

Care Quality Commission

Inspection Evidence Table

Abbeyview Surgery (1-564530368)

Inspection date: 5 March 2020

Date of data download: 20 February 2020

Overall rating: Outstanding

Abbeyview Surgery is rated as Outstanding overall. Effective, caring, responsive, well-led and the population groups are rated as Outstanding. Safe is rated as good.

The practice demonstrated a strong patient centred culture.

Results from the GP patient survey showed that patient's satisfaction with patient experience and access to appointments were consistently higher than CCG and national averages.

We found that the practice had made patient needs and preferences central to its systems in place to ensure flexibility, choice and continuity of care.

There was a holistic approach to assessing, planning and delivering care and treatment and the practice identified innovative and efficient ways to deliver more joined-up care to people who used the services.

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

Safe

Rating: Good

Safety systems and processes

The practice had systems, practices and processes in place 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 ^{1*}

Safeguarding	Y/N/Partial
Partners and staff were trained to appropriate levels for their role.	Partial ^{2*}
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
<p>Explanation of any answers and additional evidence:</p> <p>1. The practice policy for safeguarding children and adults did not have external organisations contact details embedded within it however the practice had a link on Clarity TeamNet with all the links staff would require if needed. Clarity TeamNet is a web-based compliance and sharing platform designed specifically for GP practices.</p>	

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.	Yes
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>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: February 2020 but the practice had not received the report on the day of the inspection.	Yes
There was a record of equipment calibration. Date of last calibration: 28 August 2019	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: 24 June 2019	Yes

There was a record of emergency lighting checks. Date of last check: 28 January 2020	Yes
There was a log of fire drills. Date of last drill: 16 January 2020	Yes
There was a record of fire alarm checks. Date of last check: 5 March 2020	Yes
There was a record of fire training for staff. Date of last training: various dates in 2019	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 17 June 2019	Yes
Actions from fire risk assessment were identified and completed.	Yes
A legionella risk assessment had been completed. Date of Completion: 9 January 2019	Yes ^{1*}
Actions from legionella risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>1. At the inspection we found monthly legionella water testing was in place. Although a contracted third party company carried out the monitoring on a monthly basis on behalf of the landlord, we saw there were a number of months when temperatures were recorded well above the recommended level of 50 degrees Celsius. We spoke with the management team who contacted the landlord and we were told a new contract company would be completing all the health and safety checks in the building going forward. The management team acknowledged the lack of oversight on the checks carried out by the contractors and since the inspection had put new policies and procedures in place to ensure any deviations from recommended guidance were reported to the landlord on a monthly basis.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 19 February 2020	Yes ^{1*}
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 16 September 2019	Yes
<p>Explanation of any answers and additional evidence:</p> <p>1. Gas Safety Certificate was dated 26 February 2020.</p> <p>Asbestos risk assessment was completed in January 2016 and reinspected in February 2019.</p> <p>Electrical Installation Condition Report was undertaken on 13 November 2017 and was unsatisfactory. Since the inspection the practice had confirmed that the original remedial work had been completed but a further issue had been found. Further remedial work was planned to take place on 15th and 16 March 2020.</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: January 2020	Yes ^{1*}
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: 1. Infection control audits were carried out annually and action plans were put in place and monitored to ensure any issues were acted upon.	

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
Explanation of any answers and additional evidence:	

Information to deliver safe care and treatment

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

	Y/N/Partial
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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:	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimization.

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)	0.96	1.06	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)	8.7%	10.6%	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)	4.84	5.48	5.60	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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)	2.65	2.52	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).	Yes
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 changes to a patient's medicines including changes made by other services.	Yes
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.	Yes
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

Medicines management	Y/N/Partial
Explanation of any answers and additional evidence:	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Yes
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Yes
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Yes
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	Yes
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Yes ^{1*}
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Yes
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Yes
Explanation of any answers and other comments on dispensary services:	
1. Since the last inspection the practice had completed and reviewed three risk assessments in relation to medicine collection points. The practice had a delivery driver whose recruitment checks had all been completed.	

