

Care Quality Commission

Inspection Evidence Table

Wibsey and Queensbury Medical Practice (1-540224625)

Inspection date: 6 May 2021

Date of data download: 4 May 2021

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2019/20.

Effective

Rating: Good

At the inspection in March 2020, the practice was rated as requires improvement for providing services to patients with long-term conditions. At this inspection we found that outcomes for patients had improved, and the practice had reviewed their processes for the management of long-term conditions.

People with long-term conditions

Population group rating: Good

Findings

- Additional training meant that the patient services team were consistently assessing patients' needs at every contact, to ensure that opportunities for reviews and screening etc were not missed.
- During the pandemic the practice continued to offer long-term condition reviews, both face to face and as telephone appointments. Data was reviewed and the nursing team prioritised patients with the highest clinical need for review.
- For those with multiple long-term conditions, all necessary investigations were now completed in one appointment to minimise contact. This was followed up by a telephone consultation with the practice nurse and arrangements were made for annual reviews.
- A locum nurse had been engaged to continue to offer targeted support and reviews for asthmatic patients. At the last inspection in March 2020 only 56.9% of patients had an asthma review in the preceding 12 months. At this inspection we saw that this had improved to 70% of patients. Patients with asthma were offered an asthma management plan.
- At the last inspection in March 2020 data showed that 57.7% of patients with COPD had a review, undertaken by a healthcare professional. At this inspection evidence showed this figure had improved to 76.1%. Where appropriate, patients with COPD were offered rescue packs.

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	70.1%	78.7%	76.6%	No statistical variation

in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2019 to 31/03/2020) (QOF)				
PCA* rate (number of PCAs).	14.6% (132)	7.7%	12.3%	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 (01/04/2019 to 31/03/2020) (QOF)	76.1%	89.3%	89.4%	Variation (negative)
PCA rate (number of PCAs).	10.0% (26)	10.1%	12.7%	N/A

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) (QOF)	86.5%	82.8%	82.0%	No statistical variation
PCA rate (number of PCAs).	2.6% (7)	4.5%	5.2%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months (01/04/2019 to 31/03/2020) (QOF)	63.3%	64.7%	66.9%	No statistical variation
PCA rate (number of PCAs).	7.6% (46)	12.9%	15.3%	N/A
The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) (QOF)	77.5%	74.8%	72.4%	No statistical variation
PCA rate (number of PCAs).	2.5% (30)	6.3%	7.1%	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 (01/04/2019 to 31/03/2020) (QOF)	87.2%	90.9%	91.8%	No statistical variation
PCA rate (number of PCAs).	3.7% (6)	6.8%	4.9%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2019 to 31/03/2020) (QOF)	69.5%	74.8%	75.9%	No statistical variation
PCA rate (number of PCAs).	8.8% (53)	8.7%	10.4%	N/A

Any additional evidence or comments

At this inspection in May 2021 we saw that outcomes for patients with long-term conditions were comparable to CCG and national averages.

A management audit had been undertaken to review the capacity of the nursing team to deliver long-term condition support to patients. Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. The practice had implemented a new process of offering holistic patient reviews around the time of their birthday. This improved approach meant that all health conditions could be reviewed in one appointment.

The practice had employed a new nurse who was due to start cervical screening training in June 2021 and a further nurse with diverse skills had been employed and was due to join the team in May 2021.

Well-led

Rating: Good

At the inspection in March 2020 the practice was rated as requires improvement for providing well led services, there was a lack of systems and processes to demonstrate good governance.

At this inspection in May 2021, we saw that effective systems and processes had been established which were embedded into the team and operating effectively.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels. Leaders could demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	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: Throughout the pandemic the practice had continued to review their staffing to ensure they were able to maintain a responsive service. Ongoing reviews of government guidelines, clinical need and staff safety were discussed. Staff told us that leaders at the practice were supportive, available for discussions, accessible and had continued to work from the practice during the pandemic.	

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 management team had recently completed an appointments review and sustainability audit for the practice. This showed that patients were receiving a better, more targeted service with more patients	

being offered contact on a daily basis. Staff hours of working were changed to support the answering of patient queries and social distancing.

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: At the inspection in March 2020 the practice could not demonstrate that arrangements were in place to allow staff to raise concerns with someone outside of the practice. At this inspection in May 2021, staff were aware of the Freedom to Speak Up Guardian and this was clearly identified in the whistleblowing policy.	

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

Source	Feedback
Staff	Staff we spoke with were very complimentary about managers and leaders at the practice. They told us of a supportive team with a professional focus, who all worked together to improve patient outcomes.

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: At the inspection in March 2020 we found that a general oversight of systems was required. We also found that systems to check stock expiry dates and emergency equipment were not effective. At this	

inspection on 6 May 2021 we found that the systems for reviewing stock levels and expiry dates were working well. The practice followed their own policy for stock rotation and the management of emergency equipment. Clear lines of responsibility were identified, and documentation completed. Staff told us they were offered training opportunities and regular support. They were clear about their roles and responsibilities and the expectations of the practice. Step by step 'how to' guides were in place to assist staff with processes as necessary.

