

Care Quality Commission

Inspection Evidence Table

Galleries Medical Practice (1-4468453574)

Inspection date: 20 February 2020

Date of data download: 11 February 2020

Overall rating: Good

We rated the practice as good overall in January 2019.

We decided to undertake an inspection of this service following our annual review of the information available to us, we focused our inspection on the following key questions:

- Is the practice effective?
- Is the practice caring?
- Is the practice responsive?
- Is the practice well led?

Because of the assurance received from our review of information we carried forward the ratings for the following key questions:

- Is the practice safe? (Good – January 2019)

In February 2020, we rated the practice as good overall.

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

Effective

Rating: Good

Effective needs assessment, care and treatment

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

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

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) <small>(NHSBSA)</small>	0.73	0.63	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.
- All patients have an accountable GP.
- The practice followed up on older patients discharged from hospital. They 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.
- There was a dedicated GP for care home patients.
- The practice provided a taxi for frail patients if they were unable to get to the surgery by other means. The practice nurses carried out home visits for chronic disease management for patients who were housebound.
- Staff set up a recall system for medication for forgetful patients and the prescribing team were alerted when medication was due, if necessary the taxi service was available to deliver medication.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions had 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 practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	82.2%	80.3%	79.3%	No statistical variation
Exception rate (number of exceptions).	29.0% (200)	17.7%	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>	83.9%	80.9%	78.1%	No statistical variation
Exception rate (number of exceptions).	6.5% (45)	10.0%	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>	80.4%	83.5%	81.3%	No statistical variation
Exception rate (number of exceptions).	17.9% (123)	12.7%	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>	70.7%	76.3%	75.9%	No statistical variation
Exception rate (number of exceptions).	8.9% (64)	11.7%	7.4%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	86.7%	89.2%	89.6%	No statistical variation
Exception rate (number of exceptions).	16.6% (51)	14.3%	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)	80.6%	84.6%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.2% (47)	4.4%	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)	90.8%	92.1%	91.1%	No statistical variation
Exception rate (number of exceptions).	9.0% (13)	5.6%	5.9%	N/A

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets. The practice nurses ran the baby vaccination clinic.
- 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 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.
- 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)	91	99	91.9%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	103	109	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)	103	109	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)	103	109	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

One of the administrative members of staff had recently taken over the recall for children for childhood immunisations. They had been given protected time to carry out this work.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (01/07/2019 to 30/09/2019) (Public Health England)	76.2%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	74.9%	74.9%	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)	58.1%	57.7%	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)	63.8%	67.8%	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)	45.3%	48.5%	53.8%	No statistical variation

Any additional evidence or comments

One of the practice nurses who had recently been recruited was being trained to carry out cervical smear test and the practice was looking to introduce an online booking for this service with the new practice nurse. The practice had a dedicated administrative member of staff who managed the recall system. The practice provided us with unverified data which showed the screening rate had increased from 76.2% to 78%.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- 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 held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice worked closely with the learning disability support team and offered yearly checks for patients, easy read information was available for patients.
- The practice were awarded a bronze and then a silver (October 2019) award for their learning disability health check framework.
- The practice had a quiet room available which was used for counselling or if a patient had a private issue they needed to discuss.

- 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 worked closely with veterans and carers associations.

**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 and cancer.
- 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.
- The practice worked with the local mental health charity and a counsellor used their rooms to see patients.
- A receptionist had recently become a trained counsellor and was hoping to soon offer counselling sessions.
- 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.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	90.3%	91.4%	89.4%	No statistical variation
Exception rate (number of exceptions).	7.5% (5)	17.9%	12.3%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	89.1%	92.6%	90.2%	No statistical variation
Exception rate (number of exceptions).	4.5% (3)	12.2%	10.1%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	76.9%	83.0%	83.6%	No statistical variation
Exception rate (number of exceptions).	11.4% (5)	7.5%	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)	537.6	546.5	539.2
Overall QOF score (as a percentage of maximum)	96.2%	97.8%	96.7%
Overall QOF exception reporting (all domains)	7.5%	7.0%	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