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:	16
Number of events that required action:	16
Explanation of any answers and additional evidence:	

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

Event	Specific action taken
Issue found after device fitted to prevent a pregnancy.	Discussed at a clinical meeting. New policy implemented.
Following a medication review at a care home two medicines stopped as they had not been given for a period of time. Family contacted GP practice and raised concern re the medicines being stopped.	Discussed with care home where it was found that staff had not been correctly filling in the Medicine Administration Record and the patient had been having the medicines on a regular basis. Medicines restarted. No learning for the practice as they had followed their medicines management policy.
Collapse in waiting room	Emergency procedures immediately put in place. Administration staff advised patients in waiting room that their appointments would be running late. Learning from this event - member of the reception staff to advise waiting patients that due to a medical emergency appointment would be running late. All emergency procedures followed as per practice policy.

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

Effective

Rating: Outstanding

The practice has been rated as outstanding for providing effective services.

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients and it was consistently better than expected when compared with similar services
The practice was not an outlier for QOF (or any other national targets).

The practice was committed to working collaboratively and had found innovative and efficient ways to deliver more joined-up care to people who use services.

There was a holistic approach to assessing, planning and delivering care and treatment and the practice identified innovative and efficient ways to deliver more joined-up care to patients.

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

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) (NHSBSA)	0.72	0.92	0.74	No statistical variation

Older people

Population group rating: Outstanding

Findings

Staff, teams and services were committed to working collaboratively and had found innovative and efficient ways to deliver more joined-up care to the needs of this population group.

- Although it was no longer a contractual requirement the practice had recognised patient needs and continued to provide a leg ulcer service where patients could have their ulcers reviewed and redressed which reduced the need to visit the local hospital.
- The practice identified patients who were aged 75 or over and vulnerable, and worked in partnership with the regional fire service and the local integrated neighbourhood teams. These organisations cooperated to identify patients at risk of a home fire and to mitigate those risks as far as possible by offering a free home fire risk assessment.
- The practice carried out structured annual medication reviews for older patients. We saw 97% of patients had received a medication review. 99% of patients on four medicines or more had received a medication review.
- Health checks, including frailty assessments, were offered to patients over 75 years of age. The practice had been recognised as one of the highest achieving practices in the whole of Lincolnshire.
- 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.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
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- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- A weekly ward round took place at the local care home. The practice had a care coordinator as part of the clinical team as a point of contact and admissions to hospital had reduced. The focus of this role was to help patients by coordinating support, signposting on or referring to other services to help them cope better with their everyday lives.
- The practice had a care coordinator who supported and coordinated the care of patients identified as high risk in order to help prevent an admission to hospital.
- The practice provided medicines in weekly blister packs when necessary.

People with long-term conditions

Population group rating: Outstanding

Findings

Staff were consistent in supporting people to live healthier lives, including identifying those who needed extra support, through a targeted and proactive approach to health promotion and prevention of ill-health. For example:-

- This practice had held a number of events supported by the patient participation group to raise awareness of health conditions and promote good health. For example,
 - September 2017 – Respiratory Disease. This event was well attended and helped to identify several patients who required a follow-up appointment.

- September 2018 an all-day event on disorders of the bowel. External speakers took part in the event. We were told it was well-attended and a question and answer session was well received. Positive feedback was seen. Bowel screening rates had increased as a result of this event.
- The practice had developed individual patient specific care plans for patients with long term conditions. They were kept with the patient and gave advice on when to seek help. They also provided information for secondary care if the patient was admitted to hospital. The work was ongoing and the practice were in the process of developing a specific care plan for patients with frailty
- 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.
- The practice carried out searches for patients with more than one medical condition. They were then offered one longer appointment in order for each condition to be reviewed. This meant the patient did not need multiple visits to the practice for their annual review.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- Clinicians had lead roles for long term conditions which meant the staff knew who to approach if they had any concerns or queries.
- Patients with asthma were able to complete an annual review of their asthma symptoms online. These forms were reviewed by a GP and patients were contacted if an appointment was required. Patients could also book an appointment with a practice nurse if their symptoms were deteriorating or they had any concerns.
- 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.
- The practice had developed individual patient specific care plans for long term conditions. They were kept with the patient and gave advice on when to seek help. They also provided information for secondary care if the patient was admitted to hospital. The work was ongoing and the practice were in the process of developing a specific care plan for patients with frailty.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.

