



# Care Quality Commission

## Inspection Evidence Table

### Elgar House (1-559407116)

Inspection date: 31 January 2020

Date of data download: 13 January 2020

**Overall rating: Good**

**Effective**

**Rating: Good**

#### Effective needs assessment, care and treatment

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

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

comprehensive library of protocols on their computer system. We saw national guidance was being followed for patients who had conditions such as sepsis, cancer and long-term conditions.

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>	0.78	0.65	0.74	No statistical variation

## Older people

## Population group rating: Good

### Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. The practice are part of a pilot within their Primary Care Network for using this tool. Identified patients are referred to a pharmacist and social prescriber which helped to enable patients to be as independent as possible and helps with health promotion.
- 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 medicine reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- Housebound patients were offered flu vaccines in their own homes.
- The practice recognised the needs of their older patients and made adjustments to allow extra time where required to get to the consultation rooms and offered longer appointments on request. For some patients the practice put a note on their computer system, for example elderly patients with COPD had a one stop clinic with longer appointments.

## 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. The GPs were the clinic leads but run by nurse practitioners, HCAs, Clinical Pharmacists and in-house phlebotomists as well. This allowed the practice to offer a one stop clinic for these patients.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The diabetes service has taken on the role of insulin initiation in patients with type two diabetes. They also offered shared care to the more complex type one diabetic patients through the same clinic, liaising with community Diabetes nurses and hospital colleagues. The practice diabetes specialist nurse ran clinics with a diabetes nurse from secondary care for patients with complex needs.
- The practice were also working on the care and education of patients identified as pre-diabetic. A worker from the national diabetes programme attended the surgery to see patients with pre diabetes when they were referred. They attended the practice on a weekly basis.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.
- The practice had a GP and nurse led clinic for patients on long term anti-coagulant medicines.

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)	83.7%	80.0%	79.3%	No statistical variation
Exception rate (number of exceptions).	16.6% (145)	8.9%	12.8%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure	78.6%	80.3%	78.1%	No statistical variation

reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>				
Exception rate (number of exceptions).	12.5% (109)	7.9%	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>	88.6%	84.4%	81.3%	Tending towards variation (positive)
Exception rate (number of exceptions).	22.2% (193)	12.9%	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>	74.7%	75.8%	75.9%	No statistical variation
Exception rate (number of exceptions).	3.0% (26)	4.3%	7.4%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	90.9%	91.7%	89.6%	No statistical variation
Exception rate (number of exceptions).	12.7% (32)	9.3%	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)	80.0%	84.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	4.7% (106)	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) (QOF)	95.0%	93.6%	91.1%	No statistical variation
Exception rate (number of exceptions).	13.4% (31)	9.1%	5.9%	N/A

#### Any additional evidence or comments

We reviewed exception reporting during the inspection and found that the practice was exception reporting appropriately. The practice had an exception coding policy which it followed. The decision to exception report is based on clinical judgement and we saw the practice had provided clear reasons as to why they had exception recorded particular patients.

## Families, children and young people

## Population group rating: Good

### Findings

- The practice had not met the minimum 90% target for under ones' childhood immunisation uptake indicators. The practice had not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for under twos' childhood immunisation uptake indicators.
- The practice explained that there were a number of patients who did not attend for their childhood immunisations. Some patients had moved abroad and had not informed the practice. If the practice were struggling to get hold of patients they were writing to the whole family to see if they had moved and were no longer at the same address. They were working hard to identify patients that had moved on.
- 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 measures taken to improve uptake of childhood immunisations had not yet had a significant demonstrable impact.
- 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.

- The practice had recently recruited a new salaried GP with a special interest in paediatrics. They were undertaking most of the six to eight week checks at the practice.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	120	135	88.9%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	126	155	81.3%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	127	155	81.9%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	127	155	81.9%	Below 90% minimum

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

### Any additional evidence or comments

During the inspection the practice shared that there were 124 patients eligible for immunisation under the age of 2. The practice shared unverified data which showed they had immunised 115 patients out of 124 patients which equated to 93%. They were actively chasing up these children and inviting them in for immunisations. The practice had recently signed up for the GP Screening and immunisations quality scheme through NHSE and have protocols in place for children who DNA appointments and a database of non-attenders to ensure appropriate follow-up and escalation if necessary.

