

# Care Quality Commission

## Evidence Table

### Norvic Family Practice (1-561382719)

Inspection date: 11 September 2020

Date of data download: 24 August 2020

**Overall rating: Not rated**

## Safe

**Rating: Not rated**

We inspected the practice in May 2019 and rated the practice good for providing safe services. This inspection in September 2020 was a focused inspection and therefore the previous rating remains unchanged.

### Safety systems and processes

Safeguarding	Y/N/Partial
There were systems to identify vulnerable patients on record.	Y
Explanation of any answers and additional evidence: The practice explained the alert system in place to identify vulnerable patients on records such as those who were frail, had mental health needs or safeguarding concerns. The practice told us that alerts were considered when requests were made for home visits. We were shown an example of an alert added to the record of a vulnerable patient.	

### Risks to patients

	Y/N/Partial
Comprehensive risk assessments were carried out for patients.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
Explanation of any answers and additional evidence: Clinical staff spoken to described the use of clinical tools and templates to help identify older patients who were living with moderate or severe frailty and those with mental health needs. Those identified received an assessment of their physical, mental and social needs. During the inspection, we found there were 90 patients on the practice's mental health register of which 62% had a comprehensive care plan in place. We saw an example of a template used to support the assessment of patients with mental	

health needs and we saw evidence that showed home visits and priority appointments were given to this group of vulnerable patients.

Staff had been given guidance on actions to take if they encountered deteriorating or acutely unwell patients. This included a written policy and protocol and guidance on immediate actions to take for example, if a patient requesting a home visit complained of chest pain. We spoke to two non-clinical members of staff who described the actions they would take which were aligned with the guidance provided.

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

Significant events	Y/N/Partial
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice used the Clinical Commissioning Groups (CCG) electronic reporting system to record all incidents including significant events. These were also recorded on the practice's internal system which was accessible to all staff. The internal recording system enabled the practice to identify themes and trends, so that they could be acted on. Significant events were discussed with staff in meetings and minutes were available to staff. Staff we spoke with knew how to identify and report significant events. The practice shared with us a significant event related to a home visit request, including the outcome and learning.</p>	

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

Event	Specific action taken
Home visit requested but staff advised hospital admission based on symptoms.	The practice investigated the significant event and found that the home visiting protocol had been followed. However, they had identified some learning around communication between clinicians to support the clinical decision. The practice had also initiated a regular a home visiting audit to help monitor home visit requests on an ongoing basis to ensure consistency in practice.

## Effective

**Rating: Not rated**

We inspected the practice in May 2019 and rated the practice requires improvement for providing effective services. This was a focused inspection in September 2020 and therefore the previous rating remains unchanged.

### Effective needs assessment, care and treatment

	Y/N/Partial
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
Explanation of any answers and additional evidence: Staff spoke with were aware of signs and symptoms which could indicate serious illness such as chest pain, sepsis or stroke. Staff described the actions they would take and safety netting in place which included ringing for an ambulance on behalf of the patient or a follow up call by a GP to ensure the patient had acted on advice given. There were policies and protocols in place to guide staff.	

### Monitoring care and treatment

	Y/N/Partial
Quality improvement activity was targeted at the areas where there were concerns.	Y

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

In response to two significant events relating to home visiting requests the practice undertook an audit on home visiting requests to review the outcomes, the results showed: <ul style="list-style-type: none"><li>Between September 2019 and August 2020, the practice had received 566 requests for a home visit. Of these requests, the practice had attended 458 home visits (81%).</li><li>90% of home visits completed were to people from vulnerable groups. These included patients receiving palliative, elderly/frail, mental health, learning disabilities and housebound patients with co-morbidities. The practice's reporting system showed the following reasons why some patients did not receive a home visit request.</li><li>15 visits were attended however staff were not able to gain access to the property of the patient, these patients received a follow up call and where necessary a further visit.</li><li>60 visits were cancelled by the practice after triage.</li><li>46 visits were deferred again after triage.</li></ul>
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As part of the ongoing monitoring of home visiting requests, plans were in progress for a GP partner to take a lead in conducting monthly audits of home visiting requests. The aim was to provide feedback to the management team on any issues/learning to help improve the service.

**Helping patients to live healthier lives**

	Y/N/Partial
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Staff spoken with described how they discussed changes with patients and their carers where necessary for example, during health reviews or where care was coordinated and planned with members of the multi-disciplinary teams or other care providers such as residential homes.</p> <p>As part of the Primary Care Network (PCN) Direct Enhanced service for care homes the practice was allocated a care home. From the beginning of September 2020, the practice was participating in weekly virtual multi-disciplinary team meetings to review the needs of residents. The practice had recently appointed a Physician Associate who would be working across the PCN to support care homes with visits and virtual ward rounds.</p>	

## Caring

**Rating: Not rated**

We inspected the practice in May 2019 and rated the practice good for providing caring services. This was a focused inspection in September 2020 and therefore the previous rating remains unchanged.

