

Care Quality Commission

Inspection Evidence Table

Gatacre Street Surgery (1-5389320623)

Inspection date: 13 October 2020

Overall rating: add overall rating here Good

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

Safe

Rating: Good

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
Explanation of any answers and additional evidence: All nurses have now completed level 3 in safeguarding. The practice have renewed their Child Safeguarding Policy, which took into account Safeguarding Children and Young People: Roles and Competencies for Healthcare staff '(January 2019). and other recent relevant national guidance. The practice indicated that they will review the procedure annually, the next date being November 2020,	

Families, children and young people

Population group rating: Good

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)	252	298	84.6%	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)	242	298	81.2%	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)	240	298	80.5%	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)	241	298	80.9%	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

Standing in house searches have been developed to capture children who may register outwith the usual time frame for immunisations.

A senior clinician runs 3 monthly data verification audits on the populations requiring childhood immunisations

A system has been established with the Health Visiting team to improve feedback on those children who repeatedly are not brought for immunisation. Health Visitors have access to 'urgent' appointments when required.

Data from 06/10/2020

Children age 1 who have received 3 doses of DTaP/IPV/Hib/HepB 97.3%

Children aged 2 who have received their pneumococcal booster 97.5%

Children aged 2 who have received Hib/MenC booster 96.5%

Children aged 2 who have received MMR 97.1%

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). (Snapshot date: 31/03/2020) (Public Health England)	71.3%	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)	71.8%	78.5%	71.6%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2018 to 31/03/2019) (PHE)	58.7%	65.0%	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)	72.9%	68.6%	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)	52.3%	53.9%	53.8%	No statistical variation

Any additional evidence or comments

Since the previous inspection the practice had undertaken an audit and from this a number of changes have been made and new initiatives carried out:

1. New posters (from the toolkit – eye-catching) in the waiting and clinical rooms at all sites
2. 3rd invite letter – change to pink and template letter from no-fear resources and to be signed personally by Dr Watts/Shiell
3. Pre-invite letters – a birthday letter to be sent to first time invitees regarding their upcoming first smear
4. Spreadsheet with names of patients who have been invited 3 times for their smear and not responded, if no response to the third pink invite letter within 14 days patients to be phoned by a clinician to discuss the smear and why they have not attended
5. Slots reserved in nurse clinics to be used from these phone calls so patients can be booked in at the time of the telephone call and given an appointment (slots can open up if not used on the day)
6. A box placed in each clinical room labelled ‘clothes’ for patients to put their clothes/belongings in (identified in a survey as helping reduce feelings of being uncomfortable/unsure)

Overall Average annual figure – 72.38%

These figures were taken again from the primary care dashboard NHS digital cervical screening programme statistics.

As above the changes implemented were started in November and December 2019, there was a dramatic increase in Q4 in women aged 25-49 from 72.7 to 82.1% although the age group 50-64 remained unchanged.

Unfortunately due to the covid pandemic the practice had to stop carrying out smears for a short period of time but they have restarted again. In view of the significant rise in figures as above the practice plans to continue to implement these changes as much as they can throughout the rest of the pandemic. The practice will fully implement them post pandemic and consider strategies for the women aged 50-64.

Timely access to the service

People were/ were not able to access care and treatment in a timely way.

National GP Survey results

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)	60.1%	N/A	65.2%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2020 to 31/03/2020)	67.0%	68.0%	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)	60.2%	65.7%	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)	73.4%	76.6%	72.7%	No statistical variation

Any additional evidence or comments

Since the previous inspection another GP patient survey had been carried out, post -covid working. This was using paper surveys from clinicians, patients who attended the practice and text surveys. The results showed that patients were more satisfied with access to the practice. The pandemic has made this year even more challenging, as some of the ways the practice work have changed, however they have continued to give access to clinician appointments via phone, text, video or emails and face to face assessments wherever needed including assessments in the surgery, as a home visit or where needed in our 'COVID Room'. The practice have also continued named clinician care home ward rounds weekly. Some chronic disease management has been carried out over the telephone, much has been carried out face to face or via videolink.

