<p>Actions from fire risk assessment were identified and completed.</p>	Yes
Explanation of any answers and additional evidence:	

Since 1 September 2019, Teldoc had outsourced the site maintenance of their sites to a management company. A report had been prepared outlining their work to date.

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: March 2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: March 2019	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Various risk assessments had been carried out in relation to staff safety. Some of these assessments included manual handling, lone working, driving at work, first aid, home visits and risk assessments for expectant mothers.</p> <p>During the inspection at the Hadley branch, we found that blinds had loop cords that had not been secured. We also found documentation which illustrated that emergency lighting test had been documented as “failed” These issues were reported to the provider who took action to inform their property management of this risk and to address risk.</p>	

## Infection prevention and control

### Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: Oakengates: 09/01/2020 Hadley: 13/01/2020	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence:  There were arrangements in place to manage infection, prevention and control. The premises we inspected were visibly clean and tidy on the day of the inspection. Feedback we gained from patients suggested they were satisfied with the cleanliness of the practice and the hygiene arrangements in place.  Staff had access to the infection, prevention and control (IPC) policy and personal protective equipment (PPE) was readily available. The practice had a lead nurse responsible for infection prevention and control. They were responsible for carrying out quarterly audits on the premises. Assessment of staff hand washing competencies were undertaken. The Quality/Research Nurse had overall responsibility for infection prevention and control at provider level.  Legionella risk assessments had been completed in December 2017. Arrangements were in place to test the water temperatures monthly. Six monthly legionella sampling took place, with the latest sample being taken on the 25 September 2019.	

## Risks to patients

### There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes

Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The provider used a business intelligence dashboard to ensure a safe and appropriate skill-mix of staff was maintained. Staff worked across sites to ensure appropriate cover was maintained during staff absences and busy periods.</p>	

## Information to deliver safe care and treatment

### Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any answers and additional evidence: The provider operated one patient list and an integrated model of service delivery. This meant that registered patients could be seen at any of the Teldoc sites. Individual care records could be viewed at any of the Teldoc sites as their computer system had been unified.	

## Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) (NHS Business Service Authority - NHSBSA)	0.77	0.85	0.87	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2018 to 30/09/2019) (NHSBSA)	6.7%	6.9%	8.5%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2019 to 30/09/2019) (NHSBSA)	5.21	5.47	5.60	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2019 to 30/09/2019) (NHSBSA)	2.28	1.98	2.08	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Partial
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about	Yes



Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	NA
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The provider employed two clinical pharmacists. The pharmacists were involved in a number of audits and the review of patients' medication. The quality of their work was audited to ensure standards were maintained.</p> <p>We saw examples where the pharmacists had been proactive, for example in the sourcing supplies of medicines where patients may experience shortages in supply. Regular detailed audits were in place for assessing the competence of non-medical prescribers. A GP lead was also in place to oversee the on the day access hub appointments and to offer clinical advice to non-medical staff.</p> <p>We looked at nine Patient Group Directions (PGSs). Of these nine, we found gaps in the authorising manager signatures on three of these.</p> <p>Emergency medicines were held securely and expiry dates were checked monthly to ensure they were effective. We checked the emergency medicines held and found not all of the suggested emergency medicines were held at the practice. However, full risk assessments had been completed to support the practice's decision not to stock these medicines.</p> <p>The temperature of fridges used to store vaccines were monitored twice daily. The maximum and minimum temperatures of the fridges were measured and recorded. Data loggers were also used to monitor fridge temperatures and ensure they remained within the recommended range.</p>	

## Track record on safety and lessons learned and improvements made

### The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	39
Number of events that required action:	39
Explanation of any answers and additional evidence: Staff we spoke with told us they were encouraged to report incidents and demonstrated a clear understanding of the process for reporting and recording events. The provider captured details of significant events centrally. Details of the events were discussed and shared at provider level during significant event analysis meetings held quarterly. Each significant event was rated in relation to their level of risk or severity. The practice also held an annual review of events to identify common trends and to review actions had been completed in line with their action plans.	