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

## Population group rating: Requires Improvement

### Findings

- The practice had a lower than average number of patients who had their cervical screening. The measures the practice had taken to improve uptake had not yet had time to have a significant demonstrable impact.
- The practice were able to demonstrate that they were now actively trying to improve their uptake as they had put on extra clinics at convenient times for patients. The practice had begun to offer cervical screening in their extended hours clinics since January 2020. The practice told us that the uptake for this had been good. In 2019 the practice had an Advanced Nurse Practitioner locum that also covered extended hours and carried out some cervical screening clinics in the Hub. The practice told us that therefore, from April 2020 they would be providing cervical screening clinics both in the hub extended hours and in practice extended hours.
- The practice has arranged Saturday morning clinics for cervical screening, periodically through the year. The first one has been scheduled in March 2020 and the practice told us they planned to do these quarterly.
- The practice told us they had recruited a QOF administrator, to work on recalls for all their target groups, including cervical screening. The practice will continue with the normal process of inviting patients into practice via letter and text messages, but have now also introduced targeting groups of patients and calling them to book them in. The practice told us they were trying to be proactive rather than reactive when patients did not book for their appointments and hoped this would improve uptake.
- The practice told us the nursing team were highlighting patients that came in to the practice to see a GP for other appointments and putting a comment under the consultation to tell the GP to remind the patient to book their cervical screening following the consultation. They told us they hoped this would spur the patients to book in for their appointments.
- The practice has also been discussing whether they can put notes on the patients' repeat prescriptions with any outstanding screening to encourage patients to book. They told us they would be exploring this option at the next partners and management meeting.
- The practice told us they had started to code patients where they knew cervical screening had been carried out in other countries. An earlier coding problem had been resolved by setting up an alternative code for all clinicians to use, so they could easily code those patients when they either declined or received the treatment elsewhere. The practice told us they were working to find a more permanent solution to this.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medicines without the need to attend the surgery.
- Patients at Elgar House were offered at a variety of appointment times throughout the day, ranging from 8 am until 6 pm. The practice also participated in the extended hours scheme, offering evening appointments from 8am until 7.45 pm on Tuesday and Saturday morning slots to those whose work commitments preclude more routine attendances. The practice were offering earlier



appointments as well as later appointments through extended and advanced access from 7am to 8am as well as 6.30pm to 8pm and weekend appointments in house and with PCN colleagues in a neighbouring practice.

- Reception staff operated the telephone system throughout the working day, booking appointments and passing messages and queries from patients to the relevant member of the team. The practice did not close their lines over lunchtime in order to maintain access throughout the day.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (31/03/2019 to 30/06/2019) (Public Health England)	66.5%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	66.1%	74.3%	71.6%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2018 to 31/03/2019) (PHE)	53.2%	58.1%	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)	80.0%	78.8%	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)	64.4%	61.7%	53.8%	No statistical variation

#### Any additional evidence or comments

The practice was below average for cervical screening. The practice were providing extra clinics for screening so that ladies could come early in the morning or after work around their working day. The practice shared some unverified data which showed they were at 68%.

The practice explained that they had a large number of Eastern European patients who were having their cervical screening done in different countries and not always informing the practice.

The practice had dedicated a board to cervical screening in the reception area. This highlighted the importance of screening and the risks associated with not having screening. Pictorial information was available about screening as well.

**People whose circumstances make them vulnerable**

**Population group rating: Good**

## Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed young patients at local residential homes.
- The practice had a vulnerable adults policy which covered anyone over the age of 18 years who may be unable to protect themselves from abuse, harm or exploitation.
- The practice recognised military veterans were also a potentially vulnerable group and the practice had accreditation as a Veteran Friendly Practice in association with the West Midlands Faculty of the RCGP.
- The practice had recently agreed to let Swanswell (a charity providing services for young people and adults wanting to change their alcohol or drug use) have a clinical room at the surgery so that patients registered with substance misuse problems could attend.

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

## Population group rating: Good

## Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.
- One of the GPs was the Perinatal Mental Health GP Champion for Herefordshire and Worcestershire between January 2019 and July 2019. The practice had a Perinatal Mental Health service that they could refer patients to.
- The practice could refer patients to an IAPT service for patients with counselling needs, and make use of a Single Point of Access for more pressing psychiatric problems.

- For urgent cases the practice did refer direct to the Home treatment and Crisis Resolution Team.

