

Care Quality Commission

Inspection Evidence Table

Ambrose Avenue Group Practice

(1-551205928)

Inspection Date:

Date of data download: 01/12/2023

Overall rating:

Requires Improvement

We have rated the practice as Requires Improvement overall; the key questions of safe, effective, are rated good and caring, responsive and well led are rated requires improvement.

The practice is rated as Requires Improvement overall because:

- The practice performance in the GP Survey for patient experience at the practice was below local and national averages and had declined over the last 3 years.
- The practice performance for the access indicators in the GP survey was below local and national average and had declined significantly over the last 3 years.
- Many staff members had a lack of understanding about the practice vision and strategy.
- Staff reported a lack of continuity and line management and a high turnover of staff.
- Evidence showed incidents/complaints were not managed against the practice guidance.
- The majority of staff reported they were involved in any learning from incidents/complaints, or the planning of services delivered at the practice.
- No evidence provided that patient views were acted on to improve the service or culture at the practice.

Context

The practice population is approximately 15,100.

Information published by Public Health England shows that deprivation score is eight showing the practice is less deprived than others in the Northeast Essex Area. The lower the decile, the more deprived the practice population is relative to others. According to the latest available data, the ethnic make-up of the practice area is 4.5% Asian, 89.7% White, 2.2% Black, 2.4% Mixed, and 1.1% Other. The practice population had a higher number of young families and less over 65 years olds compared with local and national averages. The life expectancy of female and male patients is higher than local and national averages.

The practice had experienced a high turnover of staff in the last year, we were told the high turnover of staff had contributed to the reduction in patient satisfaction and overall experience at the practice. The majority of the feedback from staff reported concerns about the high turnover of staff, and the lack of continuity and line management resulting in mixed messages about the work they were undertaking and who was directly responsible.

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We spoke with local health care professionals that worked with the practice; they told us the practice worked collaboratively with them to ensure safe care for patients. All the staff we spoke with were able to identify the practice safeguarding lead and how to raise concerns. 	
Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice showed us their electronic staff records system, these showed recruitment checks had been undertaken effectively and vaccination evidence was appropriate. 	
Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Y
Date of last assessment:	04/07/2023

There was a fire procedure.	Y
Date of fire risk assessment:	7/11/2023
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw that although there were no actions needed following the safety and fire assessments, actions had been completed following previous assessments, for example combustibles had been removed from all areas. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out.	Y
Date of last infection prevention and control audit:	May 2023
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff had received the training and information to minimise infection prevention and control (IPC) risks to staff and patients. Arrangements to manage clinical waste kept people safe. 	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Partial ¹
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	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 were enough staff to provide appointments and prevent staff from working excessive hours.	Partial ²
Explanation of any answers and additional evidence:	

<p>Partial</p> <ul style="list-style-type: none"> • ^{1 & 2} Leaders explained the process in place to cover staff absences and advised they were still in the process of recruiting additional clinical staff to meet patient demand. The pressure of training many new staff whilst ensuring they were able to be effective at the practice compromised their ability to manage busy periods and prevent excessive working hours. • New staff told us the induction process had ensured they were supported in their roles at the practice. • Although the majority of training had been undertaken, new staff were in the process of completing their training. We were told by staff they were encouraged to undertake the training commensurate with their roles. • We found appropriate signage to support staff to recognise deteriorating patients or possible signs of sepsis.

Information to deliver safe care and treatment.

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results, and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Review of patient records in relation to the clinical searches identified that care records were appropriately managed to protect patients. For example, history, examination, management plans, safety netting and follow up were adequately documented within the patient record. 	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation.

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2022 to 30/09/2023) <small>(NHSBSA)</small>	1.00	1.08	0.91	No statistical variation

The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2022 to 30/09/2023) (NHSBSA)	8.2%	8.0%	7.8%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2023 to 30/09/2023) (NHSBSA)	5.68	5.72	5.19	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/04/2023 to 30/09/2023) (NHSBSA)	169.7‰	188.4‰	130.7‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2022 to 30/09/2023) (NHSBSA)	1.01	0.99	0.53	Tending towards variation (negative)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/04/2023 to 30/09/2023) (NHSBSA)	10.7‰	12.0‰	6.8‰	Tending towards variation (negative)

Note: ‰ means *per 1,000* and it is **not** a percentage.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including medicines that require monitoring (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Y