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

Event	Specific action taken
Incorrect prescribing of medicine due to similar name.	Clinical Pharmacist carried out audits of all medicines of similar name to identify any other potential errors and prevent risk.
A two week wait referral for a patient who had been seen during extended hours had not been sent.	Extended hours service was added to the weekly auditing of two week wait referrals. Feedback was provided to the clinician involved.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: The provider had a protocol to follow in relation to receiving safety alerts such as Medicines and Healthcare Products Regulatory Agency (MHRA) alerts. The provider had identified key members of staff to manage the various alerts. For example, alerts relating to medicines were sent to the head of medicines management. We saw evidence that a log was kept of the action taken following the receipt of these alerts. A	

summary of alerts applicable to the practice, including the action taken, had been recorded within the monthly quality and governance reports.

## Effective

## Rating: Good

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
Explanation of any answers and additional evidence: The provider had a range of policies and procedures available, including a policy for the management of chronic diseases. For example, the provider had revised their template and procedure for the management of diabetic leg ulcers in response to a significant event. Staff could access policies and procedures via the intradoc (a shared computerised drive). Staff could access guidelines such as the National Institute for Clinical Excellence (NICE) through a link on their computer system. Staff also received notifications of new guidance via email and newsletter. The provider facilitated many opportunities for learning and further training, and had a list of all planned educational sessions throughout the year.	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) <small>(NHSBSA)</small>	0.51	0.64	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. The clinical pharmacist proactively supported care homes by conducting medication reviews.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

## People with long-term conditions

## Population group rating: Good

### Findings

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

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	81.3%	79.8%	79.3%	No statistical variation
Exception rate (number of exceptions).	20.8% (584)	16.1%	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)	80.8%	76.9%	78.1%	No statistical variation
Exception rate (number of exceptions).	13.1% (367)	11.3%	9.4%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	82.3%	80.9%	81.3%	No statistical variation
Exception rate (number of exceptions).	15.6% (438)	14.0%	12.7%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	72.4%	74.3%	75.9%	No statistical variation
Exception rate (number of exceptions).	3.9% (116)	8.2%	7.4%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	90.6%	86.3%	89.6%	No statistical variation
Exception rate (number of exceptions).	9.4% (80)	11.3%	11.2%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to 31/03/2019) (QOF)	82.4%	82.3%	83.0%	No statistical variation
Exception rate (number of exceptions).	5.1% (284)	4.2%	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)	92.9%	91.8%	91.1%	No statistical variation
Exception rate (number of exceptions).	4.9% (29)	5.7%	5.9%	N/A

## Families, children and young people

## Population group rating: Good

### Findings

- Childhood immunisation uptake rates for one-year olds were in line with the World Health Organisation (WHO) targets. However, the practice had not met the minimum 90% target for three of four childhood immunisation uptake indicators.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice's uptake for cervical screening was 72.5%, which was lower than the 80% coverage target for the national screening programme.
- 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)	575	634	90.7%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	546	612	89.2%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	541	612	88.4%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	537	612	87.7%	Below 90% minimum

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

#### Any additional evidence or comments

The practice's performance for the immunisation of children aged two years fell below the minimum target of 90%. All practice nurses had been trained to administer child immunisation. Patients were offered multi-site access to maximise uptake. A policy was in place to deal with failed attendances. Parents were followed up and offered alternative dates for re-booking their children in for immunisation. Staff told us that admin staff also assisted with sending reminder letters and any specific concerns would be discussed with the health visitors.

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

Population group rating: Good

#### 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). (31/03/2019 to 30/06/2019) (Public Health England)	72.5%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	75.6%	74.3%	71.6%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2018 to 31/03/2019) (PHE)	51.9%	57.5%	58.0%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2018 to 31/03/2019) (PHE)	64.6%	72.5%	68.1%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) (PHE)	50.5%	53.9%	53.8%	No statistical variation

#### Any additional evidence or comments

The practice's uptake for cervical screening was 72.5%, which was lower than the 80% coverage target for the national screening programme. The practice had taken steps to promote the uptake of cervical screening. Flags appeared on patients' records to identify if they were due for a smear, and staff would follow-up in an attempt to book them in. The extended access appointments in the evening and during the week-end provided greater flexibility of appointment for women to attend their cervical screening.

