

Inspection Evidence Table

Wellington Medical Practice

(1-558986350)

Inspection Date: 11 October 2023

Date of data download: 16/08/2023

Overall rating: Requires Improvement

- At our last inspection in August 2018, we rated the practice good overall, and good in the key questions of safe, effective, caring and well-led. We rated the practice as requires improvement for providing responsive services because further work was needed to improve patient satisfaction in relation to access to appointments.
- At this inspection in September 2023, we have rated the practice requires improvement overall. We rated the practice as requires improvement for providing safe, effective, caring and well-led services, and as inadequate for providing a responsive service.

Context

The practice is situated within the Shropshire, Telford and Wrekin Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of around 15,000. This is part of a contract held with NHS England.

Information published by the Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the 4th decile (4 out of 10). The lower the decile, the more deprived the practice population is in relative to others.

According to the latest available data, the ethnic make-up of the practice area is predominantly white at 87.4% of the registered patients, with estimates of 8.7% Asian, 2.2% mixed, 1.3% black, and 0.4% other.

Safe

Rating: Requires improvement

At our previous inspection in August 2018, we rated the practice as good for providing a safe service. At this inspection we rated it as requires improvement for providing a safe service because:

- The provider had not ensured that all of the required recruitment checks were available for each person employed.
- Risk assessments had not been completed for staff whilst waiting for Disclosure and Barring Service (DBS) checks.
- Some medicine reviews lacked structure and failed to identify some patients who were overdue their monitoring.
- Not all Medicines and Healthcare products Regulatory Agency (MHRA) alerts had been acted on.
- There were missed opportunities for raising, recording and reflecting on significant events.

Safety systems and processes

The practice had some 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.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Partial

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.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff we spoke with demonstrated a clear understanding of safeguarding processes and had completed the appropriate level of training for safeguarding children and vulnerable adults. They were able to share an example of when they had liaised with the wider multidisciplinary team for the purposes of safeguarding a vulnerable patient. There were regular meetings held to discuss safeguarding cases which included health visitors.</p> <p>The practice had a DBS Disclosure policy and procedure in place. This stated DBS certificates would be requested as part of pre-recruitment checks following an offer of employment for any role which had been assessed as requiring a DBS check. However, we found the practice was not working in line with their policy. We sampled the records of 4 members of staff employed in the previous 18 months in addition to a locum clinician and a primary care network (PCN) staff member who worked at the practice. Disclosure and barring scheme (DBS) checks had only been undertaken by the practice for 1 member of staff before commencing work. Others had been obtained post start dates, from a previous employer, which were not transferable or were not available on file. Risk assessments had not been completed to mitigate potential risks.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	No
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a recruitment policy and procedure in place to support the safe recruitment of staff. The objectives included recruiting and retaining skilled people by use of safe processes ensuring their policies and procedures were aligned to demonstrate 'fit and proper' staff were employed, including the pre-employment checks required.</p> <p>We reviewed the records of 4 permanent members of staff employed in the previous 18 months in addition to a locum clinician and found the practice were not working in line with their policy. We found a full employment history was not available for 2 staff. Satisfactory evidence of conduct in previous employment (references) had been obtained for 4 staff. However, 1 reference was not dated, another was from a colleague within the practice and 1 file only contained 1 reference. No references were available for the locum clinician. Satisfactory information about any physical or mental health conditions relevant to a person's ability to carry out their role was available on 1 staff record. Proof of identity was available on 2 records; we were told this had been seen but not documented. Records of immunisations was available on 1 staff record.</p> <p>We also reviewed the information held for a Primary Care Network (PCN) staff member who worked at the practice. We found the provider had not gained assurances from the PCN that the required pre-recruitment checks had been undertaken for this staff member or other members of the PCN working in the practice.</p>	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Yes
Date of last assessment: 30 March 2023	Yes

There was a fire procedure.	Yes
Date of fire risk assessment: 2 May 2023	Yes
Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence: The practice was located within a large health centre. The landlord was responsible for maintaining the building and overseeing a range of health and safety checks.</p> <p>Examples of safety checks undertaken included:</p> <ul style="list-style-type: none"> • Electrical installation condition report – 9 October 2018 • Fire detection and alarm system inspection service report - 5 May 2023 • Portable appliance testing - 5 January 2023 • Equipment calibration testing - 16 January 2023 • Gas safety – 14 September 2023 • Legionella risk assessment – 1 March 2023 • Fire alarm testing was carried out weekly. • Fire drill – 5 September 2023 <p>The fire evacuation procedure was displayed throughout the building, and we were advised of the procedure on arrival for our site inspection. Training records showed all but 1 member of staff, who was currently absent from work, had completed fire safety training. The practice had 8 designated fire wardens.</p> <p>The staff car park was in need of repair due to a number of large potholes and the potential risk to staff. The practice told us this was being actioned and quotations were being obtained.</p> <p>Risk assessments had not been completed for new staff to mitigate potential risks whilst the results of their DBS checks were awaited.</p>	

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.	Yes
Infection prevention and control audits were carried out.	Yes
Date of last infection prevention and control audit: 31 August 2023	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
<p>Explanation of any answers and additional evidence: Staff had access to an infection prevention and control (IPC) policy and on-line training. Staff confirmed they had received IPC training and considered they had access to adequate supplies of personal protective equipment (PPE).</p>	

The practice had a designated IPC lead who had carried out an IPC self-audit on 31 August 2023 and achieved a score of 93%. The lead confirmed all but 1 of the concerns identified as a result of the audit had since been addressed and the outstanding concern was being actioned. Hand hygiene audits were also undertaken as part of the management of IPC. Clean labels were used in rooms and on equipment to indicate equipment had been cleaned and ready to use. Cleaning schedules were displayed.