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)	84.2%	84.9%	79.3%	No statistical variation
Exception rate (number of exceptions).	13.0% (66)	14.1%	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) <small>(QOF)</small>	85.7%	81.0%	78.1%	No statistical variation
Exception rate (number of exceptions).	4.9% (25)	9.0%	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>	90.9%	86.4%	81.3%	Variation (positive)
Exception rate (number of exceptions).	9.3% (47)	12.6%	12.7%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	79.8%	79.8%	75.9%	No statistical variation
Exception rate (number of exceptions).	0.6% (3)	3.1%	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>	91.6%	90.9%	89.6%	No statistical variation
Exception rate (number of exceptions).	1.3% (2)	5.7%	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) <small>(QOF)</small>	81.4%	86.1%	83.0%	No statistical variation
Exception rate (number of exceptions).	2.4% (32)	3.1%	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) <small>(QOF)</small>	95.0%	93.6%	91.1%	No statistical variation

Exception rate (number of exceptions).	7.2% (11)	5.0%	5.9%	N/A
<ul style="list-style-type: none"> We spoke with the management team in regard to exception reporting for patients with atrial fibrillation. A GP partner carried out full anticoagulation counselling and discussion on contra-indications to all this group of patients. We reviewed patients records and saw a template was in place. Unverified data we looked at showed that 99% of patients had been reviewed. 				

Families, children and young people

Population group rating: Outstanding

Findings

- The practice had set up a Children's champion team which included members of the PPG. The leadership team and the practice had won several national and local awards in recognition of their innovative approaches to delivering high quality care. For example, The PACE SETTER Award which was an award-winning and unique quality improvement programme for primary healthcare services to CYP (Children and Young People), their families and carers. The practice had to plan and complete 5 activities, two of which were mandatory and included an engagement exercise with children and young people registered at the practice and a review of the practice safeguarding protocols. Increases in the uptake of nasal influenza for children was one of the positive results the practice had seen since the team were set up. They were the 1st practice in the county of Lincolnshire to receive this award.
- In April 2019 in conjunction with the PPG the practice had held a dedicated Child Mental Health awareness event. External speakers were in attendance and discussions focused on child wellbeing, factors to look for and support networks if parents were concerned. The practice website also continued information on child health and wellbeing.
- The practice had met the minimum 90% for three of four childhood immunisation uptake indicators. The practice had met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for one of four childhood immunisation uptake indicators.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- On the day appointments were reserved for children.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception. The practice proactively contacted adolescents for those that had reached the age of 14 and sent a letter which informed them of the services provided at the practice.
- 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%
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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)	60	61	98.4%	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)	69	73	94.5%	Met 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)	69	73	94.5%	Met 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)	69	73	94.5%	Met 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

Working age people (including those recently retired and students)

Population group rating: Outstanding

Findings

Staff were consistent in supporting people to live healthier lives through a targeted proactive approach to health promotion and prevention of ill-health and every contact with people is used to do so.

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. Adhoc Saturday clinics took place for health checks as required. 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 prescriptions without the need to attend the surgery.
- In 2019 the practice achieved the MacMillan Excellence in Cancer Care Award. This was awarded for their continuing support to patients with symptoms and side effects following treatment, care planning, and signposting into offers of support in the community. They had improved access for patients for cancer screening tests and offered Saturday walk-in cervical screening clinics.

- In order to increase the uptake for cervical smears the practice ran a campaign to encourage working age people to attend. They arranged a series of clinics on Saturdays to facilitate this. They advertised the clinics through social media and posters in local shops. Two of the practice nurses ran the clinic and at the first session 30 patients attended, one of whom had not had a cervical smear test for 30 years.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (01/07/2019 to 30/09/2019) (Public Health England)	82.2%	N/A	80% Target	Met 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	75.0%	70.4%	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)	60.1%	60.6%	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)	91.7%	70.0%	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)	56.9%	59.6%	53.8%	No statistical variation

Any additional evidence or comments

New evidence-based techniques and technologies are used to support the delivery of high-quality care. For example:-

One of the GP partners was a GP with Special Interest (GPwSI) in Dermatology and saw a number of patients who would normally be referred to secondary care for further care and treatment. The practice had purchased a Dermoscope camera which supported them in the identification and diagnosis skin disease/disorders.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.

