

Care Quality Commission

Inspection Evidence Table

Dr S Archer & Partners (1-545582041)

Inspection date: 21 January 2020

Date of data download: 07 January 2020

Overall rating: Good

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

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y ¹
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
Explanation of any answers and additional evidence: 1. There was a system in place to monitor two-week wait referrals to ensure they were not delayed or missed. This system had been implemented following a significant event regarding referrals.	

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>	0.37	0.61	0.74	Tending towards variation (positive)

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.
- The practice completed weekly ward rounds at local residential and nursing homes alongside the community matron. A designated GP was assigned to each home to promote continuity of care for patients.
- 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.
- Practice nurses completed follow up appointments for patients discharged from hospital with a long-term condition.
- 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. The practice used an in-house system to diagnose atrial fibrillation.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	78.8%	81.4%	79.3%	No statistical variation
Exception rate (number of exceptions).	13.7% (98)	16.9%	12.8%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	84.0%	78.5%	78.1%	No statistical variation
Exception rate (number of exceptions).	8.0% (57)	10.3%	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>	82.9%	83.4%	81.3%	No statistical variation
Exception rate (number of exceptions).	21.3% (152)	15.0%	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>	81.6%	78.4%	75.9%	No statistical variation
Exception rate (number of exceptions).	6.0% (47)	9.0%	7.4%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	93.7%	90.5%	89.6%	No statistical variation
Exception rate (number of exceptions).	6.9% (20)	13.3%	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)	88.7%	84.5%	83.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	3.8% (78)	4.0%	4.0%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2018 to 31/03/2019) (QOF)	99.2%	93.3%	91.1%	Significant Variation (positive)
Exception rate (number of exceptions).	9.9% (29)	6.0%	5.9%	N/A

Any additional evidence or comments

Families, children and young people

Population group rating: Good

Findings

- The practice had met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for all 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 held twice weekly baby and child immunisation clinics however appointments could be made outside of these clinic times if necessary.
- Patients could attend in house antenatal clinics with the Midwife.
- The practice coordinated 8-week-old baby checks with the GP and the practice nurse to complete immunisations.
- 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.

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)	89	91	97.8%	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)	90	94	95.7%	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)	90	94	95.7%	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)	91	94	96.8%	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>

Any additional evidence or comments

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients 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	81.5%	N/A	80% Target	Met 80% target

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)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	78.5%	74.5%	71.6%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2018 to 31/03/2019) (PHE)	63.4%	61.2%	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)	39.8%	66.5%	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)	60.0%	48.8%	53.8%	No statistical variation

Any additional evidence or comments

The practice encouraged patients to attend their cervical screening appointment and phoned them to book appointments if they did not respond to their invitations. Practice nurses would also speak with patients who had concerns or were reluctant to be screened.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- The practice had a designated lead GP for patients with a learning disability. All patients with a learning disability were offered an annual health check which was conducted by the lead GP and a healthcare assistant to promote continuity of care for patients. Home visits for annual reviews were also available.
- Practice staff would ring patients with learning disabilities the day before their appointment to remind them to attend.
- 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 used the Gold Standards Framework to ensure care for end of life patients was carried out in accordance with best practice.
- 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

Population group rating: Good

(including people with dementia)

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 via live well, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered for patients with mental health needs.
- There was a system for following up patients who failed to attend for administration of long-term medication. There was a system to follow up patients with poor mental health who failed to collect regular medicines.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia using an assessment tool. When dementia was suspected there was an appropriate referral for diagnosis.
- Patients with dementia were offered longer appointments and received health checks with a designated nurse.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	100.0%	92.9%	89.4%	Variation (positive)
Exception rate (number of exceptions).	16.1% (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) <small>(QOF)</small>	95.8%	92.4%	90.2%	No statistical variation
Exception rate (number of exceptions).	14.3% (8)	13.6%	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>	84.3%	84.1%	83.6%	No statistical variation
Exception rate (number of exceptions).	8.0% (11)	8.4%	6.7%	N/A

Any additional evidence or comments

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	552.6	549.4	539.2
Overall QOF score (as a percentage of maximum)	98.9%	98.3%	96.7%
Overall QOF exception reporting (all domains)	6.1%	6.1%	5.9%

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

appropriate action.	
---------------------	--

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

<ul style="list-style-type: none"> • The practice completed an audit on patients with atrial fibrillation which highlighted patients who were not on anticoagulation treatment or were not taking the recommended anticoagulation treatment. The practice had not completed the second cycle to demonstrate improvement at the time of our inspection. • The practice had completed an audit to review deceased patients and the care they received. The findings from the audit showed that patients who had end of life care plans, had been followed and patients had died in their preferred place of death. The audit highlighted that bereavement support was not always recorded and they planned to improve this for the next audit. • The practice completed regular prescribing audits such as audits on antibiotics which continuously showed the practice was a low prescribing practice for antibiotics. • The practice demonstrated improvement on medicine safety for patients following safety alerts. For example, they regularly completed searches on patients taking sodium valproate to ensure patients were prescribed adequate contraception and ensured that patients requiring adrenaline pens had more than one pen in date at all times following the safety alerts which had previously been issued. • Practice clinicians completed audits on minor operations they had performed and any long acting contraception devices which were completed to ensure they were being completed in line with standards.
--