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)	97.3%	93.7%	89.4%	Tending towards variation (positive)
Exception rate (number of exceptions).	20.7% (19)	11.2%	12.3%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	92.4%	93.6%	90.2%	No statistical variation
Exception rate (number of exceptions).	14.1% (13)	8.4%	10.1%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	95.9%	87.7%	83.6%	Tending towards variation (positive)
Exception rate (number of exceptions).	7.5% (4)	5.7%	6.7%	N/A

#### Any additional evidence or comments

We saw evidence that the practice was very proactive in following up on patients with mental health conditions. Longer appointments were available and patients could be seen in a one stop clinic for ease.

#### Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	550.1	527.3	539.2
Overall QOF score (as a percentage of maximum)	98.4%	98.8%	96.7%
Overall QOF exception reporting (all domains)	6.1%	4.3%	5.9%

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

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

<p>We saw that the practice used clinical audits as a way of continually learning and improving their services. The practice carried out a COPD audit on a six- monthly basis. This looked at inhaler usage in particular and ensured patients were on the most effective treatment and improved usage.</p> <p>The practice had carried out a diabetes audit which looked at prescribing to reduce the number of hypoglycaemic attacks for patients. The audit did show improved outcomes for patients with diabetes.</p> <p>The practice were part of a Primary Care Network. They attended monthly meetings where they discussed referrals, medicines management and QOF. Through the PCN they have recruited a pharmacist and a social prescriber. The pharmacist had attended the surgery and done a number of audits to ensure they were following the latest guidelines.</p> <p>The practice had two quality visits from the CCG per year which looked at QOF data and they used this as an opportunity to generate ideas for improvement and to share learning with other practices.</p>
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## Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes

Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We saw the training policy which set out the training budget and how to apply for courses via line managers. The practice had a comprehensive recruitment policy as well as a recruitment statement.</p> <p>The practice manager kept a training matrix which was up to date. There was a new starter checklist and comprehensive induction form.</p> <p>The appraisal system was effective and learning needs were identified and appropriate training was organised so that learning needs were met. The practice encouraged their staff to build on their knowledge and skills. One of the receptionists had recently trained to be an HCA as she wanted to develop in this area. The practice manager trained receptionists to carry out administration duties so that in the event cover was required this would be more effective. Recently the practice had taken on a new receptionist and they had been trained to do some of the online access work and administration duties as well as reception tasks.</p> <p>The practice manager was able to share examples of when they had to manage poor performance. There was a clear system in place for this.</p>	

## Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2018 to 31/03/2019) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes

Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a clinical pharmacist who reviewed patient medicines and discharge summaries and contacted the patients if changes have been made to their medicines.</p> <p>The practice used RESPECT forms for end of life care. The practice maintained a palliative care register. These patients were discussed at the monthly palliative care meeting attended by the GPs, district nurses and the palliative care team.</p> <p>Patients' decisions regarding their care were shared with the ambulance service and out of hours providers using the 'Black Pear' system. This allowed these services to view information such as resuscitation decisions and palliative diagnoses.</p>	

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
<p>The practice actively tried to improve the health of patients by enquiring about smoking, alcohol and drug use and discussing the long term health complications. They supported and directed these patients to the local services which helped with different areas for example smoking cessation.</p> <p>The practice were a parkrun (a five-kilometre running event taking place on Saturdays in local parks) practice and encouraged patients to keep active.</p> <p>We could see that the practice used health promotion campaigns to increase awareness.</p> <p>The practice were actively identifying patients at risk of developing conditions such as diabetes by using the pre-diabetes code. All these patients were invited to attend the diabetes prevention program.</p> <p>The practice sent mobile phone Apps to patients for disease management such as diabetes via their computer system. One of the administration team kept on top of this to ensure that appropriate links were sent out to patients.</p>	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	94.5%	95.8%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.1% (5)	0.4%	0.8%	N/A

## Consent to care and treatment

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

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



## Responsive

**Rating: Good**

### Responding to and meeting people's needs

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

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

Practice Opening Times	
Day	Time
Opening times:	
Monday	8 am to 6.30pm
Tuesday	7am to 7.30pm
Wednesday	8am to 6.30pm
Thursday	7am to 6.30pm
Friday	8am to 6.30pm
Appointments available:	
Monday	8am to 6.30 pm (6.30pm to 8pm via the hub on rotation)
Tuesday	8am to 6.30 pm (and 7am to 8am extended hours)
Wednesday	8am to 6.30 pm
Thursday	8am to 6.30 pm (and 7am to 8am extended hours)
Friday	8am to 6.30 pm (6.30pm to 8pm via the hub on rotation)
Saturday	8.30am to 12.30pm (via the hub on rotation)

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
14829.0	285.0	100.0	35.1%	0.67%

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)	88.7%	95.4%	94.5%	Tending towards variation (negative)

### 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.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- There was a medicines delivery service for housebound patients.
- The practice were proactive in referring patients for falls assessment and in treating patients with Osteoporosis.
- The practice had a stair lift for patients to use the upstairs consulting rooms. Sometimes patients were seen in a room downstairs for convenience.