### 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 (01/01/2020 to 31/03/2020)	76.5%	82%	88.5%	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 (01/01/2020 to 31/03/2020)	77.2%	80.8%	87.0%	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 (01/01/2020 to 31/03/2020)	85.6%	91.5%	95.3%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2020 to 31/03/2020)	71.1%	71.6%	81.8%	No statistical variation

### Any additional evidence or comments

The results of the 2020 national GP survey showed the practice was tending towards a negative variation for two questions and a negative variation to one question relating to caring. The practice told us they had reviewed the results and told us of some of the positive changes made to help improve the service which included plans in progress to appoint a new GP partner, the appointment of a Physician Associate and Finance and Performance manager. The practice was moving to restoring a number of services paused during the peak of the pandemic in line with local and national guidance.

There were three reviews posted on NHS choices since the previous inspection, all three were positive about the care and treatment received. The practice was looking to engage with the Patient Participation Group (PPG) as a virtual group and continued to gather feedback from patients through comments and complaints received to improve patients experience of the service.

## Responsive

**Rating: Not rated**

We inspected the practice in May 2019 and rated the practice good for providing responsive services. This was a focused inspection in September 2020 and therefore the previous rating remains unchanged.

### Responding to and meeting people's needs

	Y/N/Partial
The practice made reasonable adjustments when patients found it hard to access services.	Y
Explanation of any answers and additional evidence: The practice offered home visits and urgent appointments for those with enhanced needs and complex medical issues including vulnerable patients. In line with local and national guidance the service was operating a total triage service which included where appropriate a telephone and or video consultation.	

### Timely access to the service

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Explanation of any answers and additional evidence: All requests for home visits were logged on the patient administration system and forwarded to the on-call GP to triage and assess. A home visiting policy and protocol was available to staff to provide guidance. The policy had been reviewed and updated based on national guidance during the peak of COVID-19 pandemic which included a dedicated home visiting team initiated by the CCG. Further updates had been added to reflect the changing circumstances as the practice was working to restore and resume services paused due to COVID-19. Staff spoken to were aware of actions to take if there were any concerns with home visiting requests and described how urgent needs were prioritised.	

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 (01/01/2020 to 31/03/2020)	56.7%	50%	65.2%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2020 to 31/03/2020)	55.2%	53.1%	65.5%	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 (01/01/2020 to 31/03/2020)	59.2%	54.7%	63.0%	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 (01/01/2020 to 31/03/2020)	63.2%	61%	72.7%	No statistical variation

#### Any additional evidence or comments

The results of the 2020 national GP survey showed the practice was above the local average and below the national average for questions relating to access. The practice told us they had reviewed the results and were pleased they compared well to local averages. They recognised that access to services during the peak of COVID-19 may have influenced some of the feedback. However, in order to gain current patient feedback, they were exploring ways to work with the Patient Participation Group (PPG) as a virtual group and to keep the PPG updated using newsletters.

Source	Feedback
NHS Choices	There were three reviews posted on the NHS choices website since the previous inspection, with some positive feedback about access.

### Listening and learning from concerns and complaints

#### Complaints

Number of complaints received in the last year-	12
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#### Any additional evidence or comments

The practice had not received any formal complaints linked to home visiting requests

## Well-led

## Rating: Not rated

We inspected the practice in May 2019 and rated the practice good for providing well led services. This was a focused inspection in September 2020 and therefore the previous rating remains unchanged.

### Governance arrangements

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Explanation of any answers and additional evidence:	
<p>The GP partners understood the challenges they faced and were trying to address them. There were plans in progress to appoint a further GP partner and a Physician's Associate was appointed to work across the practices in the Primary Care Network (PCN) to help support the delivery of services to care homes. A new Finance and Business manager was also in post working alongside the practice manager. The practice was working with the PCN and CCG to respond to the challenges of delivering services during the pandemic.</p> <p>The practice had a new governance structure in place with appointed strategic leads and deputy leads in areas such as significant events, complaints, performance and information governance. There were regular governance meetings in place to maintain oversight of quality and safety.</p>	

### Managing risks, issues and performance

	Y/N/Partial
There were effective arrangements for identifying, managing and mitigating risks.	Y
Explanation of any answers and additional evidence:	
<p>Since the appointment of the new Finance and Business manager, policies and procedures were being reviewed and updated such as the home visiting policy. Any changes to policy were shared with staff through email with systems in place to confirm that staff had received the policy update. Policies were easily accessible to all staff and discussed with staff during team meetings.</p>	

#### Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:



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

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

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

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

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

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

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

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