- The practice carried out an audit of a medication prescribed for indigestion, heartburn and acid reflux. There had been a recent patient safety alert which advised that it should be no longer prescribed due to possible cross-contamination with carcinogens (a chemical or substance which can promote a type of cancer). As at 01/12/2019 there were 72 patients prescribed this medication. They were coded on the practice clinical system and patients sent a letter giving the option of telephone or face to face appointments with the GP for discussions. At the end of December 2019 no patients were being prescribed the medication. Following on from this prescription clerks were advised to ensure patients were not prescribed this and a six-monthly audit to be run in the future to check no patients received this medication.
- The practice carried out an audit of patients who had chronic obstructive pulmonary disease (COPD) who were prescribed a long acting muscarinic antagonist (LAMA) inhaler. There was a risk that they could have double LAMA inhalers from being prescribed them by primary and secondary care. In November 2019, 331 patients were identified as having the inhaler and six of them had double. The patients were contacted and reviewed and by the end of December 2019 there were no patients with double inhalers. Following on from this the COPD nurse was to ensure no patients had double inhalers and there was to be a six-month review in the future to ensure this was not happening.
- The practice had also carried out audits of oral anti-coagulant and anti-inflammatory medication, an audit of antibiotic and opioid prescribing, double dose steroid inhalers in asthma patients and a review of medication used to treat epilepsy and bi-polar disorder.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice used an online training software package, they received email reminders when training needed refreshed. • Staff had opportunities for development training for example administrative staff had attended phlebotomy, suicide prevention, best practice for repeat prescribing and counselling training. Classroom based sepsis training had been provided. • Staff had received yearly appraisals and the practice were moving towards 360-degree feedback appraisals following feedback from staff. 	

Coordinating care and treatment

Staff worked together and with other organizations 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
Explanation of any answers and additional evidence: A member of staff at the practice put forward an idea to the practice management regarding referrals to hospital for patients, 'live referrals'. The practice trialled this process from January 2020. Following their GP appointment, the patient was seen on the day by a member of administrative staff and they sat with them to book their appointment at hospital, they were able to discuss with them the reason if they were referred to a different hospital in terms of being seen quicker. Initial feedback from patients was that this was a quicker process, staff said it cut down on queries and they were hoping it would also reduce patients being non-attenders at their hospital appointments.	

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: <ul style="list-style-type: none"> • The practice had started to provide NHS health checks (for patients from the ages of 40 to 74). • There was a health pod in the reception area of the practice where patients could take their own weight and blood pressure. • They had a fitness trainer who had given presentations to the practice on health and fitness. • The practice, via the primary care network, (PCN) had access to local social prescribers who could direct them to organisations where they could meet new people and develop new hobbies. 	

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)	96.0%	95.6%	95.0%	No statistical variation
Exception rate (number of exceptions).	1.5% (39)	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

Caring

Rating: Good

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-judgmental 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: The practice had a military veterans leads (a GP, nurse and one of the administration staff). They had developed a veteran's pack of information to help patients. They had worked with a veterans in crisis charity. They were planning an event at the practice to raise money for a veteran's charity. A local school was going to attend and sing, and they were having a sponsored bike ride and tombola.	

CQC comments cards	
Total comments cards received.	17
Number of CQC comments received which were positive about the service.	12
Number of comments cards received which were mixed about the service.	5
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC comment cards	We received 12 cards with wholly positive comments which included words such as, very good, helpful service, caring and feel listened to. The five mixed cards all praised staff, however all five raised issues with being unhappy with the appointment system.
Compliments and comment which the practice received	There had been nine compliments and comments, in the last year, which praised the practice. Comments included how helpful and impressed they were with staff.

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)	80.7%	88.7%	88.9%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	75.6%	87.9%	87.4%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	90.7%	95.4%	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)	66.7%	84.7%	82.9%	Tending towards variation (negative)

Any additional evidence or comments

In the last two years the practice had been through significant changes and had merged with another practice. Following this two GPs had left and the practice had struggled with a shortage of GPs for a time. More recently new partners and salaried GPs had been recruited and going forward the practice were hopeful of more positive feedback from patients.

Question

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

Any additional evidence

The practice manager said following the last CQC inspection they decided to survey patients looking at specific issues. They felt that the GP national survey was sent out to patients who may not have attended the practice for an appointment recently, so they surveyed patients in the practice who had attended for an appointment.