Areas of the practice we observed were clean and hygienic. An external cleaning company were responsible for cleaning the practice and their work was audited monthly by their manager. We were told a communication book was in place and any identified IPC concerns were immediately addressed by the contractor. Only the contractor had access to the main clinical waste.

Risks to patients

There were 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.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
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.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>To help improve access to general practice, additional roles were provided through the primary care network (PCN). These included urgent care practitioners (UCPs), a social prescriber, a mental health practitioner, first contact physiotherapist and pharmacists.</p> <p>All but 1 member of staff had received face-to-face basic life support training held in September 2023. The practice held medicines in the event of a medical emergency and understood how to respond to patients presenting with signs and symptoms that may indicate a serious underlying cause.</p> <p>The provider told us recruiting new staff had been a significant challenge with vacant posts being regularly advertised but uptake being minimal. However, at the time of the inspection, we were told that there were no administration/reception vacancies. We were also told the practice were not currently advertising for clinical staff, and regular locum members of staff were employed.</p> <p>Most staff spoken with considered staffing levels were sufficient and that there was enough capacity available however, the demand for their services had increased. They told us the practice offered as many appointments as possible with the current resources available. One member of staff considered the practice was short of call handlers and administrative staff to deal with the volume of calls received and the increasing volume of administrative tasks. Staff told us there had been a turnover of staff however, everyone's skills were utilised with patients being signposted to the right person at the right time. They told us the support they received from their Primary Care Network colleagues was invaluable. During periods of planned and unplanned leave staff covered between themselves wherever possible in addition to utilising regular locum clinicians.</p>	

Our observations found at busy periods the clinical streaming team were understaffed to effectively manage the volume of inbound calls. This meant people were left waiting in the queue or placed on hold while call handlers obtained advice from clinicians to inform patients. Feedback gained from a range of sources evidenced that patients did not always obtain an appointment when needed, resulting in them accessing other services for care and treatment.

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. 1	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
Explanation of any answers and additional evidence: We were told that the practice used an external company to assist summarising patient notes. We found from the review of care records and discussions with staff that the practice had a system for managing urgent referrals and an audit trail maintained. The GPs had oversight of the process for reviewing laboratory test results and aimed to review all results on the day they were received.	

Appropriate and safe use of medicines

The practice had some 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) (01/04/2022 to 31/03/2023) (NHSBSA)	0.95	0.94	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). (01/04/2022 to 31/03/2023) (NHSBSA)	4.9%	7.0%	7.8%	Tending towards variation (positive)

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 (01/10/2022 to 31/03/2023) (NHSBSA)	4.67	5.20	5.23	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2022 to 31/03/2023) (NHSBSA)	196.7‰	133.8‰	129.9‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2022 to 31/03/2023) (NHSBSA)	0.56	0.54	0.55	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2022 to 31/03/2023) (NHSBSA)	9.6‰	6.8‰	6.8‰	No statistical variation

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.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
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.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	Partial
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.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
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.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes

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.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Partial
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <p>Our clinical searches and subsequent records review performed found that the practice had a process in place for checking and monitoring high risk medication. For example:</p> <ul style="list-style-type: none"> • We found all but 1 of the 36 patients prescribed a medicine for the treatment of rheumatoid arthritis had received the recommended monitoring in the previous 6 months. • All but 1 patient who had been prescribed a medicine to treat inflammatory conditions like rheumatoid arthritis had received their monitoring. For the 1 patient, 1 of the required blood tests had been missed off the list. • The searches identified 79 patients prescribed a medicine to treat neuropathic pain had not had a review in the last 12 months. We sampled 5 of the 79 patient records, and of the 5 records 1 patient was overdue their review by 6 months and had not been recalled. <p>Our clinical searches identified 928 patients as having had medicines review in the last three months. We checked the records of 5 patients and found that staff had inserted a code to indicate a review had been undertaken. There was no documentation on their files to evidence the outcomes from the review. For 1 patient, their monitoring was not up to date resulting in potential risk to the patient.</p> <p>Our clinical searches identified 216 patients who were on more than 10 medicines but had not received a medicines review in the last 18 months.</p> <p>As part of the inspection, we spoke with the representatives from 3 care homes whose residents received a service from the practice. Representatives from nursing homes told us their residents did not always receive their annual medicine reviews when required, these were not structured and were usually initiated by the nurse team. One representative told us when they asked about reviews, they were told that all medication was routinely reviewed when a GP request was sent in by the home and that this would suffice. They told us it was notable that in comparison to other homes their quantities of medications administered per day was disproportionate, largely due to the lack of review and changes to medications.</p> <p>Representatives told us they experienced issues on a regular basis with obtaining repeat prescriptions with items being omitted resulting in them having to constantly follow this up with the practice, which impacted on their time. Requests for prescriptions was a major issue for them and there was a reluctance from the practice to issue interim mid cycle prescriptions when they had new admissions. One representative told us they had visited the practice earlier in year and met with practice staff, to streamline the medication cycle process for both parties which was beneficial and was working well for them. The patient participation group (PPG) also shared concerns raised by a patient regarding the lack of a review of the medicines they were prescribed.</p> <p>As part of our inspection, we spoke with 2 non-medical prescribers. They described the system in place for the auditing of their prescribing and the system of clinical supervision. They told us that their prescribing was audited monthly by a GP partner where random cases were discussed and prescriptions reviewed. They also received formal clinical supervision on a monthly basis. They confirmed a GP was readily available should they have any queries or concerns regarding patient presenting symptoms they needed to discuss.</p>	

We found that vaccines were appropriately stored. The practice had a data logger in place, which continuously measured the fridge temperatures. A manual check of the fridge temperatures was also recorded twice daily in most cases, however we found some minor omissions in the recording of fridge temperatures for 1 of the fridges.