- The practice were proactive and ensured where possible that patients were offered an appointment to suit their needs.
- All patients with a learning disability were offered an annual health check. One of the health care assistants was the learning disability lead and carried out the health checks, supported by the lead GP for learning disability. They carried out home visits to complete reviews for this group of patients when they did not feel able to attend the practice. To support continuity and a holistic approach, the learning disability lead also carried out a carers review for the carer of patients with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

People experiencing poor mental health (including people with dementia)

Population group rating: Outstanding

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- The practice were proactive in managing, monitoring and improving outcomes for patients. For example, the practice and PPG worked in partnership with Crowland Cares and Tonic Health to improve the services available for patients with Dementia and the support provided for Carers in their area. A dementia café was opened in March 2019 for patients who had dementia and their carers. A member of staff attended the café each week and if concerns over a patient or carers health were identified they enabled them to be seen by a clinician at the earliest opportunity.
- 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 the staff were Dementia Friends and had received training in supporting patients with Dementia and their Carers.
- 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 with poor mental health, including dementia, were referred to appropriate services.
- The practice and their patient participation group were looking at working in partnership with Tonic Health to start a Crowland Safe Places mental health support group to provide advice and support for those with mental ill health.

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Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) ^(QOF)	100.0%	93.4%	89.4%	Variation (positive)
Exception rate (number of exceptions).	3.3% (1)	10.3%	12.3%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2018 to 31/03/2019) ^(QOF)	100.0%	90.2%	90.2%	Variation (positive)
Exception rate (number of exceptions).	3.3% (1)	9.0%	10.1%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2018 to 31/03/2019) ^(QOF)	87.0%	85.8%	83.6%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	5.4%	6.7%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	558.8	547.8	539.2
Overall QOF score (as a percentage of maximum)	100.0%	98.0%	96.7%
Overall QOF exception reporting (all domains)	4.2%	4.4%	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

<ul style="list-style-type: none"> Since the last inspection the practice had continued its programme of clinical audit and improvement activities. These were completed with a view to making improvements, either as a result of guidelines or identified practice need. One multi-cycle audit included the review of patients who were prescribed a medicine used to provide relief for inflamed areas of the body. In July 2019 28 patients had been identified of which 22 were still on the medicine. All of these patients records had smoking and alcohol status recorded but only 45% had an assess of falls, risks and advice where appropriate. All patients were contacted to ask if they carried a steroid card. All said they had received one at some point but only 12% still had the card. As a result of the audit all patients were sent a letter, with a steroid card. In November 2019 a reaudit took place, 3 further patients had been prescribed the medicine, all had received a steroid card and appropriate advice had been documented on their patient record. In July 2019 a GP partner carried out an impact session on antibiotic prescribing, pain management and COPD. A clinical pharmacist attended the practice learning days to ensure more clinicians were able to access and benefit from the training. This demonstrated that the practice continued to improve prescribing and monitoring of CCG and national targets.

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.	N/A
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:	

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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 ^{1*}
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes ^{2*}
Explanation of any answers and additional evidence: 1. The Dementia champion and care coordinator at the practice worked together to review patients with Dementia. 2. On the day of the inspection the management team told us they were looking into an online platform for patients to access but this was still in its infancy.	

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: The staff identified those who needed extra support. As a result of carrying out health checks, one of the health care assistants had identified a need for patients who wanted to lose weight but did not feel able to attend group weight loss sessions. They had then through a targeted and proactive approach raised	

this with the GP partners who supported the idea and as a result specific weight loss clinic appointments were made available to this group of patients. We were given an example of one patient who had been supported through these appointments to reduce their BMI from 62 to 47.

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	98.3%	95.8%	95.0%	Variation (positive)
Exception rate (number of exceptions).	0.2% (5)	0.7%	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
<ul style="list-style-type: none"> The practice had undertaken a patient survey for patients who had received minor surgery. Forty six questionnaires were sent out. With 96% returned and all were positive about the pre-operative information and care and treatment received. An audit on Minor surgery had also been completed. Consent was recorded in all records. 	

Caring

Rating: Outstanding

The practice demonstrated a strong patient centred culture.

Results from the GP patient survey showed that patient's satisfaction with how they could access care and treatment and overall experience were consistently higher than CCG and national averages.

People were truly respected and valued as individuals and were empowered as partners in their care practically and emotionally, by an exceptional and distinctive service.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• People thought that staff went the extra mile and their care and support exceeded their expectations.• We were given three examples of the practice funding and contributing to funding for individual patients to help them achieve their wishes.	