#### 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 and referred them to local services.

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

**Population group rating: Good**

**Findings**

- The practice had recruited a mental health nurse to offer support to patients experiencing mental health issues, including severe mental illness health checks.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services including the local memory clinic.

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>	91.9%	92.1%	89.4%	No statistical variation
Exception rate (number of exceptions).	16.8% (70)	11.8%	12.3%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	90.6%	93.4%	90.2%	No statistical variation
Exception rate (number of exceptions).	12.9% (54)	9.2%	10.1%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	83.8%	81.5%	83.6%	No statistical variation
Exception rate (number of exceptions).	6.8% (15)	7.1%	6.7%	N/A

## Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	550.8	548.8	539.2
Overall QOF score (as a percentage of maximum)	98.5%	98.2%	96.7%
Overall QOF exception reporting (all domains)	7.2%	6.3%	5.9%

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

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

past two years

During the inspection, we reviewed the provider's clinical audit programme for 2019/2020. A number of areas had been identified for auditing, which included the compliance of health care assistants with wound protocol, antibiotic prescribing, and renal-function re-audits. The provider was able to demonstrate improvements had been made. For example, in a re-audit of the management of laboratory tests, the provider found improvement in sending tasks for abnormal results as per the protocol, and that the call centre process time had improved.

## Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence:  Staff we spoke with confirmed that they received protected time for learning and that the provider was supportive of their learning and personal development needs. For example, we saw one of the nurses was being supported to complete a clinical practice course to provide them with in-depth knowledge and skills. Staff were offered formal clinical supervision sessions and a range of audits were carried out to assess performance in different areas including call handling and home visits. Consultations were also reviewed. The same day access hub had a dedicated GP to supervise staff and offer clinical support during their clinics.  There was a clinical educational programme in place for the year, offering opportunities for learning in a range of different topics. A staff training matrix was maintained and a skills checklist was in place for practice nurses and health care assistants.	

## 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>Explanation of any answers and additional evidence:</p> <p>Regular monthly meetings were held with a number of external stakeholders, including the district nursing team, community matrons, care navigator and palliative care teams.</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
Explanation of any answers and additional evidence: Practice staff were aware of the benefits of social prescribing. A Care Navigator / Social Prescriber funded by the Clinical Commissioning Group and in association with Age UK had been allocated to the provider to help support and signpost patients. They attended the provider monthly multi-disciplinary team meetings.	

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>	93.6%	94.9%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.5% (54)	0.5%	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
Explanation of any answers and additional evidence: Clinical staff spoken with demonstrated an understanding of best practice guidance in obtaining consent and were aware of Gillick competences and Fraser guidelines when providing care and treatment to children. The provider had carried out two audits in 2017 and 2018 to assess staff's recording of patient consent for carrying out invasive procedures. Following the first audit, the provider had adopted consent forms/templates into practice. The second audit showed significant improvement in the recording of consent.	

## Caring

**Rating: Good**

### Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	2
Number of CQC comments received which were positive about the service.	0
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	1

Source	Feedback
Interviews with patients	Patients told us that they felt their privacy and dignity was respected by reception and clinical staff.
CQC comment cards	One patient commented that they had seen some magnificent improvement with the surgery as a whole. However, they also commented that during their most recent visit, they felt the doctor did not listen to them. Another patient commented that in the past, the doctors had time to listen and answer questions. They went on to describe the current service as “bad” and described it as a race to the next person. They commented patients needed time to ask and get and get answers to their questions. The patient commented that they felt that the provider was not thinking of the patients just the number of patients.
Healthwatch	One patient commented that doctors had always been good. Another patient commented that they felt the doctor they saw during their last visits was “fab”, but had not felt confident in the previous two doctors they had seen. Another patient commented on the flippant attitude of staff.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
47046.0	425.0	136.0	32.0%	0.29%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2019 to 31/03/2019)	78.1%	85.2%	88.9%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	78.0%	84.4%	87.4%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	87.6%	92.9%	95.5%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	67.4%	77.3%	82.9%	Tending towards variation (negative)

### Any additional evidence or comments

Seventy-eight percentage of respondents to the GP patient survey stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them. This was lower than the local and national averages. However, this figure however had improved from previous year, where the practice scored 66.9%. Plans were in place to extend the length of GP appointments to 15 minutes for patients with more complex care needs.