Track record on safety and lessons learned and improvements made

The practice was not always able to evidence that they had an effective system in place to demonstrate learning and the improvements made when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Partial
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Partial
Number of events recorded in last 12 months:	16
Number of events that required action:	16

Explanation of any answers and additional evidence:
 Staff we spoke with told us significant events and near misses were reviewed and discussed with appropriate staff members at designated meetings held. They were able to share an example of a recent significant event, the action taken and the learning. However, we found that opportunities to raise, investigate and learn from significant events had been missed. For example, some issues that had been raised by patients as complaints had not been raised as significant events.

We examined the significant events records. We found that the quality of the record keeping varied. Some records lacked detail of the action taken to mitigate risks and the learning outcomes were not always noted to improve quality.

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Cold chain breach due to vaccine fridge failure during the weekend.	Child health were contacted and the issue was escalated quickly to the partners, and relevant authorities. No child immunisations were completed as it was a bank holiday weekend.

	To avoid this happening in the future the practice minimised the risk by strengthening monitoring procedures and oversight.
An urgent referral was not processed. The patient contacted the practice to advise they had not received an appointment from secondary care.	An apology was given to the patient and an urgent referral made. A link was set up via email for staff to access refresher training and a fail-safe built into the clinical system to improve patient care. However, details of all actions taken were not recorded on the significant event meeting record.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>Staff told us 1 of the partners was the designated clinical lead for managing and acting on safety alerts and they were supported by 3 clinical pharmacists. The clinical pharmacists ran searches to identify any affected patients that required a review.</p> <p>As part of our remote clinical searches, we looked at Medicines and Healthcare products Regulatory Agency (MHRA) alerts. Our clinical searches found:</p> <ul style="list-style-type: none"> 15 patients had been identified as being co-prescribed a combination of medicines that when prescribed together could increase the effect of one of the medicines (a statin). We reviewed 5 of these patients. We found evidence in their records that the risks associated with taking the combination of medicines had not been fully reviewed. This was because either their structured medicines reviews were overdue or that the combination had not been assessed as part of a medicines review. <p>The provider was therefore unable to demonstrate that all relevant safety alerts had been responded to.</p>	

Effective

Rating: Requires improvement

At our previous inspection in August 2018, we rated the practice as good for providing an effective service.

At this inspection we rated the practice as requires improvement because:

- We found patients had a potentially missed diagnosis of diabetes and had not received care in line with best practice guidance.
- Two patients were due their asthma reviews and not all patients had been issued with a steroid emergency card as per a national patient safety alert.
- The practice had limited capacity for quality improvement audit activity.
- The uptake of cervical cancer screening was significantly below the national target.
- The practice was below the national target for the percentage of children aged 5 who had received immunisation for measles, mumps and rubella.
- Structured medicine reviews were not sufficiently structured to ensure that all monitoring requirements were checked as part of the review, which meant that some patients had not had the appropriate follow-up and monitoring.

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 not always assessed, and care and treatment was not always delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

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

The practice prioritised care for their most clinically vulnerable patients.	Partial
<p>Explanation of any answers and additional evidence: We found that 52 patients had a potentially missed diagnosis of diabetes. Of the 5 patient records we randomly sampled we found 4 patients had not been informed about the diagnosis. These patients had not always been reviewed in line with national guidance including consideration of treatment options, referral for further management and regular monitoring of their condition to prevent long-term harm. This was discussed with the practice during the inspection. They told us that staff were working through the identified list and had a plan for addressing these.</p> <p>Representatives of care homes told us about the difficulties they experienced in getting their residents reviewed or followed up in a timely way when their presenting symptoms could indicate serious illness. This was also reflected in a number of enquires that we had received from patients or their relatives. We also received concerns from relatives of patients who shared their experiences of the practice not prioritising the care for their vulnerable patients, including those at end of life.</p> <p>Evidence was seen during the records review of patients being given appropriate safety netting advice if their condition deteriorated.</p>	

Effective care for the practice population

Findings

- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks.
- The practice had 116 patients with a learning disability and had completed 23 annual health checks since 1 April 2023. Reasonable adjustments were made to accommodate these patients.
- End of life care was not always delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder. Patients could be referred or self-refer to the PCN mental health practitioner who provided appointments at the practice on a Tuesday and Wednesday.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