- May 2019 – They carried out a survey on the telephone system. 61 were completed of 80 given out. Patients said the appointments were satisfactory. The major issue was poor call quality and delays in talk back. As a result of this and other feedback the telephone provider was changed.

- July 2019 – They were aware patients were unhappy with continuity of care, they devised a survey to ask about this. 48 were received back from 80 given out. To the question of were you happy with the time you waited for an appointment 48% said good, 42% said excellent. Feedback was that patients were struggling to get appointments with the existing GPs and were not trying to make appointments with the new GPs at the practice.
- Oct 2019 – The practice had changed from telephone triage to face to face appointments. They devised a survey to see what the patients thought of this. They received 66 back from 80 issued. 41% said the system was good, 35% excellent, and when asked what other types of consultations they would like offered they said online consultations and telephone consultation with the nurse would be useful. They implemented telephone consultations with the nurse and e-consultations were introduced at the practice.

The practice participated in the NHS friends and family survey (this is an anonymous survey which patients receive after attending an appointment at the surgery). Response from April 2019 to February 2020 showed that 84% of patients recommended the surgery.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: One of the reception staff could sign, using British sign language, for patients who were deaf or had hearing impairments. They could also use Makaton, which is a language programme which uses signs, symbols and speech to enable people to communicate who have learning or communication difficulties.	

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)	93.5%	92.7%	93.4%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: The practice had information boards in the waiting area and in the corridors of the practice. Themes were carers, young people, cancer, dementia cervical screening and healthy eating.	

Carers	Narrative
Percentage and number of carers identified.	Since our previous inspection the number of recorded carers at the practice had increased from 0.5% of the practice population to 3.2% (350 carers, of which one was a young carer)
How the practice supported carers (including young carers).	The practice had a carers lead. They were currently in the process of validating the carers list. The role of the carers lead was still quite new to the practice, the lead was planning to compare the list to the learning disability register and long-term conditions register to see if there were any carers who had been missed. They had devised a letter to send to those on the register to introduce themselves and offer help. They were working with the local carers centre to support patients.
How the practice supported recently bereaved patients.	The practice had a 'coping with bereavement' pack, this gave advice, for example, on how to obtain a death certificate. If appropriate the practice sent a sympathy card to the family.

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

If the practice offered online services:

	Y/N/Partial
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes

Responsive

Rating: Good

We inspected this practice in January 2019, and we rated the practice as requires improvement for responsive services. This was because the patient feedback (from complaints, National GP Patient Survey and the NHS Choices website) said access to appointments was poor.

At this inspection we saw improvements had been made and have rated the practice good for providing a responsive service.

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

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.30am to 6pm
Tuesday	8.30am to 6pm
Wednesday	8.30am to 6pm
Thursday	8.30am to 6pm
Friday	8.30am to 6pm
Appointments available:	
<ul style="list-style-type: none">GP appointments are available from 8.30 or 9am – 11.30am. Then 2pm to 3pm and 5pm to 6pm.The career start GP ran lunchtime clinics from 11.30am to 2.30pmHealthcare assistant appointments were available from 8am to 6pmNurse appointments were available from 8.30am to 6pmThe practice provided late evening, weekend and bank holiday appointments; they were part of the local GP federation of GP practices who worked together to provide appointments with GPs, nurses or health care assistants outside of their normal working hours.	

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)	91.8%	94.6%	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.

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. • Home visits could be arranged for those who could not attend the surgery. • The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues. • Patients who required blood tests for their chronic disease management could attend the extended access (out of hours) sites for the testing • 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

- 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.
- The practice would see all children under age of five in a same day appointment. They would try and accommodate families whereby the GP would see siblings to save repeat visits to the surgery.
- Activity books were given to children who had to wait for their appointment.

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 offered e-consult and telephone appointments.
- A text messaging service reminded patients of appointments.
- Electronic prescribing and repeat dispensing was available so that patients could order and collect their medication at the pharmacy of their choice.
- There were appointments available after 5pm for patients who were working.
- Pre-bookable appointments were available to all patients at additional locations within the area, as the practice was a member of a GP federation.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travelers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice supported the local foodbank. They were able to refer patients to the service who were in need.