If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <ul style="list-style-type: none"> We found medicines were stored safely and securely with access restricted to authorised staff. The practice held appropriate emergency medicines. We found there were processes in place to monitor stock levels and expiry dates. However, we found the temperature control where emergency medicines were held was not being monitored. We were advised during the onsite visit that this would be added to their current monitoring process. Following the onsite visit we were provided evidence showing this had been added to the monitoring process. We asked if actions were being taken to reduce the average daily quantity of Hypnotics, and multiple psychotropics prescribing at the practice. These were identified in the table indicators above as tending towards a negative variation. We were told the practice was working with the local medicines management team to reduce this trend. <p>We used a suite of remote searches and reviewed patient records. The review of patient records in relation to the clinical searches identified:</p> <ul style="list-style-type: none"> Patient records had been coded appropriately and were in line with recognised evidence-based guidelines such as 'National Institute for Health and Care Excellence' (NICE) guidelines. The searches of disease modifying antirheumatic medicines (DMARDs) found 1 patient needed monitoring. We saw this patient had been booked for an appointment. The search for patients taking an ACE inhibitor or Angiotensin 2 receptor blocker medicine found 23 of the 1762 patients had not received some of their required monitoring. Of the 5 sets of records we reviewed, 1 patient had not received monitoring although taking 2 medicines. 1 patient had last been prescribed this medicine in 2021 with no repeats, and 3 patients were long term non-responders. During the onsite visit we saw the list of patients that had not received monitoring had been given to the prescription clerks to recall these patients. We were told the amount of medicine given to patients on a repeat prescription was reduced to encourage them to attend a medicine review. All patients prescribed medicines which require additional monitoring (for example, warfarin, methotrexate, and lithium) had received appropriate monitoring and clinical reviews. <p>The search for potential missed diagnosis of diabetes identified 10 patients. Of the 5 sets of records we reviewed, 2 patients were newly diagnosed, and 3 patients were coded as resolved. Following a discussion with the GP specialist advisor we were told patients would be coded as 'in remission' and not 'resolved', so they would be recalled annually for monitoring and not miss out on diabetic checks for example, retinopathy, and foot checks.</p> <p>The searches of medicine reviews in the last 3 months identified 1013 had been undertaken. Of the 5 sets of records reviewed, 4 patients had been reviewed and were well managed. 1 patient had missed an asthma review and we saw this review had been rebooked.</p>	

- There were 13 patients with a potential missed diagnosis of chronic kidney disease stage 3, 4 or 5. Of the 5 patients we reviewed, 3 had a missed diagnosis. During the onsite visit we saw the all the patients missed in this search had been added to the register to receive the correct monitoring.
- The search of patients over 70yrs, prescribed non-steroidal anti-inflammatory drugs (NSAID) anticoagulant or antiplatelet and no proton pump inhibitors (PPI) found 170 patients had not received a PPI. Of the 5 sets of records reviewed, 1 patient had received PPI although was not part of their repeat prescribing and 4 patients had not been considered for PPI. We were told all the patients identified in this search would receive a review.
- The search of patients with asthma who had been prescribed 2 or more courses of rescue steroids in 12 months that had received a review within a week of steroid being prescribing identified 90 of 1772 patients. Of the 5 sets of records reviewed 4 had received a review, and 1 patient had been recalled however, not within the timeframe specified by clinical guidelines. We were told this report would be added to their regular reporting to ensure patients that received rescue steroids received a timely review.
- The search for patients with Chronic Kidney Disease (CKD) Stages 4 or 5 with no urea and electrolytes (U+E) monitoring in the last 9 months identified 1 patient. The patient record reviewed, showed they were on dialysis with multiple admissions to secondary care where their monitoring was being undertaken.
- The search of patients with hypothyroidism that had not had a thyroid function test (TFT) for 18 months found 12 patients of 823 patients. Of the 5 sets of records reviewed 1 patient was monitored by paediatrics, 1 patient had been recalled for a blood test for another condition but not for TFT, 1 patient had not been recalled for a blood test, and 2 patients had not responded to multiple recalls. We were told all patients identified would be reviewed.
- The search of patients with diabetes who's latest HbA1c was >75mmol/l identified 93 of 872 patients. Of the 5 sets of records reviewed, 3 patients had received a diabetic review, 2 patients were booked for a review.
- We were told the searches used by the Care Quality Commission (CQC) would be carried out for all future regular reporting and searches at the practice to ensure any missed monitoring or diagnosis would be found.