CQC comments cards	
Total comments cards received.	34
Number of CQC comments received which were positive about the service.	34
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC Comments Cards	Best surgery – excellent care. Staff kind, caring and helpful. Staff efficient. GPs very reassuring.
Patient Compliments	The practice had received positive compliments from both patients and other health care professionals. Positive comments included how a family had gone through a difficult time and they thanked the practice for its care, support, guidance and they felt the service they provided to the community was wonderful.

National GP Survey results

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)	94.8%	90.5%	88.9%	No statistical variation
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)	92.5%	89.8%	87.4%	No statistical variation
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)	98.1%	95.7%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	96.8%	85.9%	82.9%	Variation (positive)

Any additional evidence or comments

- The practice had been awarded GP practice of the year for the county in November 2019. This was an award based on patient and healthcare professional feedback.
- The results of the national GP survey was consistently high and showed good patient outcomes. For example: -
 - 96% find the receptionists helpful (national average 90%)
 - 92% described their overall experience as good (national average 84%)
 - 95% say their healthcare professional they saw or spoke to was good at giving them enough time during their last general practice appointment (national average 87%)

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

Any additional evidence

- The dispensary had completed a patient satisfaction survey in January 2020. Forty seven patients out of 50 responded.
 - 100% of respondents rated the dispensary staff as courteous and professional.
 - 100% of respondents rated the quality of advice given by the dispensers as good to excellent.
 - 100% of respondents rated the time to get an urgent prescription after seeing a doctor was good to excellent.

100% of respondents said it was easy to order a repeat prescription.

- Relationships between people who used the service, those close to them and staff were strong, caring, respectful and supportive. For example:-
In conjunction with the PPG the practice had held an open day on 29 February 2020 for people to meet the practice team. This was in response to a meeting with the parish council for people in another local area where the GP practice had reduced its hours. New patients had registered with the practice based on its reputation. Over 100 patients had registered with the practice since the event.

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 ^{1*}
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: 1. The practice had produced a 'Welcome to Abbeyview Surgery' leaflet which included a wealth of information on the GP practice, how to access the different types of appointments, first line support and advice and information on the additional support services such as the carers and dementia champions and the care coordinator.	

Source	Feedback
Interviews with patients.	We spoke with four members of the PPG who were also patients registered at the practice. They told us that patients received a good service at Abbeyview Surgery and the care given was immense.

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)	98.2%	94.5%	93.4%	Tending towards variation (positive)

	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

Carers	Narrative
Percentage and number of carers identified.	158 = 2% of practice population. The practice had a carers champion who provided support and guidance to patients and their families.
How the practice supported carers (including young carers).	The new patient registration pack had a section which invited people to indicate if they were a carer. The practice had a carers champion as a point of contact and provided advice and support to patients and their families. Carers were offered an annual health check with the health care assistant who referred them to a GP if there were any concerns about their health. Carers were invited for an influenza vaccination. The practice had received the Carers Quality Award in 2015 which had been reviewed in 2019 and reapproved.
How the practice supported recently bereaved patients.	The practice sent a bereavement card. A follow-up phone call was scheduled for six weeks after the bereavement to offer any additional support that may be required.

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.	Yes
Explanation of any answers and additional evidence:	

Responsive

Rating: Outstanding

We found that the practice had made patient needs and preferences central to its systems in place to ensure flexibility, choice and continuity of care.

The practice had enhanced the processes in place to ensure they could deliver both on the day and routine GP appointments in order to meet patients' needs.

Results from the GP patient survey showed that patient's satisfaction with how they could access care and treatment was consistently higher in all areas than CCG and national averages.

Responsiveness, timely access and improvements to appointment availability was a benefit to all the population groups and so we have rated all the population groups as outstanding.