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y ¹

There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence:	
1. We saw a system of clinical supervision in place to review Advanced Nurse Practitioners' (ANPs) and training GPs' consultations and prescribing. There was also a system in place to review nurse prescribers' consultations and prescribing however there was no formal record of the nurse prescribers reviews. The practice informed us they would amend this following the inspection to be in line with the formal reviews conducted for reviewing the other staff members' consultations.	
The practice care coordinator reviewed patients who were admitted to hospital. The care coordinator also was aware of any discharges of patients from secondary care and ensured they were followed up in a timely way to ensure all their needs were met.	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2018 to 31/03/2019) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A
Explanation of any answers and additional evidence:	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y ¹
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence:	
1. Patients could access health checks via the 'Live Well' resource who would arrange follow ups within the practice as necessary.	
The practice had a care coordinator to assist patients with complex or enhanced needs.	
Reception areas, at both sites, had a folder which contained information about social services and local activities which were available to patients. Receptionists were aware of local support available to patients and could signpost them to relevant organisations if necessary.	
Each practice had a blood pressure machine, which also recorded patients' weight, in the waiting rooms to encourage patients to monitor their health. The practice receptionists had a protocol to follow for any results which needed additional medical assistance.	
The practice held annual patient education days and invited external organisations to attend to give advice and support to patients. The event in 2019 focussed on health and safety, respiratory and cardiovascular health advice, smoking cessation information, healthy eating information and many other health related topics.	

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>	97.6%	95.4%	95.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	0.5% (18)	0.8%	0.8%	N/A

Consent to care and treatment

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

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

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence:	

Practice Opening Times	
Day	Time
Opening times:	
Monday	Alvaston 8am to 6.30pm Aston 8am to 11.30am
Tuesday	Alvaston 8am to 6.30pm Aston 8am to 11.30am and 1pm to 4pm
Wednesday	Alvaston 8am to 6.30pm Aston 8am to 11.30am
Thursday	Alvaston 8am to 6.30pm Aston 8am to 11.30am and 1pm to 4pm
Friday	Alvaston 8am to 6.30pm Aston 8am to 11.30am
Appointments available:	
Monday	Alvaston 8am to 5.30pm Aston 8am to 11.30am
Tuesday	Alvaston 8am to 5.30pm Aston 8am to 11.30am and additional long term condition clinics 1pm to 4pm
Wednesday	Alvaston 8am to 5.30pm Aston 8am to 11.30am
Thursday	Alvaston 8am to 5.30pm Aston 8am to 11.30am and additional long term condition clinics 1pm to 4pm
Friday	Alvaston 8am to 5.30pm Aston 8am to 11.30am

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10840.0	259.0	116.0	44.8%	1.07%

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)	95.1%	95.2%	94.5%	No statistical variation

Any additional evidence or comments

--

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.
- The practice dispensed medicines in compliance aids to assist patients who required extra support with their medicines.
- The practice had a medicines delivery service for housebound patients on a Wednesday.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- Patients requiring annual reviews of their long-term conditions could access appointments on Saturdays at the practice or via the hub appointments on Saturdays or Sundays.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice had increased the number of long-term condition clinics with nurses for annual reviews to include afternoon sessions at the Aston branch surgery.
- 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.
- Both sites had a dispensary to dispense medicines to patients who reside more than one mile or

1.6km away from an independent pharmacy.

- Patients could order prescriptions online to avoid having to attend the surgery.

Families, children and young people

Population group rating: Good

Findings

- 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, under the age of five, were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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. Appointments were available on weekdays between 6.30pm and 8pm, and on a Saturday from 8.30 to 12pm and Sunday 9.30am until 12.30pm.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

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

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.

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

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence: The practice sent text message reminders to patients the day before their appointments to avoid missed appointments. For any double length appointments, or for appointments with patients with learning disabilities, the practice staff rang patients the night before as a reminder for the appointment.	

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)	59.2%	N/A	68.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	51.5%	67.2%	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)	39.8%	64.8%	64.7%	Variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	69.7%	75.1%	73.6%	No statistical variation

Any additional evidence or comments

The practice was aware of their low results in regard to telephone access and had worked with their telephone provider to resolve ongoing issues. The practice handled all telephone calls at the Alvaston practice, due to ongoing issues with the telephone lines at the branch surgery in Aston. The practice had also introduced a designated line to cancel appointments and introduced online cancellations to reduce the number of calls coming into the surgery.

The appointment system was continuously monitored and adapted to find what worked best for the practice. The practice had trialled a triage process which they felt did not benefit for patients. The practice had adopted a system of using an on-call doctor and ANPs to deal with the patients requiring same day appointments.