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 quality improvement programme in place.	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>At the inspection in March 2020 we found that whilst the practice had a system in place to receive safety alerts, they did not have a process to record an overview of the searches which were carried out or actions taken.</p> <p>At this inspection in May 2021 we saw that a policy for the management of safety alerts was in place. Any necessary actions or searches were undertaken by the practice pharmacist. A spreadsheet of action taken was maintained and patients were contacted as appropriate to ensure the continuation of good quality care which reflected best practice guidance.</p> <p>The practice had reviewed their business continuity plan and made changes when necessary.</p>	

The practice had systems in place to continue to deliver services, respond to risk and meet patients' needs during the pandemic

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes
The practice actively monitored the quality of access and made improvements in response to findings.	Yes

There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Changes in response to the pandemic were communicated with staff, and individual risk assessments were in place which included additional support, as necessary, for staff from a black and minority ethnic background.</p> <p>Enhanced cleaning regimes were introduced, and a COVID Action Plan detailed the next steps to be taken by the practice in response to government guidelines. Staff working bubbles had been created and the environment managed to allow social distancing.</p> <p>Appropriate infection prevention and control (IPC) measures were in place and staff had access to the necessary personal protective equipment (PPE). Training had been completed by the team in managing infection during the pandemic, this included handwashing, sepsis and the donning and doffing of PPE.</p> <p>An in-depth IPC audit was undertaken in September 2020. We saw that action had been taken in response to this. For example, extensive replacement of flooring had taken place, the practice had been redecorated and new sinks were installed in the clinical rooms which met best practice guidance.</p> <p>Pharmacy staff had proactively contacted patients where necessary to ensure that the arrangements were in place for them to obtain necessary medications.</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 monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We saw several examples of where audits were undertaken to improve patient experience this included Quality Outcomes Framework (QOF) audits, access audits, staffing reviews and the audit of long-term conditions support.</p>	

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes

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
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
Explanation of any answers and additional evidence: Confidentiality regarding digital reviews was discussed with the patient at the triage stage and had been considered and discussed by the clinical team.	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: In March 2021 the practice reviewed patient access to the service via the telephones. Changes were made following the audit, which included more staff available to answer the phones at busy periods and renewed advertising of online consultations The continuation of meetings using digital technology enabled the continued multi-disciplinary review of vulnerable patients. The practice worked with the district nursing team and the community matron to deliver care, support and flu vaccinations in the most appropriate environment for the patient. Social prescribers were available to refer and signpost patients as necessary to mental health support and voluntary agencies. Staff told us during the inspection that they felt able to discuss ideas and changes with management and the clinical team and that suggestions were often acted upon. A 'Good Ideas !!' template was maintained, and we saw that action was taken in response to staff suggestions. A patient comments book was available in the practice reception area. Of 13 comments made regarding the practice since January 2021, 12 of these were positive and complimentary about the staff team and services offered. We saw that each comment was acknowledged.	

Feedback from Patient Participation Group.

Feedback

Throughout the COVID-19 pandemic members of the Patient Participation Group (PPG) remained in contact virtually. The chairman of the PPG described a patient focused, motivated team who were very approachable. Representatives of the practice team attended the meetings and the group were updated regarding changes to the practice and their opinions were listened to.

Any additional evidence

A patient satisfaction survey was undertaken by the practice in October 2020, this found that overall, most patients were satisfied with the service provided. However, actions were taken from the survey, including releasing 'front desk' staff to answer telephones and maintaining vacant afternoon appointments for ANPs (advanced nurse practitioners) to accommodate unwell children after school or nursery.

The telephone system was significantly upgraded following patient and staff feedback, to ensure patients could access care and treatment in a timely way. The practice worked with internal and external agencies and teams to review and improve the quality of care.

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: Following the inspection in March 2020, the practice submitted an action plan which detailed changes which had been made to ensure that complaints were managed in line with their policy, investigations undertaken and timescales for review and response adhered to. At this inspection in May 2021, staff told us that they were made aware of complaints and that these were discussed as appropriate and with individuals if necessary. Practice meeting minutes evidenced the review and discussion of complaints and significant events. We saw that actions were agreed at meetings to reduce the likelihood of the same issue happening again. Policies to support the management of significant events and complaints were in place and accessible to staff. Patients were able to raise a concern via a link on the practice website, directly with management or via forms which were available in the reception area.	

Examples of continuous learning and improvement

The practice had reviewed and improved their approach to the management of long-term conditions. This was a practice wide approach; which also included additional training for the patient services team in the review of notes at each patient contact to ensure that all clinical needs were addressed.

Practice staff had attended personal awareness training during 2020/2021. This enabled staff to be more aware of their strengths and abilities and to recognise these traits in others. The management team had used this information to aid appropriate recruitment, manage rotas to enable a range of skills to be rota'd

onto shifts and staff told us they had used the skills they had been taught to manage distressed or difficult patients more effectively.

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)	≤ -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.
- ***PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#)).
- **%** = per thousand.