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence: The practice had made patient needs and preferences central to its systems in place to ensure flexibility, choice and continuity of care. The practice had reviewed and improved its processes to ensure they could deliver both on the day and routine GP appointments in order to meet its patient's needs. The practice told us the impact was a significant reduction in the volume and unpredictability of unscheduled work which in turn led to less pressure and stress for patients and staff.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	7.30am to 6.30pm
Tuesday	7.30am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 8pm
Friday	8am to 6.30pm

Appointments available:	
Monday	7.30am to 6.30pm
Tuesday	7.30am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 8pm
Friday	8am to 6.30pm
Dispensary Opening Times:	
Monday	9am to 12.30 and 1.30pm to 6.30pm
Tuesday	9am to 12.30 and 1.30pm to 6.30pm
Wednesday	9am to 12.30 and 1.30pm to 6.30pm
Thursday	9am to 12.30 and 1.30pm to 7.30pm
Friday	9am to 12.30 and 1.30pm to 6.30pm
GP Extended Access	
Beechfield Medical Centre or Munro Medical Centre Spalding, Lincs.	
6.30pm to 8pm Monday to Friday	
8am to 12.30 Saturday -	
8am to 12.30 Sunday	
Appointments were also available on bank holidays.	

National GP Survey results

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)	95.3%	95.3%	94.5%	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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 care coordinator was available three days a week and provided support and guidance to patients with severe frailty or multiple comorbidities. There was a medicines delivery service for housebound patients. Responsiveness, timely access and improvements to appointment availability was a benefit to all the population groups and so we have rated all the population groups as outstanding.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> Patients with multiple conditions had their needs reviewed in one appointment.

- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- The practice hosted a Retinopathy mobile van once a year to enable patients to have the tests closer to home.
- The leadership team and the practice had won several national and local awards in recognition of their innovative approaches to delivering high quality care. For example, MacMillan award.
- Responsiveness, timely access and improvements to appointment availability was a benefit to all the population groups and so we have rated all the population groups as outstanding.

Families, children and young people

Population group rating: Outstanding

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 were offered a same day appointment when necessary.
- The practice had a parent's pack which was available in reception. It provided parents with information on common ailments and included guidance on sepsis.
- Parents with concerns regarding children under the age of 16 could attend a children's clinic held every day. An alert would be on the patient record if a child was overdue for an immunisation and they would be given it at the same appointment.
- The practice website provided a wealth of information and had a section called Children's Corner. For example, sepsis awareness, sun safety, children's minor illnesses and emotional wellbeing and mental health support.
- In the autumn of 2018, the practice had held a colouring competition for children with the aim of improving the uptake of nasal influenza. The practice told us this was successful and increased the numbers from 72 children to 104 which was a 50% uptake.
- In the summer of 2019, the practice held a colouring competition to raise awareness of sun safety and the use of sun cream.
- The practice team worked in collaboration with the local primary and nursery schools to raise awareness of current health issues. Members of the clinical team visited the schools and held interactive workshops. Activities included games on how to wash your hands after going to the toilet and a demonstration on how far germs travelled when they sneezed. To promote infection control, an ultraviolet lightbox was used to demonstrate to the children which areas of their hands still needed further washing. Positive feedback on the lasting impact these activities had on the children was given by parents and the schools. The school had requested the clinical team to do further visits which would be discussed later in the year.

- The practice had purchased an ear camera which allowed both the clinician and the parent/patient to see and understand ear conditions. For example, glue ear. This enabled the clinician to give self-care advice on treatment when antibiotics were not required.
- The practice had made two toilets unisex so that when fathers brought their young children and babies to the GP practice they could use the baby changing facilities.
- Responsiveness, timely access and improvements to appointment availability was a benefit to all the population groups and so we have rated all the population groups as outstanding.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 8pm on a Thursday and open early morning on a Monday and Tuesday. 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 Saturday and Sunday 8am until 12.30.
- Self-check in screens were situated in the waiting area and provided an estimate of any delays to the time of appointments.
- Referral to a First Contact Physiotherapist who attended the practice were made by the clinical team.
- The practice had purchased a Dermascope camera which supported them in the identification and diagnosis skin disease/disorders.
- The practice had purchased a Centrifuge machine so that blood monitoring could take place in the afternoon and evening. This reduced the need for patients to travel to a local hospital. The practice then stored the blood overnight and sent the samples to the laboratory the next day to be tested.
- Responsiveness, timely access and improvements to appointment availability was a benefit to all the population groups and so we have rated all the population groups as outstanding.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

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

- The practice supported people who were not registered at any GP practice by seeing them at venue of their choice in order to provide them care and treatment.
- The practice was a food bank collection site and staff could refer patients to the foodbank where appropriate.
- Patients who had visual impairments were offered a tour of the building.
- Responsiveness, timely access and improvements to appointment availability was a benefit to all the population groups and so we have rated all the population groups as outstanding.