The practice had increased the number of telephone consultations which GPs could provide in order to increase access to GPs for issues which could be resolved over the phone.

The practice had also increased the number of online appointments and included nurse appointments to the online booking system.

The practice had introduced an “online consult” option on the website to provide advice and guidance without having to attend the practice.

The practice had also employed a pharmacy technician to oversee systems for ensuring patients were receiving the correct monitoring for their medicines and dealing with safety alerts. This had enabled GPs to spend more time with patients.

The practice had carried out their own patient survey in January 2020 to review patient satisfaction following the changes which had been implemented. The practice found 78% responded positively to the question regarding patients being satisfied with the general appointment times which were available, 14% were neither satisfied nor dissatisfied and 8% responded with fairly dissatisfied or very dissatisfied. Patients who responded negatively to the survey included comments regarding having issues with booking follow up appointments with the same doctor being an issue. The survey also reported 40 positive comments regarding appointment times, and four of the respondents who reported neither being satisfied or dissatisfied was due to them not visiting the doctors regularly.

The practice also asked a further question during the survey, to assess if patients were aware of the hub appointments available to utilise and found 53% of patients were not aware of the hub appointments. The practice was planning on promoting the hub appointments to ensure patients were fully informed about appointment times available to them.

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.	28
Number of complaints we examined.	28
Number of complaints we examined that were satisfactorily handled in a timely way.	28
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

Y/N/Partial

Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence:	

Example(s) of learning from complaints.

Complaint	Specific action taken
Complaint regarding doctors phoning back on a number with no caller ID.	Practice changed phone system to show caller identification on all calls. The practice also introduced new system to ensure that any missed call backs were sent a text message or a letter to say the practice did try to contact them but were unsuccessful and to arrange a further appropriate time to call if necessary.
Complaint regarding delayed diagnosis of infection	Actioned appropriately with symptoms presented with, however further education was given to clinicians with any advice around deterioration or symptoms to be aware of.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: The practice had introduced lead roles for GPs and manager with clear lines of accountability. Staff were aware of the leads for each area.	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence:	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice manager kept records of all compliments and commendations received regarding staff at the practice. The manager collated compliments slips obtained from patients, and any verbal compliments received. We saw many examples of practice staff recording verbal compliments from patients in order to send these onto the relevant staff member. These would then be shared with the practice staff on Thursdays as part of a 'Feelgood Thursday' to promote a positive culture.</p>	

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

Source	Feedback
Staff interviews	Staff we spoke with during the inspection were positive about the culture of the practice and reported a genuine open and honest culture within the practice. Practice staff reported they felt fully supported by line managers, and overall practice managers. Practice staff reported that it was a genuine team environment and they felt proud to work for the practice.

Governance arrangements

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

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

Explanation of any answers and additional evidence:

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence:	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice ran a weekly “Tea Tuesday” group for patients to attend who felt isolated, vulnerable or needed support. These groups were supported by the practice care coordinator, healthcare assistant and carers champion. The carers association attended some meetings to give patients advice and support. The practice reported that many patients had attended the group and the practice PPG had implemented a similar group at their branch site in Aston.</p> <p>The practice produced newsletters for patients with news and updates.</p> <p>The practice completed an annual staff survey to monitor staff satisfaction. There were also suggestion boxes around the practice for staff to raise ideas and concerns.</p>	

Feedback from Patient Participation Group.

Feedback
<p>The practice had an active and engaged PPG group who met monthly at the practice. The members of the PPG reported they felt supported by the practice staff and felt they were listened to. The PPG was involved in:</p> <ul style="list-style-type: none"> • The organising of Tea Tuesdays to assist with lonely patients. • Health awareness days • Designing and distributing patient surveys • Designed comment cards to provide feedback and compliments. The practice management would collate these monthly and feed them back to all staff on a Thursday and would display some in the waiting room. • Attended PCN PPG meetings to discuss issues in the wider area. • The PPG ran a social media page on twitter to update patients on the practice’s news.

Any additional evidence

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.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	

Examples of continuous learning and improvement

- The practice had employed a pharmacy technician who reviewed medicines safety and alerts regularly. There were systems to ensure that patients taking medicines had the required monitoring completed in a timely manner. We also saw extensive systems to capture any safety alerts received and to ensure they were acted on where necessary. The practice had monitored the impact of the pharmacy technician on the practice and found that since the pharmacy technician had joined the practice in 2018, 90% of patients on specific high-risk medicines had had their blood monitored at an appropriate timescale compared to 2% being completed in the correct time frame from before the role had been introduced.
- The practice had a journal club for clinicians to regularly attend and discuss any new guidance or information. Practice staff were also able to discuss complaints or significant events or any other cases where learning could be identified and shared amongst staff.
- The practice held regular training on sepsis for all staff to increase awareness of symptoms and how to respond.

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.