- The long-term condition searches showed 22 out of 81 patients (27%) who had been diagnosed with chronic kidney disease stage 4 or 5, had not had blood pressure and kidney function monitoring in the past 9 months. We reviewed the records of 5 patients. One patient had received a structured medicines review, but the review had not identified that the patient was overdue their blood monitoring. The other patients were all being monitored appropriately in secondary care.
- We found 9% of patients with asthma were identified as having had 2 or more courses of oral steroids for asthma exacerbations in the last 12 months. We reviewed the records of 5 patients, 3 patients were up to date with their reviews, but 2 patients were due their asthma reviews. We found GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. Our searches showed that 2 patients needed to be issued with a steroid emergency card as they had had more than 3 steroid rescue packs in the last 12 months as per a national patient safety alert.
- The practice could not always demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes. Our searches found 52 patients had a potentially missed diagnosis of diabetes. Of the 5 patient records we randomly sampled we found 4 patients had not been informed about the diagnosis. One patient had a blood test which showed an elevated blood sugar test in November 2016, but there was no evidence of subsequent action having been taken. This patient received a medicines review in 2021, where a request for repeat blood test was issued but this had not been followed up and there was no discussion regarding the elevated Hba1c result at that time. We noted that for all 5 patients they had been recalled for blood monitoring the week leading up to our inspection. The practice told us that staff were working through the identified list and had a plan for addressing these.
- We found 103 patients were identified as having poorly controlled diabetes and diabetic retinopathy. We reviewed the records of 5 patients and found all 5 had been offered a diabetic review within the last 12 months.
- We found the quality of medicine reviews we sampled varied with most reviews not being structured to ensure that all monitoring requirements were checked as part of the review.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- The practice had initiated a programme where patients with suspected hypertension were offered blood pressure monitoring via a local pharmacy.
- Patients with COPD were offered rescue packs.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.

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. three doses of DTaP/IPV/Hib/HepB) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	123	132	93.2%	Met 90% minimum

The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	147	162	90.7%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	151	162	93.2%	Met 90% minimum
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)	151	162	93.2%	Met 90% minimum
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)	115	150	76.7%	Below 90% uptake

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
<p>The practice had met the minimum 90% target for 4 of the 5 childhood indicators and were below the 90% target uptake for children aged 5 who had received immunisation for measles, mumps and rubella (MMR). The practice was aware of their uptake rate and told us any missed child immunisation appointments were followed up and if necessary escalated to the health visitor. A member of staff was in the process of being trained to give immunisations as part of their fundamentals of primary care (GP) course training, which in the longer-term would increase the number of available staff able to administer vaccines.</p> <p>The practice website advised that although childhood immunisation appointments were arranged centrally, the practice offered open access to accommodate any child who had missed a vaccination.</p>

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)	56.1%	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)	62.6%	N/A	70.3%	N/A
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (3/31/2023 to 3/31/2023) (UKHSA)	53.3%	N/A	80.0%	Below 70% uptake

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)	46.1%	56.1%	54.9%	No statistical variation
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Any additional evidence or comments

The practice cervical screening uptake rate of 53.3% was significantly below the national 80% target and below the practice uptake rate of 59.8% recorded at the last inspection in 2018. The practice acknowledged that the uptake rate was very low and told us they were actively trying to improve this.

The nurse manager had put together a cervical screening service improvement plan in place, dated 21 September 2023 to outline strategies for improving the uptake. One of the strategies for improvement was to make cervical screening appointments available for patients to book online. The practice had started expanding the availability of appointment, to offer Saturday appointments. Three members of staff were trained in undertaking cervical screening and a further staff member was in the process of being trained.

Information about cervical screening (a smear test) was available on the practice website, including a link to the NHS website detailing information about why the importance of screening, the appointment, results and support available.

Monitoring care and treatment

There was limited monitoring of the outcomes of care and treatment.

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Partial
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes
<p>Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years:</p> <p>The practice had a limited programme of quality improvement. Following the inspection, the practice shared the following 2 clinical audits that had been undertaken this year by the PCN Clinical Pharmacist.</p> <ul style="list-style-type: none"> An audit of patients prescribed a medicine to help treat high blood pressure to check if they had received a blood check to evaluate their renal function. The aim was for 90% of patients to have received the required monitoring. The audit undertaken on 16 August 2023 found 81% of the patients prescribed this medicine had received the required monitoring, falling below the desired standard of 90%. A further audit was undertaken on 29 September 2023 after bloods were requested for all patients who had not had blood monitoring in the previous 12 months and this had improved to 85%, which still fell below the desired standard. A plan was put in place and a search imported from another practice within the PCN to recall patients for monitoring at 11 months. The search will continue to run on a monthly basis in addition to a full review in 6 months. If the desired standard has not been achieved additional measures would be implemented. 	

- A single cycle audit to review the prescribing of a medicine used for the treatment of urinary tract infections in the over 70's in line with the prescribing development scheme 2023/2024 that asks prescribers to minimise the use of this medicine for this age group. The audit identified 20 patients with no obvious reason documented or seen in the previous 6 months. The actions required prescribers to discuss the prescribing of this particular medicine with the duty doctor and a clear rationale detailed to ensure a clear audit trail was in place with a reaudit date of 6 months.

Other audits undertaken included hand hygiene and infection, prevention and control. However, the practice told us that they did not routinely audit telephone call data as part of their ongoing quality improvement activity.