## People with long-term conditions

## Population group rating: Good

### Findings

- The practice held dedicated CHD and Respiratory nurse led clinics for those with chronic conditions. This used GPs as clinical leads, but was run by Nurse Practitioners, backed up by HCAs and in-house phlebotomy. Patients with hypertension, heart disease, diabetes, chronic kidney disease, asthma and COPD can be seen in these clinics, allowing these conditions to be seen together in a 'one stop' clinic.
- The practice had a shared GP/nurse led anticoagulation clinic for those on warfarin and a DOAC clinic with an HCA and lead GP for those on the new anticoagulant medicines.
- 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.

## **Families, children and young people**

**Population group rating: Good**

### **Findings**

- Additional nurse appointments were available from 7am on a Tuesday and Thursday for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

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

**Population group rating: Good**

### **Findings**

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 7.30 on a 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 PCN. Appointments were available Saturday from 8.30am to 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, Travellers and those with a learning disability. At the time of our inspection there were 786 patients on this register.
- 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 had 75 patients on this register and was carrying out their annual reviews.

## 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.
- One of the practice nurses supported the mental health needs of staff. They organised a time to talk day and staff could see them confidentially to discuss any problems.
- The practice had recently allowed the local substance misuse service to see patients at the surgery on a weekly basis.

## 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
Explanation of any answers and additional evidence:	
We saw that the practice had a system in place for assessing home visits each day.	

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)	34.8%	N/A	68.3%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	50.0%	69.4%	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)	51.9%	65.4%	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)	61.7%	74.8%	73.6%	No statistical variation

### Any additional evidence or comments

The practice were aware that their results in the patient survey were lower than average for access to the service. They were actively trying to improve upon this. They had put together an action plan and had started to implement this. Part of this was the new phone system which was introduced in August 2019 before their own survey results were published. The practice met with the supplier in January to find out what else they could do to improve patient access even further.

This had led to a call back system being introduced called “Queue Busters”. When patients got to number eight in the queue they had the option of pressing a number and the practice then called them back when they reached number two in the queue. They would stay in the same place in the queue and once called back only had a short time until the receptionist took their call. Patients had already started feeding back that they liked this function.

The practice also changed their appointments line for patients wishing to cancel an appointment. Instead of waiting to speak to a receptionist, they could leave a message and this message goes into their task list and receptionists can then cancel the appointments on behalf of the patient. This had reduced the appointment line queue and was already popular with patients. The practice did this based on recent patient feedback, and felt this had improved the service offered to their patients.

The practice told us they would be meeting shortly to implement another change to their appointments line. Instead of just taking all appointments to one line, they planned to discuss splitting the calls between routine and urgent on the day appointments. The practice planned to trial this for a short period of time to see if it was successful and then roll it out dependent on feedback.

The practice was offering online appointments although uptake was not high. The practice had recruited two additional members of reception staff and part of their role was to cover the phones in the morning. All reception staff had received additional training in care navigation and dealing with patients who were becoming agitated.

The practice recognised that demand for appointments had risen so for some weeks they had been doing a trial whereby one GP every day had book on the day routine appointments and not pre-bookable appointments apart from their first three appointments of the day. This meant that patients would be able to phone or book online and this created an extra 26 appointments. This was for routine appointments only and urgent appointments were still seen by the duty doctor.

The practice carried out their own patient survey in August 2019 to see if the improvements they had made so far had improved their survey results. 250 patients were given surveys to complete and 140 patients completed these. The results were not published until November 2019. Patients were selected randomly by questionnaires being left in reception and given out to patients, a practice administrator gave out questionnaires to patients in reception, a link was put on the website for patients to complete and send in to the practice or bring to their next appointment and receptionists also handed out questionnaires to patients coming to the desk to pick up prescriptions. One of the questions asked was about patients getting through on the phone:

73% of patients described this as fair, good, very good or excellent. 26% of patients described it as poor or very poor and 1% of patients did not comment.

Another question asked patients about how they rated the hours the practice was open for appointments:

92% of patients described this as fair, good, very good or excellent. 4% of patients described it as poor or very poor and 4% of patients did not comment on this aspect.