Other indicators including how well healthcare professionals treated patients with care and concern, their confidence and trust in the healthcare professional and patients' overall experience was below average when compared with the local and national averages. However, these scores had improved on previous year's results.

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

### Any additional evidence

In association with the patient participation group (PPG), the provider had designed its own patients survey, which had been distributed to patients during December 2019. Results were being collected and analysed at the time of our inspection.

The quality and governance lead prepared an annual report on how the provider has acted on patient feedback. This was collated from a number of sources including complaints and complements, friends and family test, reviews on NHS UK website, the national GP patient survey and the PPG. Action plans were in place for addressing areas for improvement.

### Involvement in decisions about care and treatment

#### Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: Easy read and pictorial materials were available.	

Source	Feedback
Interviews with patients.	Patients spoken with told us they felt involved in their care and treatment and that the GPs generally listened and understood their wishes. Patients also told us they felt they were given enough time during their consultation and did not feel rushed.

## National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2019 to 31/03/2019)	84.9%	91.8%	93.4%	Variation (negative)

### Any additional evidence or comments

The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment, was lower than the local and national average. This figure however was a significant improvement on the previous survey where only 71.9% of patients felt that they were involved as much as they wanted to be.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: Where patients had been identified as requiring translation services, these were booked in advance by the call centre staff to ensure availability during their appointment.	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 1168 patients as carers. This represented 2.5% of the practice population. This figure included short to medium term carers.
How the practice supported carers (including young carers).	Teldoc had worked with Carer UK and receptionists had been trained as carer's champions at each site. Where a carer was identified, their clinical record was flagged to ensure that the practice provided appropriate support, such as appointment flexibility. There was a carers board for all ages in the reception area.
How the practice supported recently bereaved patients.	Staff told us that recently bereaved patients would receive a visit from the GP.

## Privacy and dignity

### The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Partial
Explanation of any answers and additional evidence: The practice had a check in screen for patients to use. However, we found that patients were waiting for assistance in long queues at the reception at times during the day.	

## Responsive

## Rating: Requires Improvement

**We rated the practice, and all of the population groups, as requires improvement for providing responsive services because:**

- Whilst the practice had responded to patient feedback, further work was needed to improve patient satisfaction in relation to access to care and treatment. Some patients felt that there were unacceptable waiting times and delays in getting to see a GP and that the appointment system needed further review.
- The national GP patient survey results (2019) for the practice were below local and national averages for questions relating to access to care and treatment. In particular the patient satisfaction around telephone access, the type of appointment offered and the overall experience of making an appointment.

### Responding to and meeting people's needs

#### Services did not always 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

Practice Opening Times	
Day	Time
Opening times of main site: <b>Oakengates Medical Practice:</b>	
Monday	8am to 6pm
Tuesday	8am to 6pm
Wednesday	8am to 6pm
Thursday	8am to 6pm
Friday	8am to 6pm
Appointments available:	Appointments could be requested via the call centre which was open between 8am and 8pm, every day of the week. Appointments could also

	<p>be booked in person or on-line.</p> <p>Patients could be seen at any of the nine Teldoc sites. Teldoc operated an extended access service between the hours of 8am and 8pm seven days a week, 365 days per year.</p> <p>A home visiting service was offered to patients between 8.30am and 6pm.</p>
--	--

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
47046.0	425.0	136.0	32.0%	0.29%

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)	86.1%	92.9%	94.5%	Variation (negative)

## Any additional evidence or comments

The percentage of patients that stated their last GP appointment met their needs was lower when compared with the CCG and the National average. However, this figure had improved over time. For example, for the same time period in 2018, only 77.7% of patients felt their needs were met.