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.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff told us they were provided with protected time to complete all essential training requirements and were allocated study time for their continuing professional development. We were told a nursing associate had just commenced the fundamentals of general practice nursing course and 2 other clinicians were currently working towards a Master's degree in advanced clinical practice (ACP).</p> <p>Leaders told us 27 staff were directly employed by the practice. The practice held an electronic matrix to record essential training staff had completed on-line. We reviewed the matrix during our site visit and saw most staff were up to date with essential training with the exception of a member of staff who was absent from work. Staff employed in advanced clinical practice told us they received peer supervision and had clinical supervision with a GP each month. As part of these meetings a sample of their consultation notes were reviewed and discussed with them and provided with opportunity for reflection. They also said they had access to a GP on a daily basis if they required any advice or support with clinical decision making. They confirmed they worked within their own scope of practice and did not prescribe anything they were not confident to prescribe.</p> <p>The practice together with all other local practices closed for staff training one afternoon every quarter. Staff told us an external provider had recently provided training on shingles.</p>	

Staff spoken with confirmed they had received an annual appraisal where appropriate. We saw evidence of this on the files we sampled for staff employed over 12 months.

Coordinating care and treatment

Staff did not always work together and 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.	Partial
Patients received consistent, coordinated, person-centred care when they moved between services.	Partial
<p>Explanation of any answers and additional evidence: Patients had access to a range of healthcare professionals provided by the primary care network (PCN). These included pharmacists, a mental health practitioner who worked at the practice on a Tuesday and Wednesday, a social prescriber on a Thursday and Friday, a first contact physiotherapist in addition to a cancer care co-ordinator.</p> <p>Feedback from care home representatives included concerns regarding their reliance on community services such as rapid response and out of hours, which had increased since the practice changed their way of working. This included physical weekly ward rounds being replaced with daily ward rounds sent via electronic communication sheets. They told us changes had been implemented with no prior consultation and the impact on the home had not been considered.</p>	

Helping patients to live healthier lives

Staff were not 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.	Partial
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Partial
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Partial
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
<p>Explanation of any answers and additional evidence: We found that 52 patients had a potentially missed diagnosis of diabetes. Of the 5 patient records we randomly sampled we found they had not been identified or recorded appropriately in their records. These patients had</p>	

not always been reviewed in line with national guidance including consideration of treatment options, referral for further management and regular monitoring of their condition to prevent long-term harm.

The practice website provided information about the services provided including the range of vaccinations offered, NHS health checks, cryosurgery, contraceptive services and stop smoking information. The website also provided information about free lifestyle screening provided by a healthy lifestyle advisor who visited the practice to provide screening. These checks included blood pressure, weight, height and body mass index (BMI). However, the practice website stated due to Covid-19 this service was suspended until further notice.

Feedback gained through various sources suggested changes to care or treatment was not always discussed with patients and their carers. Concerns shared with us included the lack of face-to-face care home ward rounds not promoting opportunity for patient engagement which impacted on the quality of service patients received.

Consent to care and treatment

The practice always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes

Caring

Rating: Requires improvement

At the last inspection in August 2018 the practice was rated as good for providing caring services. At this inspection we rated the practice as requires improvement. This was because:

- Feedback from patients and care home representatives was mixed about the way they felt treated.
- Results of the national GP patient survey were lower than local and national averages with 3 of the 4 indicators being either a negative variation or tending towards a negative variation for providing caring services.
- The practice patient participation group (PPG) told us they did not feel actively listened to or communicated with by GP partners.

Kindness, respect and compassion

Feedback from patients was mixed about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes

Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Partial
<p>Explanation of any answers and additional evidence: Feedback we received through a variety of sources suggested that patients were not always provided with appropriate and timely information to cope emotionally with their care, treatment or condition. For example, patients told us that they did not receive a call back when they had requested one and that emails sent were not always answered. Patients described staff behaviour on the phone as consistently discourteous and seemed disinterested in assisting patients. We were told of the difficulties and frustration of trying to obtain medicines for a patient at the end of their life.</p>	

Patient feedback	
Source	Feedback
NHS website	Since September 2022, 16 people had posted reviews about the practice on the NHS website. Feedback in relation to the practice providing caring services was mixed. Some reviews described staff being very welcoming, helpful, pleasant, exceptional and going above and beyond. Other reviews described staff as uninterested, and extremely abrupt.
Healthwatch Telford	The local Healthwatch team told us they received enquiries about the practice on a weekly basis. Common themes included rude reception staff. One individual noted that a combination of struggling to get an appointment and dealing with rude staff had deterred them from getting ailments diagnosed at in the future. Another person shared their experience of staff being rude and unhelpful after an hour's phone call waiting to get through to the practice.
Patient Participation Group (PPG)	As part of the inspection, we spoke with 3 representatives of the PPG. Feedback included examples of concerns patients and relatives had shared with them when reception staff had been unsympathetic towards them.
CQC enquiries	CQC had received 23 enquiries in the previous 12 months. Feedback in relation to the practice providing caring services included poor staff attitude and reception staff being rude. One person considered the lack of care and treatment offered had been neglectful and unsafe.
Care home representatives	Feedback was mixed. One representative told us front line staff were mostly pleasant, polite and accommodating. One said they found staff to be caring and another representative described the practice as uncaring. They told us the reception staff had an unfortunate attitude towards the care home nurses and were frequently rude to them, putting barriers in the way of them gaining the information they needed for resident safety.
CQC observations	During our site visit we carried out observations in the waiting area, at the reception desk and in the back office. Patients were dealt with politely when they telephoned or attended the practice in person.