Another area that patients commented on in the survey was that they would like to see a particular named doctor which the practice sometimes found difficult. Changes in practice have meant they now have a greater number of doctors but most are working fewer sessions on a part time basis. The practice have been working hard to try to accommodate a named GP whenever possible.

The results show that the actions taken since August 2019 had significantly improved access for patients compared to the results of the most recent National Patient Survey.

Source	Feedback
Friends and Family Test	<p>We reviewed the last 6 months friends and family data. The following percentages show the number of patients who were extremely likely or likely to recommend the practice to friends and family:</p> <p>December 2019 – 87 %</p> <p>November 2019 – 85%</p> <p>October 2019 – 83%</p> <p>September 2019 – 87%</p> <p>July 2019 – 85%</p> <p>June 2019 – 81%</p>
Patient Feedback	<p>We spoke with six patients on the day of the inspection. All the patients spoke highly about all members of staff at the practice and about the care they received. Some patients commented they sometimes found it difficult to get through to the practice on the phone.</p> <p>We reviewed the CQC comment cards completed by patients. We received 11 in total all of which praised the practice and 1 comment card which said it was sometimes difficult to get through to the practice.</p>

## Listening and learning from concerns and complaints

**Complaints were listened and responded to and used to improve the quality of care.**

Complaints	
Number of complaints received in the last year.	12
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes

There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We saw evidence that complaints were discussed at meetings and learning was shared across the practice. Informal complaints were addressed on the day verbally where possible and the complaint recorded so that trends could be identified. We saw evidence that complaints were discussed at weekly partners and managers meetings</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient had been referred to secondary care and had come to reception and asked to change their address details.	<p>The receptionist had not changed the details yet therefore the referral went to the wrong address.</p> <p>The practice had a reception meeting with all the administration staff and confirmed the process of change of addresses.</p> <p>The patient was given a full apology and appropriate follow up was taken by the secretaries.</p>
A patient was unhappy about the care received on a home visit and over the phone to a family member.	The practice listened to the call and felt on reflection they could have spent longer listening to the patient. The doctor apologised to the family and this was discussed at a clinical meeting.



## Well-led

**Rating: Good**

### Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence:  The practice had a range of meetings to ensure everyone was kept up to date. The managers meeting was held every Monday morning for an hour and then information cascaded to each team. The GP partners and practice manager met every Monday lunchtime. The practice manager then fed back the relevant information to the rest of the team. Full practice meetings took place on a quarterly basis. The reception, administration and nursing teams met on a weekly basis. Between 11.30am and 12pm the team had coffee together daily and discussed any significant issues during this time.	

### 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
Explanation of any answers and additional evidence:  The practice had a vision to provide high quality patient centred care.	

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence:	
We saw that all members of staff had been given an employee handbook. This contained lots of helpful information about the practice including the whistleblowing policy.	

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

Source	Feedback
Staff Interviewed	During the inspection we spoke with two of the administrative staff and one member of the nursing team who worked at the practice. They informed us that the practice manager and GPs were very supportive. They felt encouraged to learn and develop and were given protecting learning time.

## 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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a range of policies and procedures which all staff had access to. We could see that learning from significant events was shared across the organisation and discussed at the team meetings.</p>	

## Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff were offered an annual appraisal each year. We saw evidence of these in the staff files we reviewed at the inspection. The practice were up to date with appraisals and had probation reviews for staff members reaching their six-month period.</p> <p>The practice had a comprehensive range of risk assessments that covered all areas of the practice premises and staff working conditions. These were regularly checked and updated as needed.</p>	

## 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:	

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Any unusual access was identified and followed up.	Yes
Explanation of any answers and additional evidence:	
The practice had signed up to online consultations but had not had much uptake as yet.	

## 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
The practice was running a virtual PPG. They had now set up a new PPG and had so far recruited 3 members. They were due to have a meeting in February to discuss ideas of recruiting more members.	

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We saw that the practice had monthly educational meeting where an outside speaker would sometimes attend and inform the practice about the latest guidelines. At the most recent meeting they had the anticoagulant nurse discuss issues such as DVTs.</p> <p>The practice is a training practice and we saw evidence that the GP registrar recently did an update for clinical staff about the latest guidelines on contraception.</p>	

Examples of continuous learning and improvement
The practice focussed on learning and development. They taught 2 GP registrars and also undergraduate students from year one and year five of medical school from the University of Birmingham.

#### Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

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

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

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

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

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

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