## Older people

## Population group rating: Requires Improvement

### 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. A dedicated home visiting service operated between the hours of 8.30am and 6pm.
- The practice provided effective care coordination to enable older patients to access appropriate services. The home visiting team liaised with community services and the rapid response teams with a view of preventing hospital admissions.
- Extended access appointments in the evening and weekend were available to older people, to enable working relatives to accompany them.

## People with long-term conditions

## Population group rating: Requires



## Improvement

### Findings

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

## Families, children and young people

## Population group rating: Requires Improvement

### Findings

- Extended hours appointments were available for school age children so that they did not need to miss school.
- Dedicated appointments were available for teenagers /young people.
- 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. Emergency appointments were offered in the morning and the afternoon.
- Six-week check appointments and post-natal checks were performed in house and could be accessed at any of the Teldoc sites.
- Family planning clinics and contraceptive services including implant insertion and removal, intrauterine devices, and pill checks were provided at the practice.

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

## Population group rating: Requires Improvement

### Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Teldoc provided access between 8am and 8pm on seven days per week. A range of appointments were offered including same day access through telephone consultation or face to face review and pre-bookable appointments.
- Patients could access appointments from any of the nine Teldoc sites to enable flexibility
- Appointments could be booked in the person, on-line or by telephone.
- The practice also offered on-line access for ordering repeat prescriptions, view medical records and book appointments.

**People whose circumstances make them vulnerable**

**Population group rating: Requires Improvement**

**Findings**

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

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

**Population group rating: Requires Improvement**

**Findings**

- Priority appointments were allocated when necessary to those experiencing poor mental health. A mental health nurse had been recruited to offer support to patients experiencing mental health difficulties.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly. The provider worked with a care navigator/social prescriber to reach out to patients to reduce social isolation.

## Timely access to the service

### People were not always 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
Explanation of any answers and additional evidence: The provider had a home visiting team made up of an advanced paramedic, supported by two paramedics and overseen by GP partner. Where clinically required, such as in the care of a complex palliative care patient, a GP would also conduct a home visit. All requests for home visits were triaged by a GP prior to the visits. Detailed audits were undertaken by the lead GP to assess the quality of these visits. Emergency on the day appointments were offered both in the morning and afternoon.	

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)	33.9%	N/A	68.3%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	36.1%	56.1%	67.4%	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)	52.3%	59.5%	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)	54.4%	66.3%	73.6%	Variation (negative)

### Any additional evidence or comments

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 was significantly lower than the national average. This had slightly improved by 1% from last year's patient survey. The provider was aware that this was a concern to their patients. Difficulties with the telephony system, together with an increase in the

number of patients registered had placed an increased demand on the call centre and their ability to deal with the volume of calls. This had created a delay in patients having their calls answered. Teldoc had responded by recruiting additional call handling staff. Long term plans were in place to re-locate their call centre so that they could increase the capacity of telephone lines to deal with patient demand.

The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment was lower than the local and national average, and had reduced by 1 % from the previous year. The provider had introduced an audit of abandoned phone calls where patients had been waiting for longer than 10 minutes. These patients were identified and would receive a call back.

Patient satisfaction with their GP practice appointment times according to the GP patient survey whilst being below average when compared with local and national averages, had improved from 35% to 52.3% at this survey point.

The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered was 54.4%, which was lower than the local and national average. However, this percentage had improved from 45% at the last survey.

The provider was aware of the lower than average figures and developed had an action plan to address these areas for improvement. Some of these initiatives included the recruitment of a mixed clinical workforce to support urgent care appointments, freeing up GP appointments to more routine problems. Cross-site booking had also been introduced so that patients could access appointments at any of the nine Teldoc sites. Appointments were also offered at evening and weekends, providing patients with access to the service between 8am and 8pm each day of the week, including bank holidays. The provider had experienced a considerable increase in patient numbers for example, the patient list had grown from 37,000 patients to 47,390 patients.