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)	75.6%	86.3%	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 professional was good or very good at treating them with care and concern (01/01/2023 to 30/04/2023)	72.9%	85.6%	83.8%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2023 to 30/04/2023)	81.7%	93.4%	93.0%	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)	42.4%	74.8%	71.3%	Variation (negative)

Any additional evidence or comments

The results of the National GP Patient 2023 Survey were published on 13 July 2023. The GP Patient Survey (GPPS) is an independent survey run on behalf of NHS England. The survey asks for patients' experience up to 12 months prior to receiving the questionnaire. Therefore, it captures patient experience of GP practices over a year and is not a snapshot on a particular date. The GPPS is a nationally collected survey that uses a consistent methodology; therefore, it enables us to compare patient experience across all practices in England, and with other practices in the same ICB.

Results of the National GP Patient 2023 survey were lower than local and national averages with 3 of the 4 indicators being either a negative variation or tending towards a negative variation. The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice had steadily declined over the last five years (54% in 2018 to 42.4% in 2023).

The percentage of respondents who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to varied over the last 5 years, with a marked reduction in confidence from 95% in 2022 to 81.7% in 2023.

For all 4 indicators, the level of patient satisfaction for the previous 5 years was consistently below local and national averages for receiving a caring service. The practice had reviewed the GP patient survey and had acknowledged the findings. They told us of their plan for ongoing training and support for reception staff.

	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No

Involvement in decisions about care and treatment

Patients were not always 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.	Partial
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: Feedback from a variety of sources suggested that information had not always been communicated in a way that helped them understand their care and treatment.	

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 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)	82.6%	91.9%	90.3%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Partial
Information leaflets were available in other languages and in easy read format.	Partial
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: The patient participation group shared concerns regarding the lack of information displayed in the waiting area to inform patients of various services provided and available locally, including information leaflets in other languages or formats. The practice had a waiting room TV system displaying educational and informative content including information about the NHS App, the practice website, the number of patients and catchment boundary, photographs of team members, the practice vision and information about the extended healthcare professionals working in the practice and their roles.	

The practice told us they utilised easy read information books to assist patients with a learning disability understand their care and treatment. We did not see information leaflets available in other languages.

Carers	Narrative
Percentage and number of carers identified.	The practice had 769 patients registered as carers, this worked out as 5% of the practice population.
How the practice supported carers (including young carers).	A carers board was displayed in the waiting room, which included information for young carers. A photograph of the designated staff champion for carers and dementia patients was displayed. Carers were identified on the clinical system and signposted for support.
How the practice supported recently bereaved patients.	The practice told us following a death of a patient they called the family to offer condolences and signpost them to support services if required.

Privacy and dignity

The practice respected did not always respect patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	No
There were arrangements to ensure confidentiality at the reception desk.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>During our site visit we saw consultation and treatment room doors were closed during consultations. Staff spoken with were able to provide examples of how they promoted privacy and dignity in their work.</p> <p>The reception desk was located within the main waiting area. Although 'wait here' signage was placed where people were queuing to wait to see a receptionist, it was placed too close to promote privacy at the desk. In addition the reception desk screening did not provide a facility for wheelchair users to speak with ease to a receptionist compromising their privacy and dignity.</p> <p>During our observations in the waiting area, we overheard sensitive and personal information being shared by patients at the reception desk. There was no notice displayed at the reception desk advising patients of alternative options available should they wish to discuss sensitive issues. We spoke with a receptionist about this and they advised that patients were encouraged to telephone the practice rather than attend in person if they wished to discuss anything sensitive.</p> <p>Care home representatives told us conversations usually of the most sensitive nature regarding individuals on a palliative or end of life pathway were held via a video consultation. Prescriptions were made without consulting the individual or being able to make informed decisions about treatment options. This lacked an element of dignity and respect for the individual. Representatives felt these patients should be afforded a face-to-face visit with a doctor or practitioner in these situations. Feedback we received from another source also reflected similar concerns with how the practice managed a patient at the end of their life and the family feeling let down by the practice with the lack of dignity shown.</p> <p>Representatives of the patient participation group told us patients had raised concerns with them about having to explain private, sometimes intimate details with a non-medically trained receptionist when they called to make an appointment.</p>	

Responsive

Rating: Inadequate

At our last inspection on the 20 August 2018, we rated the practice as requires improvement for providing responsive services because:

- Further work was needed to improve patient satisfaction in relation to access to appointments.

At this inspection we have rated the practice as inadequate because:

- The National GP Patient Survey 2023 results for the practice continued to be significantly lower than local and national averages across all 4 indicators in respect of accessing the service.
- Feedback in relation to the practice providing responsive services was poor.
- Complaints were not always managed effectively.
- The practice complaints analysis showed most complaints received were in relation to getting through to the practice and accessing appointments.

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 attempting to improve access, this was not yet reflected in the GP patient survey data or other sources of patient feedback including complaints. Therefore, the rating is 'inadequate', as 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 always meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Partial
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.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence: The practice was located within a health centre with patient services located on the ground floor. Automatic doors were installed at the main entrance of the health centre allowing easy access to the premises. Parking was available in the public car park which included disabled parking spaces. An induction hearing loop was not available for patients who had a hearing impairment.	

The patient participation group (PPG) shared concerns with us about access for patients who were wheelchair users. They considered the reception desk and the small hole in the reception desk screening too high, which made it difficult for proper engagement and posed a confidentiality breach as voices had to be raised to be heard effectively. They considered this was a physical barrier to communication and was also an uncaring approach to equality. They also shared feedback they had received about the practice waiting area not being welcoming with a lack of information about services displayed, no visual electronic media available to assist hearing impaired patients and information on the website not being easily accessible.