People experiencing poor mental health (including people with dementia)

Population group rating: Outstanding

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.
- In April 2017 the practice had held a Mental Health and Wellbeing event in conjunction with the patient participation group and offered patients and relatives the opportunity to learn more about common mental health and psychological issues and well-being which affected both adults and children. It was well attended and received positive feedback.
- The practice had a Dementia Champion who provided advice and support on services available locally and nationally.
- Responsiveness, timely access and improvements to appointment availability was a benefit to all the population groups and so we have rated all the population groups as outstanding.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>People could access services and appointments in a way and at a time that suited them. Technology was used innovatively to ensure people had timely access to treatment, support and care.</p> <p>The practice provided a variety of different appointments. For example: -</p>	

- GP Led telephone call back system from 8am to 10am. This service was mainly for same day appointments, but some pre-booked slots were available.
- GP appointments bookable pre-bookable and on the day.
- Minor Illness Walk-in clinic between 3.30pm to 4.15 pm on a Monday afternoon and patients were seen on a first come first served basis.
- On the day appointments with the Advanced Nurse Practitioner,
- Appointments with the practice nurses for long term conditions, immunisations and vaccinations, travel immunisations and cervical screening.
- Appointments with the health care assistants for blood monitoring, some vaccinations and smoking cessation.
- The practice provided a medicine delivery service for elderly and housebound patients twice a week. If the delivery driver had concerns about a patient they would report back to the GPs who would then contact the patient to arrange a visit if required.

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)	86.5%	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)	84.3%	74.1%	67.4%	Tending towards variation (positive)
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)	76.6%	73.4%	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)	84.2%	78.2%	73.6%	No statistical variation

Any additional evidence or comments	
Source	Feedback
National GP Patient Survey	<ul style="list-style-type: none"> • The practice had been awarded GP practice of the year in November 2019. This was an award based on patient and healthcare professional feedback. The results of the national GP survey was consistently high and showed good patient outcomes. For example: - 86% find easy to get through by telephone (national average 70%)
Family and Friends Testing (FFT)	<p>The practice collected FFT data.</p> <p>February 2020 – 21 patients responded. 100% were extremely likely or likely to recommend the practice to family and friends.</p>

	<p>December 2019 – 17 patients responded. 100% were extremely likely or likely to recommend the practice to family and friends.</p> <p>November 2019 – 14 patients responded. 100% were extremely likely or likely to recommend the practice to family and friends.</p> <p>October 2019 – 9 patients responded. 100% were extremely likely or likely to recommend the practice to family and friends.</p> <p>September 2019 – 29 patients responded. 100% were extremely likely or likely to recommend the practice to family and friends.</p>
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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.	11
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	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
Explanation of any answers and additional evidence:	

Example(s) of learning from complaints.

Complaint	Specific action taken
Complaint re consultation and advice given.	Letter of apology sent to the patient. Learning – referral for blood tests to check for underlying medical issue before giving advice on healthy eating and exercise.
Patient issued wrong strength of inhaler	Letter of apology sent to the patient. Significant event raised, investigated and learning shared. Discussion at dispensary meeting. At medication review change of strength of inhaler but patient not advised and patient records not amended appropriately. External pharmacy asked to ensure they explain medication before it is given to the patient.

Well-led

Rating: Outstanding

We saw that the leadership of this practice combined with governance and culture were used to drive and improve the delivery of patient centred care.

The GP partners along with the practice team demonstrated they had the experience, capacity and capability to run the practice and ensure high quality and compassionate care.

Governance and performance management arrangements were proactively reviewed.

The practice had an active PPG and were very receptive to any changes and improvements suggested by patients and staff.

The leadership team drove continuous improvement and staff were accountable for delivering change. They were innovative and openly shared their ideas with others. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment.