Source	Feedback
NHS Choices	<p>Feedback from patients was mixed about the service. For example, one patient commented that they could not get a doctor's appointment or prescriptions. Another had problems with repeat prescriptions being sent to incorrect chemist. Other comments included difficulty in getting face to face appointments and trouble getting through on the phone.</p> <p>Others commented positively about the service. Patients described the service as good and commented that they had been seen quickly. They felt it was much better now that they could be seen at other sites. They described staff as excellent, helpful and friendly and that they give a personal service.</p>
Patient interviews	Feedback from patients was mixed about the availability of appointment. Some patients told us that they never had a problem getting an appointment, whilst other patients told us that they were not able to get an appointment when they needed one. One patient told us that a they were unable to get a nurse appointment, which resulted in them having to go to the accident and emergency department.
CQC comment cards	One patient commented that the telephone service had improved so much and said that 99% of the time they were able to get an appointment or a call back.
Observations	We observed that the reception area was very busy during parts of the day. On occasions, patients were waiting in long queues to be seen as there was only one

	receptionist on the desk. Staff interactions however, were positive under difficult conditions.
--	---

## 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 (across all nine sites).	280
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
<p>Explanation of any answers and additional evidence:</p> <p>The provider logged both written and verbal complaints as well as compliments. The Patient Engagement Lead led on the management of complaints. Patients had access to complaint information leaflets and posters were displayed in the waiting rooms. Information of how to raise concerns was also available on the provider website, including a copy of the complaint form and patient third party consent form. The Patient Participation Group also assisted patients where necessary, with raising concerns with the provider.</p> <p>Monthly/bimonthly quality reports were compiled of complaints received. The reports included a breakdown of complaints by category, including the handling time in days. Complaints were discussed at the provider's quality and governance meetings so that any common trends and learning could be identified.</p>	

#### Example(s) of learning from complaints.

Complaint	Specific action taken
A patient called to obtain an urgent appointment for a child who was unwell. The patient complained that they had to argue to obtain an appointment and that staff instead signposted to the pharmacy.	The complaint was investigated by the patient engagement lead. The call was listened to and was sent to the call centre lead who reviewed the call with the call handler so that they could reflect and learn.
A patient complained that they had received a letter asking to book a telephone appointment with a GP without an explanation of why. When asked reception staff, they were unable to advise either. The patient then waited 40 minutes for the call, without receiving a call.	The complaint was investigated by the patient engagement lead. The review letters were reviewed and changed to better outline the reason for the review.

## Well-led

**Rating: Good**

### Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: The leadership and management team demonstrated that they understood the challenges to quality and sustainability. They had identified the actions needed to address these challenges and had adapted to changes in the health service provision locally. For example, the partnership organisation Teldoc was created through the merger of three existing medical practices, which were Oakengates Medical Practice, Lawley Medical Practice and Trinity Healthcare. Teldoc operated an integrated model where all sites operated as a single practice. The organisation had three registered locations with a further six associated branches. Key functions including human resources, quality governance, medicines management, finance and coding and document management for all sites were centralised.  The merger of the nine sites to create Teldoc, had been challenging for reasons such as variation in systems and processes and differences in operational cultures between each site. The leadership team had managed to successfully merge the practices, whilst maintaining standards of care to patients. The leadership team had a clear vision for future development of the organisation. This included the future closure of three of their six branches and a review of the Call Centre capacity. Teldoc had developed a multi-disciplinary model of care which considered the national challenges faced with GP recruitment.	

### 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.	No
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: The provider had developed a clear vision and strategy for the service, but this had not been developed in collaboration with staff, patients or external partners. Staff knew and understood the values and	



strategy. The vision and values had been made visible to both patients and staff within the individual practices.

Teldoc's vision was for patients to have greater control of their health and wellbeing, and to support them to live longer and healthier lives and to make informed choices. Teldoc's vision was also to be the primary care provider of choice in the local area and to be recognised as an employer of choice for primary care practitioners and support staff.

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: There was a culture and focus on delivering high quality care. Tools were used to monitor and assess quality including the business intelligence dashboard. Key performance indicators were set out and performance was measured against these.	