The practice had made adjustments to enhance the experience of patients with a Learning Disability (LD) when attending the practice. These included running clinics exclusively for people with a LD, dimming lights and ensuring the waiting room was calm with the TV screen off. GP appointment times were 15 minutes long whereas advanced health practitioner appointments lasted between 20 to 30 minutes.

The practice had been supporting patients awaiting asylum, who were residing at a local hotel. The practice had produced maps and a set of directions to assist them to locate the practice and other key services.

Practice Opening Times	
Day	Time
Opening times:	
Monday - Friday	8.30am – 6pm
Appointments available:	Appointments were offered at various times according to the clinician. Out of hours call handling services were provided via NHS 111.

Further information about how the practice is responding to the needs of their population

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was not always responsive to the needs of all patient population groups. Requests for home visits and urgent appointments for those with enhanced needs and complex medical issues were not always available.
- The practice liaised with the community services to discuss and manage the needs of patients with complex medical issues.
- Not all parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice was open until 6pm Monday to Friday. Pre-bookable extended hours appointments were provided at the practice between 9am and 5pm on Saturdays. The Primary Care Network which comprised of Wellington, Dawley and Hollinswood and Priorslee practices offered appointments Monday to Friday between 6.30pm and 8pm, Saturdays 9am to 5pm and some Sundays.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- The practice adjusted the delivery of its services to meet the needs of patients 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, Travellers and people seeking asylum.
- Requests for home visits were only available for patients who were housebound because of illness or disability. Patients were requested to call the practice before 10.30am and if considered appropriate, visits were undertaken by a clinician not necessarily a GP.

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).	Yes
Patients were able to make appointments in a way which met their needs.	No
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Partial
Patients with most urgent needs had their care and treatment prioritised.	Partial
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice worked with other practices within their Primary Care Network (PCN) to provide an extended access service.</p> <p>The practice offered a range of appointment types to include face to face and telephone consultations. However, patients were not able to make appointments in a way which met their needs. Appointments could only be made by telephoning the practice each day when the lines opened at 8.30am and could not be made in person. Some very limited appointments were available to be booked on-line. A notice was displayed on the entrance of the practice advising patients of this system. Patients were unable to make pre-bookable routine appointments. All telephone calls were handled by the call handling team who requested brief details of the symptoms. The patient was placed on hold while the call handler discussed the details with a member of the clinical streaming team who advised of the most appropriate outcome. This included a face-to-face appointment, a telephone consultation if the presentation could be dealt with over the phone rather than face to face or advice and signposting to other services. The practice told us a team of 7 call handlers were available to take calls at peak times throughout the day and additional staff were diverted to assist if required. The clinical streaming hub commenced in 2020 and consisted of a core team of 4 members: an administrator, a PCN pharmacist prescriber, an urgent care practitioner (UCP) and a nurse manager who were independent prescribers. Clinical decision making was made at the point of contact.</p> <p>During our observations we saw 2 call handlers and a receptionist were queued waiting for advice from the nurse manager while 2 patients were placed on hold on the phone and 1 patient was waiting at the reception, while the UCP was out of the room providing a face-to-face appointment. Leaders told us they had not audited the effectiveness of this model. They acknowledged the long wait times for patients on the phones and told us calls were discussed on a case-by-case basis and therefore took time to deal with. They told us a call back system was due to have been implemented in March 2023 but had not yet been put in place.</p> <p>Patients told us they were unable to make a follow up appointment at the reception desk when they had just seen a clinician and been told to do so. The standard response was to telephone the practice to make the appointment impacting on their time and the telephone queue which frustrated them because it was inefficient. Patients also told us they needed an effective system that allowed them to book reviews.</p>	

Patients also told us they were not able to ask about test results or query medications in person, even when the waiting area was empty and therefore had to telephone the practice, again impacting on their time due to the excessive queue waiting to get through to the practice. Concerns were also shared with us about the cost implication for patients left in the telephone queue for long periods of time waiting to speak with a call handler or those without access to a telephone.

In the previous 12 months CQC, Healthwatch and the patient participation group had received a large volume of enquiries and concerns relating to patients not being able to access care and treatment in a timely manner. This included concerns raised by patients and relatives of those with most urgent needs not having their care and treatment prioritised. This was also reflected in the significant increase in the number of complaints the practice had also received in the previous 12 months.

Patients told us if no appointments were available, they were requested to phone back the following day or were signposted to other local services including the urgent care centre or A&E. This was not in line with the NHS Delivery Plan for Recovering Access to Primary Care published 9 May 2023 regarding making it easier and quicker for patients to get the help they need from primary care. Data shared by the ICB showed for the month of August 2023 patients registered with Wellington Medical Practice were the highest users of A&E and the urgent care centre at a rate of 35.66 average per month (weighted rate per 1,000 patients). The Shropshire, Telford and Wrekin average was 20.47. The use of NHS 111 in GP hours showed patients registered at Wellington Medical Practice were the third highest users at a rate of 178.09 average per month (cases per 1,000 patients). The Shropshire, Telford and Wrekin average was average was 101.40.