Track record on safety and lessons learned and improvements made.

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
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
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Partial
Number of events recorded in last 12 months:	14
Number of events that required action:	14
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice recorded incidents on a spreadsheet in a consistent and systematic manner. 	

- We saw incidents were discussed at staff meetings and learning delivered.
- Partial
- Not all staff reported they were told about the learning and actions taken by the practice when things went wrong.

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

Event	Specific action taken
<u>Event</u> Clinician did not follow NICE guidelines when checking patient medicine.	<u>Actions</u> Discussed in clinical governance meeting with clinical staff. Clinicians reminded to take extra care and check updated NICE guidelines to reduce occurrence.
<u>Impact</u> Patient medicine prescribing did not follow NICE guideline.	<u>Learning</u> No learning seen.
<u>Event</u> Clinicians forgetting to send task to secretaries when raising a referral.	<u>Actions</u> Discussed in clinical governance meeting with clinicians and decision made to set-up protocol on SystemOne to remind clinicians.
<u>Impact</u> Referral could be forgotten.	<u>Learning</u> No learning seen.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • We saw examples of actions taken on safety alerts, for example, patients taking citalopram or escitalopram taking a reduced dose. The remote searches showed 4 patients taking this medicine, 2 patients taking citalopram had received a reduced dose. For the 2 patients taking escitalopram, 1 patient was on a reduced dose and 1 patient had been recalled. 	

Effective

Rating: GOOD

QOF requirements were modified by NHS England and Improvement for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.

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.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had prioritised care for their most clinically vulnerable patients during the pandemic.	Y
The practice prioritised care for their most clinically vulnerable patients.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Clinicians explained they kept up to date with current evidence-based practice using the practice clinical system, NICE guidance updates, and discussions in clinical meetings.• During the clinical searches we saw coding of diagnosis and a narrative to explain why patients had been prescribed their medicine. We also found the majority of monitoring and identification of patients with long term conditions effective, and a recall system using the patients birth month to ensure timely structured reviews.	

Effective care for the practice population

Findings

- We were told patients received a full assessment of their physical, mental and social needs. Health checks, including frailty assessments, were offered to patients over 75 years of age. Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group. However patients told us it was difficult to access these appointments using the practice telephone system.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Appropriate health assessments and checks including NHS checks for patients aged 40 to 74 years. There had been 1078 invites and the number that had taken up the offer for an assessment was 509. We were told there was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check, 72 patients had taken up the offer and been completed.
- End of life care (EoL) was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The practice approach was well documented and coordinated with the local hospice and EoL clinicians.
- The practice vaccinated patients with an underlying medical condition according to the recommended schedule.
- The practice had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorders.
- Patients with poor mental health, including dementia, were referred to appropriate service.

Management of people with long term conditions

Findings

- Patients with long-term conditions were offered an effective 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.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- 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 COPD were offered rescue packs.

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 influenzae type b (Hib), Hepatitis B (Hep B) ((i.e.	123	128	96.1%	Met 95% WHO based target

three doses of DTaP/IPV/Hib/HepB) (01/04/2021 to 31/03/2022) (UKHSA COVER team)				
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	149	154	96.8%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	149	154	96.8%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	150	154	97.4%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	154	161	95.7%	Met 95% WHO based target

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>

Cancer Indicators	Practice	SICBL average	England	England comparison
Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	61.2%	N/A	62.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	76.1%	N/A	70.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (4/1/2021 to 3/31/2022) (UKHSA)	60.2%	61.9%	54.9%	No statistical variation

Any additional evidence or comments	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Y
Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years: The practice provided us with their program of clinical audits and quality improvements that included the following audits and monitoring reports run on a regularly over the last 12 months. <ul style="list-style-type: none"> • Learning disability and annual health checks (2 cycles). • Infection Prevention & Control audit (2 cycles). 	