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

Source	Feedback
Interviews with staff	<p>Staff we spoke with expressed their appreciation of the major work that had been undertaken to form Teldoc. Overall, staff felt that the team was committed to meeting the vision and values of the organisation.</p> <p>Clinical staff told us that they felt part of a fantastic team, who offered excellent care to their patients. They told us that they were well supported in their role and would feel happy to ask for help or advice. We were told that their line managers operated an open-door policy. Board members were visible to them as they regularly worked alongside them.</p> <p>Feedback from non-clinical staff was mixed. Some expressed that they felt well supported, whilst others felt that their concerns were not always listened to or acted on by senior managers.</p>

## 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
Explanation of any answers and additional evidence:	
<p>The provider operated a centralised governance function in which quality across the whole organisation was assessed and monitored. Monthly quality reports were produced and presented to the governance and quality meetings for discussion and learning. The provider had a clear organisational structure in place and staff were aware of their key roles and responsibilities.</p> <p>The provider had a range of comprehensive policies and procedures in place to support and guide staff in their work and to aid consistency across all sites. These were accessible to staff via the intranet based management system, IntraDoc.</p>	

## Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence:  The provider had a comprehensive quality assurance system in place. There was an in-house educational programme in place. The provider had a lone working policy, however this was not always adhered to resulting in staff being left alone to open and close the Teldoc sites.	

## 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
Explanation of any answers and additional evidence: The provider used a business intelligence dashboard to monitor their overall performance. The provider also reviewed performance against external benchmarks.	

If the practice offered online services:

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

Office.	
Patient records were held in line with guidance and requirements.	Yes
Any unusual access was identified and followed up.	Yes
Explanation of any answers and additional evidence:	
Staff had completed training in information governance and were aware of their responsibilities for managing patients' data.	

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

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Feedback about the services provided was promoted through the national GP patient survey, an internal 'You Said, We Did' survey, Friends and Family Test (FFT) returns, complaints, compliments and discussions with the patient participation group (PPG). The PPG had been involved in the discussions and design of the patient satisfaction surveys.</p> <p>The provider had attempted to engage with a percentage of staff through the use of informal, opportunistic semi-structured interviews, which took place in 2017 and later in 2018-2019. In response to feedback from the staff engagement exercises, the provider had made changes to their practices. Some of these included the introduction of a staff newsletter, recognition of excellence they and had promoted greater visibility of Board members and senior managers.</p>	

### Feedback from Patient Participation Group.

Feedback
<p>During the inspection we spoke with the Chairperson of the Patient Participation Group (PPG). There was one PPG group representing patients from all sites. The group was made up of eight patients, who meet on the third Wednesday of every month. Minutes were kept of the meetings held and made available to patients on the practice web site. The group has introduced evening meetings every quarter to promote flexibility for patients to attend. The chair or the vice chair of the Teldoc management Board attended these meetings.</p> <p>The chair of the PPG also attended the provider's governance meetings where they provide patient feedback to this meeting for discussion.</p> <p>The PPG chair told us that they felt able to raise issues and put forward suggestions, and that these would be openly discussed. The group worked in partnership with the provider and has had input into areas, including the review of the lunchtime closure of one of the practices. It was felt that more could be done to promote the work of the PPG and to keep patients abreast with changes within the organisation.</p>

Any additional evidence
<p>Most patients spoken with during the inspection were unaware of the work of the PPG, although attempts had been made to promote its work. Patients were not always aware of the range of services offered by Teldoc.</p>

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
<p>The Teldoc model was an example of primary care at scale. Teldoc had formed its own Primary Care Network (PCN).</p> <p>Teldoc offered teaching opportunities for medical students from Keele University Medical School. The practice was also involved with medical research with the National Institute for Health Research (NIHR).</p> <p>The provider fully supported their staff who demonstrated a desire to progress and develop. Protected time was offered. A programme of learning events was in place.</p> <p>The provider, along with other stakeholders had been involved in designing a project that specifically focused on their hardest to reach patients to offer an activity to counter social isolation. The team aimed to provide support and expertise to individuals locally in setting up and running new social groups and opportunities.</p> <p>The provider had also participated in the CCG initiative "Healthy Heart Project".</p>	

### Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

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

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

#### **Glossary of terms used in the data.**

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