**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.
- A counsellor from a mental health charity held regular clinics in the surgery.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

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: <ul style="list-style-type: none"> The on-call GP managed the home visits. On the inspection day in the morning we checked the next available routine appointment which was 1.40pm on the same day or next day at 10.10am. The practice previously used GP triage for appointments, this was not working well and the practice had changed back to face to face appointments. The practice found that the telephone system they had did not suit their needs and patients were not always getting through and being 'cut off' whilst waiting in a queue. Staff were having to deal with patients who were unhappy with the system. Surveys of the patients and the GP National patient survey highlighted that there were problems The practice consulted with other GP practices and the local clinical commissioning group for advice and introduced a new telephone system with a different provider from January 2020. It was still too early to evaluate its effectiveness. However, there had been no complaints that patients could not get through on the telephone. Staff we spoke with told us that appointments had been a problem, they felt that the management at the practice had looked at all ways to improve this and the appointment system was now working much better for patients. 	

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)	62.5%	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)	43.0%	67.3%	67.4%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	44.2%	64.6%	64.7%	Tending towards variation (negative)

Indicator	Practice	CCG average	England average	England comparison
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)	49.4%	73.3%	73.6%	Variation (negative)

Any additional evidence or comments

The GP survey scores above had generally improved since our previous inspection;

- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone was previously 44.8% (01/01/2018 to 31/03/2018), this has now improved to 62.5%.
- The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment was previously 39.8% (01/01/2018 to 31/03/2018), this improved to 43%
- The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times was previously 41.8% (01/01/2018 to 31/03/2018), this improved to 44.2%
- The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered was previously 50.5% (01/01/2018 to 31/03/2018), this decreased slightly to 49.4%.

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.	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.	No

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

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient complains about sexual health services	Following a complaint regarding the sexual health clinics the practice produced a list of contacts for where patients could attend.
Representative of patient	A representative of the patient made a complaint. Their full details were not taken and the practice could not contact them or the patient. Following this staff were reminded to take the full details of anyone representing the patient.

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: <ul style="list-style-type: none">The clinical lead and practice manager were relatively new to the practice. They and the other partners had invested time in reviewing policies, procedures and gaining views from staff and patients, to move the practice forward.There were plans next to compile a five-year plan for the practice.	

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: <p>The practice had a mission, vision and values document. The mission statement was 'to deliver an all-round valuable patient centred experience from a dependable team who care about supporting their customer needs'.</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
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: <ul style="list-style-type: none"> • The practice listened to staff suggestions, for example, the introduction of 'live referrals' as above was an idea from a member of staff. • The practice regularly collected for the local food bank and had collected toys for the women's refuge at Christmas time. • The practice had been successful in recruiting new GPs, a nurse and health care assistant and additional staff, they had recently become a training practice. 	

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

Source	Feedback
Staff	Staff we spoke with said that the practice had changed in terms of team work. They valued the two team building exercises which the management had arranged. They felt that the management of the practice were approachable and supportive. They said that management had tried to improve the appointment system.

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 were lead roles which were shared out amongst staff for example, veterans and cancer champion, carers and baby clinic lead, prescribing and care home lead.	

Managing risks, issues and performance

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

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

Appropriate and accurate information

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

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

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 used e-consult which is an online triage tool which enables GPs to conduct consultations more efficiently. It provides an online portal where patients can self-check their symptoms. The practice were one of the top three in the clinical commissioning group (CCG) area to use this in terms of patient uptake.	

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.	No
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: The practice secured funding from the local clinical commissioning group to hold two workshops with staff with an external facilitator. They gained feedback from staff for the way forward for the practice and set up an action plan to take forward the ideas they gained.	

Feedback from Patient Participation Group.

Feedback
Although the practice did not have a PPG they had engaged with patients in different ways. They carried out a survey to see why the feedback on the appointment system was poor. They set up a feedback page to encourage feedback. They asked for comments and suggestions on their website.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice won a bid to be the first practice in the country to provide a framework for LGBT patients The practice won a bid to assist with the recruitment of digital champions across the local primary care network (PCN) The practice were a pilot site for a mobile messaging application which provides secure and free communication of health information between the GP surgery and patient. They were a pilot site for the monitoring of patients' blood pressure at home via a blood pressure machine and mobile phone application. From January 2020, they were trialing 'live referrals' where the patient is immediately referred for their hospital appointment via the secretaries at the practice after seeing their GP. The practice were trialing e-consult They had recently become a training practice. 	

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.