- Audit of patients of patients with Learning Disability who had annual influenza vaccination (2 cycles).
- Audit of patients prescribed Angiotensin-converting enzyme (ACE) or Angiotensin Receptor Blocker (ARB) (2 cycles).
- Audit of patients prescribed Nonsteroidal Anti-inflammatory agents (NSAID's) with no renal function tests in the past 12months (2 cycles).
- Audit of patients with HbA1c between 42 and 47 with no diagnosis of Pre-Diabetes Mellitus (2 cycles).
- Audit of patients with HbA1c over 48 with no diagnosis of diabetes Mellitus (2 cycles).
- Audit of patients with Type 1 diabetes using Libre (2 cycles).
- Audit of Antibiotic prescribing.
- Audit of patients prescribed Lithium and compliance to 3 monthly blood tests (2 cycles).
- High Risk drug monitoring audit report Disease-Modifying Anti-Rheumatic Drug (DMARD) Monitoring (2 cycles).
- Minor Operations (2 cycles).
- Hypothyroid and thyroid function blood tests (2 cycles).
- Dementia patients and respect plan (2 cycles).

Any additional evidence or comments

- The aim of the antibiotic prescribing was to assess and analyse the usage of antibiotics, specifically amoxicillin, co-amoxiclav, macrolides, penicillin, cephalosporins or quinolones in concordance with National Institute for Health and Care Excellence (NICE) guidance. The outcome showed prescribing by clinicians adhered to the guidance and the commitment of the practice to effective antibiotic stewardship.
- The aim of the audit of patients with dementia with a respect plan was to gain assurance that these vulnerable patients were allowed to make their own choices regarding their care. The outcome showed 93 of the 137 patients with dementia had a respect plan in place. The practice contacted the remaining 44 patients to put these plans in place and decided to re-audit on an annual basis to ensure plans were in place for patients on the dementia register.

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.	Partial
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
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.	Y

The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We saw appraisals were undertaken regularly and were well documented. <p>Partial</p> <ul style="list-style-type: none"> Due to the high turnover of staff in the last year there were staff not fully trained in certain areas. The GPs were covering in some circumstances for example diabetes monitoring to ensure patient care was not compromised. 	

Coordinating care and treatment

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

	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> End of life care (EoL) was discussed with the palliative care teams at regular multidisciplinary meetings. The clinical staff providing EoL support at the care homes and in the community told us how the practice worked with them to support these vulnerable patients. The practice provided evidence of meeting minutes. These showed consistent involvement with different teams to plan and deliver patient care and treatment with other organisations. 	

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.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carer's as necessary.	Y

The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There had been 1078 invites and the number that had taken up the offer for an assessment was 509. We were told there were appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. 	

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.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Y
<p>Explanation of any answers and additional evidence</p> <ul style="list-style-type: none"> The GP Clinicians told us how they recorded patient consent and respect plan decision-making processes during interview, and we saw how they were documented when we reviewed patient records. To ensure consent had been recorded appropriately and consistently the practice regularly monitored this process. The audit of respect plans for patients with dementia showed the commitment of the practice to ensure patient plans and wishes were carried out. The practice new patient information form offered guidance on online services access for patients. This guidance was available on the practice website. 	

Caring

Rating: Requires Improvement

We have rated the provider as requires improvement for caring because:

- There was a decline over the last 3 years to patient confidence and trust in the healthcare professional they saw or spoke to in the GP Survey.
- There was a marked decline over the last 3 years in the GP patient survey, responding negatively to the overall experience of their GP practice.

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.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y

Patient feedback	
Source	Feedback
Patients we spoke with during the inspection	We spoke with 7 patients on-site during the inspection. All patients were concerned about the access to appointments at the practice, with the need to stand outside the door from 7am until the doors opened for assurance, they could get an urgent appointment. They told us about their care and treatment, and the review processes, to monitor their long-term health conditions. The 7 patients told us they were involved in the decisions about their care and treatment, that the environment was clean, and they felt safe receiving their care and treatment at the practice.

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	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 (01/01/2023 to 30/04/2023)	81.9%	86.0%	85.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare	78.3%	84.7%	83.8%	No statistical variation

professional was good or very good at treating them with care and concern (01/01/2023 to 30/04/2023)				
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 (01/01/2023 to 30/04/2023)	81.5%	93.1%	93.0%	Trending towards variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2023 to 30/04/2023)	49.4%	72.2%	71.3%	Variation (negative)

Any additional evidence or comments

We asked the practice what actions they were taking in response to the lower percentages for the indicators in the table above in the National GP patient survey.

- We were told the high turnover of staff had contributed to the reduction in satisfaction in patient experience about the overall experience at the practice and the confidence and trust in healthcare team. This had reduced over the last 3 years.
- The leaders at the practice also told us due to the steady decline in overall patient experience in the last three years. The practice had made these changed their appointment system to open access.