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 GP Partners and the management team had a deep understanding of the issues, challenges and priorities in their service. They demonstrated they had high levels of experience, capacity and capability needed to deliver excellent care and treatment. There was a strong commitment to staff development and a proactive approach to pursuing and embedding new ways of providing care and treatment to meet the needs of their patients. There was a strong training ethos with staff being encouraged to develop.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes

There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Abbeyview Surgery had a clear vision and strategy to understand the challenges that primary care faced with a need to be flexible, to adapt and to embrace new initiatives in order to create a new, sustainable model for their practice in order to deliver high-quality patient-centred care.</p> <p>They had an effective, systematic and integrated approach to how they monitored, reviewed and provided evidence against their strategy and plans.</p> <p>They intended to develop practical working relationships with the community and social organisations, such as community health providers, local schools, local government organisations, and voluntary services to make Abbeyview Surgery into a community hub that can act as a gateway to both traditional and non-traditional services for their patients.</p> <p>They intended to continue to engage in collaboration with other local practices for the benefit of patients across the South Lincolnshire area, as part of AHSL Federation and part of a Primary Care Network.</p> <p>In 2019 the practice took part in a Parliamentary Review. This was a publication which showcased and shared best practice as a learning tool to individuals in the public and private sector throughout the Commonwealth. Abbeyview Surgery were invited to participate and they were told they were the only GP Practice in the Country to have been selected at the time of this inspection.</p>	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes ^{1*}
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:

1. There was a strong emphasis on the safety and well-being of staff. One of the key objectives was to focus on Abbeyview Surgery being a positive place to work. The practice had flexible working in order for staff who had caring responsibilities to carry out their role. Staff were encouraged to take breaks and go out at lunchtime.

The practice held 'stand up' meetings which were short daily meetings of approximately 15 minutes in which the team were able to discuss any issues that may affect their day to day working. Stand up desks were also provided for staff to use if they so wished and they were seen to provide health benefits, including reduced back pain and improved mental health.

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:	
There was strong collaboration, team working and systematic approach was taken when the practice worked with other organisations to improve patient care outcomes. The provider was an active member of South Lincolnshire CCG, South Lincolnshire Primary Care Network and Allied Health South Lincolnshire GP Federation.	
Governance arrangements were well organised, detailed and clear for all staff to follow.	
Staff were clear about how to access information they needed to support them in their roles to carry out their responsibilities.	
All policies and procedures were kept under regular review.	

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 ^{1*}
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 ^{2*}
A major incident plan was in place.	Yes ^{3*}
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> 1. Staff had regular meetings to prioritise workloads which included the care needs of those that may make them vulnerable. 2. The practice had a range of systems in place which included risk assessments, audit and policies to ensure it was efficient. However, they needed to improve the oversight of areas such as legionella which was carried out by the landlord of the building to ensure risks were mitigated. 3. The practice had responded to a recent public health emergency and produced a COVID-19 Business Continuity Plan to provide support and guidance to staff to enable the practice to maintain the provision of critical business functions in the face of disruption. 	

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:	

Engagement with patients, the public, staff and external partners

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

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

Explanation of any answers and additional evidence:

We saw several letters/emails of commendation from stakeholders in regard to the positive impact and outcomes of services and systems they had implemented for the health and well-being of patients. For example, NHS Health checks and the children's team.

There was consistently high levels of constructive engagement with staff and patients. GP patient survey data was higher than average in all indicators and Abbeyview surgery had received one of the highest percentages in the whole of Lincolnshire.

The PPG were extremely active and told us they management team were open to questions and challenges in relation to patient care. Suggestions were well received, discussed and acted upon.

Feedback from Patient Participation Group.

Feedback

The practice told us they had a strong and vibrant patient participation group (PPG), which met every month. They influenced changes and improved services for patients at the practice.

PPG members we spoke with told us that the practice and the PPG worked as a team, had the same ethos of patient centred care, there was an openness and the group felt well supported by the management team in enhancing the services provided to patients. Any changes that the practice wanted to implement were discussed with the PPG as they were the voice for the patients.

The PPG had recently started a social media page.

The PPG supported the flu clinics in 2019 and patient's feedback was positive. Patients told them they appreciated the clinics being on a Saturday so one of their children could take them, how the family could attend for the vaccinations together and fantastic first impressions from patients newly registered with the practice.

Any additional evidence

The practice celebrated when staff went above and beyond their roles. Records were kept of actions taken by members of staff who they felt went above and beyond their roles. For example, an off duty member of staff supported a patient who was found in need of help.

Continuous improvement and innovation

There was an abundance of 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:

In 2018 Abbeyview Surgery won the annual General Practice Awards – Collaboration with Patients and Other Providers award in recognition of its achievement, initiative and service excellence across primary care. The management team told the awards that you need to listen to your staff as no institution will run without the team behind it.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

Glossary of terms used in the data.

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