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

Any additional evidence or comments

- The practice told us they used their friends and family information to inform them about patient experience. However this is only one topic and does not provide the overall picture.
- The practice told us their patient participation group were planning a follow-up survey for December 2023 to collect patient views about the practice decision to offer open access to the practice. We were told they would make decisions about any further changes following the receipt of these results.

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.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The 7 patients we spoke with told us they were involved in the decisions about their care and treatment. 	

Source	Feedback
Interviews with patients.	The 7 patients we spoke with were all concerned about the access to appointments at the practice, with the need to stand outside the door from 7am until the doors opened for assurance, they could get an appointment. They told us they were involved in the decisions about their care and treatment that the environment was clean, and they felt safe receiving their care and treatment at the practice.
Patients comments from the CQC Give Feedback on Care.	We had received 13 concerns about the Ambrose Avenue Group Practice. These concerns were mainly about the access to the practice via the phone and the lack of appointments.
NHS.uk website (formerly NHS Choices)	There had been 13 comments posted by patients, on the NHS.uk website in the last 12 months. 7 comments were a 1-star rating, 1 comment was a 2-star rating, 5 comments were a 5-star rating. The 1- & 2-star rating comments related to the length of time spent on the phone to be told there were no appointments and rude receptionists. The 5-star rating comments related to the service provided by the GPs and other clinicians working at the practice however, most still mentioned the issues of long queues on the phone and difficulty initially getting an appointment. The practice had not acknowledged or answered any of these comments.

Indicator	Practice	SICBL average	England	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 (01/01/2023 to 30/04/2023)	88.2%	91.2%	90.3%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	On request
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff at the practice had access to a translation service to support patients whose first language was not English. • Paper information leaflets were readily available for people in the practice waiting room area. There was also a range of information available on the practice website. 	

Carers	Narrative
Percentage and number of carers identified.	<ul style="list-style-type: none"> • The practice had identified 196 carer's which equates to 1.3% of the practice population.

How the practice supported carers (including young carers).	<ul style="list-style-type: none"> • The practice identified carers and signposted them to supporting organisations through leaflets available in the waiting room and information on their website. • We were told they had recently identified 5 young carer's and were supporting their needs.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> • We were told the practice provided support to patients on an individual case by case basis. • Patients were signposted to bereavement support services available locally.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • We saw appropriate signage at the reception desk to guide patients if they needed to speak confidentially in a private space. 	

Responsive

Rating: Requires Improvement

We have rated the provider as requires improvement for responsive because:

- There was a significant decline over the last 3 years to how patients responded in the GP survey about the ease of getting through to someone at their GP practice on the phone.
- There was a decline in over the last 3 years to how patients responded in the GP survey about how satisfied or fairly satisfied they were with their GP practice appointment times.

We recognise the pressure that practices are currently working under, and the efforts staff are making to maintain levels of access for their patients. At the same time, our strategy makes a commitment to deliver regulation driven by people's needs and experiences of care. Although we saw the practice was doing some work to improve access, this was not yet reflected in the GP patient survey data or other sources of patient feedback. Therefore, the rating is Requires Improvement for providing responsive services, as the ratings depend on evidence of impact and must reflect the lived experience that people were reporting at the time of inspection.

Responding to and meeting people's needs Services did not meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Partial
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence: Partial <ul style="list-style-type: none">• The practice had not undertaken a survey to understand the needs of its population. They had collected the friends and family responses however; this was only one specific question about their service.• The patients that we interviewed told us it was difficult to access an appointment. They felt vulnerable standing outside and then once in the surgery felt the waiting room was overcrowded and they had to wait a long time to be seen.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am - 6:30pm
Tuesday	8am - 6:30pm
Wednesday	8am - 6:30pm
Thursday	8am - 6:30pm
Friday	8am - 6:30pm
Bookable appointments were held outside the practice's core operating hours at the practice and at the other practices within their primary care network (PCN) by a range of clinicians.	
Monday	6:30pm - 8pm
Tuesday	6:30pm - 8pm
Wednesday	6:30pm - 8pm
Thursday	6:30pm - 8pm
Friday	6:30pm - 8pm
Saturday	9am – 2pm
Sunday	Closed
The 'Out of Hours' (OOH) Service is available between the hours of 18:30pm – 8am on weekdays, all weekend, and bank holidays, emergency cover is provided by the NHS 111 Service.	

Further information about how the practice is responding to the needs of their population
<ul style="list-style-type: none"> • Patients had a named GP who supported them in any setting they lived. • The practice offered home visits and urgent appointments for those with enhanced needs and complex medical issues. However, patients told us it was difficult to get through on the phone and appointments were usually gone when they got through. • The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical and life limiting issues. • Appointments were available outside school hours for children so that they did not need to miss school to attend the practice. • All parents or guardians calling with concerns about a child were triaged and a same day appointment provided when necessary. • Pre-bookable appointments outside core practice appointment times were available to patients at additional locations within the area, as the practice was a member of primary care network this included appointments on Saturday and Sunday. • The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. • People in vulnerable circumstances were able to register with the practice, including those with no fixed abode such as homeless people and Travelers. • The practice delivered services to meet the needs of patients with a learning disability.

Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	No
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y
Patients were able to make appointments in a way which met their needs.	Partial
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Y
Patients with most urgent needs had their care and treatment prioritised.	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y
Explanation of any answers and additional evidence:	
<p>Partial</p> <ul style="list-style-type: none"> Patients told us they had problems accessing appointments, and after a long wait on the phone they were told there were no appointments and to come the next day for an open access appointment. Patients told us the only way to make appointments was to attend the open access service at the practice, which they felt was unsuitable for the elderly or for young children and babies. 	

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	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 (01/01/2023 to 30/04/2023)	12.4%	N/A	49.6%	Significant variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2023 to 30/04/2023)	28.3%	54.5%	52.8%	Variation (negative)

Any additional evidence or comments

- We were told the decision had been made in July 2023 to move to provide open access appointments due to the steady decline in overall patient experience in the last three years. Until the collection and publication of the 2024 data the practice will not know whether the changes had been effective.

Source	Feedback
NHS.uk website (formerly NHS Choices)	<ul style="list-style-type: none"> There had been 13 comments posted by patients, on the website in the last 12 months. 7 comments were a 1-star rating, 1 comment was a 2-star rating, 5 comments were a 5-star rating. The 1- & 2-star rating comments related to the length of time spent on the phone to be told there were no appointments and rude receptionists. The 5-star rating comments related to the service provided by the GPs and other clinicians working at the practice however, most still mentioned the issues of long queues on the phone and difficulty initially getting an appointment. <p>The practice had not acknowledged or answered any of these comments.</p>
Patient we spoke with and Friends and Family Test Questionnaires	<p>Comments included:</p> <ul style="list-style-type: none"> 'I had trouble getting through on the telephone'. 'There are no appointments by the time you get through to reception'. 'Open access not suitable for my elderly relatives to get an appointment'.

Listening and learning from concerns and complaints
Complaints were not used to improve the quality.

Complaints	
Number of complaints received in the last year.	17
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

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

Example(s) of learning from complaints.

Complaint	Specific action taken
<p><u>Complaint</u> Open Access appointments not being appropriate for the elderly and vulnerable.</p> <p><u>Impact</u> Patients unable to stand outside, concerns about long wait inside, and crowded waiting room.</p>	<p><u>Actions</u> General advice provided to complainant about gaining access to appointments.</p> <p><u>Learning</u> No learning recorded.</p>
<p><u>Complaint</u> Complaint about appointments availability.</p> <p><u>Impact</u> Unable to access appointments.</p>	<p><u>Actions</u> Meeting with GP and practice manager.</p> <p><u>Learning</u> No learning recorded.</p>

Well-led

Rating: Requires Improvement

We have rated the provider as requires improvement for well-led because:

- Some staff reported the management team at the practice were not approachable.
- Many of the staff had a lack of understanding about the practice vision and strategy.
- Staff reported safety incidents had occurred that had gone undocumented.
- Staff reported a lack of continuity and line management brought about by the high turnover of staff.
- Evidence showed Incidents/complaints were not well managed.
- No evidence that patient views were acted on to improve the service or culture at the practice.
- The majority of staff reported they had not been involved in the planning of services delivered at the practice.

Leadership capacity and capability

There was not always compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Partial
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • We were told the practice would be training new GP's from early 2024 which they said would contribute to the development and succession planning at the practice. Partial: <ul style="list-style-type: none"> • Not all staff reported the management team at the practice were approachable. 	

Vision and strategy

The practice had a vision, but it was not supported by a credible strategy to provide high quality sustainable

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Partial
Staff knew and understood the vision, values and strategy and their role in achieving them.	Partial
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: Partial <ul style="list-style-type: none"> • When interviewed the clinical and managerial leaders told us they had a vision and strategy however, this appeared to be at primary care network (PCN) level as there was no evidence this was discussed at practice level in the meeting minutes we reviewed. 	

- The majority of staff who responded to our feedback surveys did not understand the practice vision and strategy or how their role supported the practice to achieve their aims.

Culture

The practice culture did not support high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Partial
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	No
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence: Partial	
<ul style="list-style-type: none"> • Staff told us safety incidents had occurred that had gone undocumented. 	
No	
<ul style="list-style-type: none"> • The incidents reviewed showed no evidence of an apology or information provided to inform people of the actions and learning resulting from them. 	

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

Source	Feedback
Staff feedback forms provided to the practice prior to the inspection	The majority of the feedback from staff reported concerns about the high turnover of staff, and the lack of continuity and line management. Staff told us this lack of continuity often resulted in mixed messages about the work they were undertaking and who was responsible.

Governance arrangements

There were clear responsibilities, roles and systems of accountability for governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Partial

There were appropriate governance arrangements with third parties.	Y
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Explanation of any answers and additional evidence: Partial <ul style="list-style-type: none"> The policies and procedures we reviewed had all been updated to meet local and national guidance. Due to the lack of staff continuity in some teams at the practice, some staff lacked clarity about their roles or responsibilities. 	

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Partial
Explanation of any answers and additional evidence: Partial <ul style="list-style-type: none"> The recent changes made to the appointment system did not show consideration for quality or sustainability had been considered. 	

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.	Y
Performance information was used to hold staff and management to account.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Risk management processes including clinical audits and reports were run regularly to monitor service performance. 	

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.	Y
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y
Staff are supported to work remotely where applicable.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The patient records we reviewed, showed patients' consent was obtained, and appropriate interactions were recorded. The practice website informed patients how their records were stored, managed, and provided the information sharing protocol for online services. 	

Engagement with patients, the public, staff and external partners

The practice did not involve 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.	No
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Partial
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: No <ul style="list-style-type: none"> We found no evidence that patient views were acted on to improve the service or culture at the practice. Partial <ul style="list-style-type: none"> The majority of staff at the practice told us they had not been involved in the planning of services delivered at the practice. 	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> We spoke with 2 members of the patient participation group (PPG) who told us they had regular meetings with the practice leadership team. The PPG members we spoke with told us the practice updated them about changes occurring at the practice but had not been asked to collaborate with the practice to develop services. Following the inspection we were told the PPG would be carrying out a survey with patients to gain their opinion of the open access appointment system.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Partial
Learning was shared effectively and used to make improvements.	Partial
Explanation of any answers and additional evidence: Partial <ul style="list-style-type: none"> Although the practice demonstrated clinical improvements through audit, we did not see a strong focus of learning and improvements made from complaints or incidents or administrative innovation. Moreover, the majority of staff said they had not been included or told about any learning or actions taken to improve. 	

Examples of continuous learning and improvement

<p>The practice did not share with us any administrative or management improvement work or audits.</p> <p>They did provide us with their program of clinical audits and quality improvements and audits over the last 12 months.</p> <ul style="list-style-type: none"> Learning disability and annual health checks (2 cycles). Infection Prevention & Control audit (2 cycles). Audit of patients of patients with Learning Disability who had annual influenza vaccination (2 cycles). Audit of patients prescribed Angiotensin-converting enzyme (ACE) or Angiotensin Receptor Blocker (ARB) (2 cycles). Audit of patients prescribed Nonsteroidal Anti-inflammatory agents (NSAID's) with no renal function tests in the past 12months (2 cycles). Audit of patients with hba1c between 42 and 47 with no diagnosis of Pre-Diabetes Mellitus (2 cycles). Audit of patients with hba1c over 48 with no diagnosis of diabetes Mellitus (2 cycles). Audit of patients with Type 1 diabetes using Libre (2 cycles). Audit of Antibiotic prescribing. Audit of patients prescribed Lithium and compliance to 3 monthly blood tests (2 cycles). High Risk drug monitoring audit report Disease-Modifying Anti-Rheumatic Drug (DMARD) Monitoring (2 cycles). Minor Operations (2 cycles). Hypothyroid and thyroid function blood tests (2 cycles). Dementia patients and respect plan (2 cycles).