The practice utilised a software system that displayed a range of data including the number of inbound calls, calls waiting, answered and abandoned, longest waiting and total talk time. At 9.40am the practice had received 100 calls. Of these, 70 were answered, 30 were abandoned, 15 patients were on hold with the longest waiting time was 20 minutes. At the end of the day, we saw 279 calls had been answered during the practice opening times with 54 inbound calls abandoned. The practice told us they did not follow up calls that had been abandoned and were looking to introduce a call back system to avoid patients having to wait in the queue. We also viewed the call handling data for the 3 months prior to the inspection. For the month of July, the average waiting times was just over 9 minutes, but maximum waiting times had exceeded two hours. There was an abandoned call rate of 29%. For the August, average waiting times on the phone was just under 10 minutes and maximum waiting times 1 hr 19 minutes.

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)	11.5%	N/A	49.6%	Significant variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 30/04/2023)	29.1%	57.0%	54.4%	Tending towards variation (negative)

The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2023 to 30/04/2023)	28.6%	53.3%	52.8%	Variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2023 to 30/04/2023)	47.1%	74.3%	72.0%	Variation (negative)

Any additional evidence or comments

All 4 indicators from the national GP patient 2023 survey for the practice were significantly lower than local and national averages for accessing the service. Leaders acknowledged there had been a decline in people's satisfaction in accessing the service since the last inspection, particularly around how easy it was to get through to someone at the GP practice on the phone (previously 23.2% in 2018 to 11.5% in the 2023 survey). The national GP Patient survey results for the practice over the previous 5 years clearly evidenced patients continued dissatisfaction with accessing the service.

The practice had reviewed the GP patient survey and had acknowledged the findings and had made some changes with regards to adjusting call queue functionality to try and address patient concerns. The practice had developed an action plan which included diverting patients to complete online requests such as eConsult in an attempt to minimise the call volumes. The practice redeployed staff to answer the phones to help deal with call volumes at peak times. A dashboard was on display in reception for staff to be aware of calls waiting.

The practice explained that staff turnover and recruitment had been a particular challenge and they had lost two urgent care practitioners in the last few months as well as nursing staff and advanced nurse practitioners in 2022 and 2023.

The practice told us that they were working with the Integrated Care Board regarding capacity access plans.

Source	Feedback
Patient Participation Group (PPG)	<p>We spoke with 3 members of the PPG about people's experiences of receiving a responsive service from the practice. They told us of the significant challenges patients had experienced with trying to obtain an appointment. This was due to the provider only allocating appointments by phone and not in person or on-line. They told us of the excessive wait times patients had faced every time they telephoned the practice, which had put many patients off from trying to obtain an appointment. They were concerned about the length of time waiting to speak with a call handler to be told no appointments were available which may put patients with serious or undiagnosed conditions such as cancer at risk. They also advised the practice electronic messaging system was far too long, repetitive and stressful to listen to. They also shared concerns and examples about patients being inappropriately signposted by the practice to the local urgent care centre or A&E for treatment as no appointments were available.</p> <p>Members felt it would be more time efficient for patients with complex health needs to be put directly through to speak with the clinical streamer, which would help free up the telephone queue for the next patient waiting. They told us they</p>

	<p>had raised the telephone issues directly with the practice during patient participation meetings held. Records of meetings held were shared with us which detailed patient experiences and the challenges with meeting the increasing volume of calls for appointments, test results, referral guidance and personal medical information. The PPG had been advised of changes that were planned to the telephone system to enhance patient experience with the introduction of a call back system. The PPG considered this was a positive step, which was due to have been implemented several months ago but had not yet taken place.</p> <p>The PPG had been kept informed about the difficulties the practice had experienced with the recruitment and retention of call handlers that took time and the impact on resources.</p>
Friends and Family Test (FFT)	<p>The practice had reviewed feedback gained from patients via the Friends and Family Test. They shared a report of the feedback they had received in relation to 3 questions.</p> <p>Of 141 responses 87% of patients said they were happy with the appointment they had received.</p> <p>Of 144 responses 59% of patients said they were either happy or very happy with the GP practice and 65% said they would likely or extremely likely to recommend the service to friends and family if they needed similar care or treatment.</p> <p>The report was not dated.</p>
CQC enquiries and CQC Give feedback on care	<p>In preparation for the inspection, we requested the provider to add a link to their website in order for patients to complete a form providing feedback on their experience of the care provided by the practice.</p> <p>In the last 12 months, CQC had received 23 enquiries/feedback about the practice mainly in relation to people's experiences in accessing the practice by phone and getting an appointment. People told us they had experienced considerable long delays in getting through to the practice and had difficulty getting an appointment which had impacted on the care and treatment received. In some circumstances this had led to them having to call NHS 111, attend A&E or the urgent care centre for treatment.</p>
NHS.uk website (formerly NHS Choices)	<p>Since September 2022 16 reviews had been posted on the website with 12 reviewers rating the practice 1 out of 5 (with 1 being the lowest satisfaction rating). The majority of the comments posted related to people's experiences with getting through to the practice by phone and the difficulty with obtaining appointments.</p>
Care Homes	<p>As part of the inspection, we spoke with the representatives from 3 care homes whose residents were registered with the practice. Representatives told us the people in their care did not receive a responsive service from the practice.</p> <p>One representative told us their care home was now accommodating more people with chronic and complex health conditions which historically would have been cared for in a hospital setting. They acknowledged that this may put pressure on the GP practice. However, they advised their reliance on community services such as rapid response and out of hours had increased since the practice changed their way of working. This included the way ward rounds were now conducted from the previous weekly face-to-face ward round with a multi-disciplinary team to a daily ward round sent via electronic communication forms. They reported there was no prior consultation with them and the impact this may</p>

	<p>have on the home. They said whilst response time to communications appeared to be improving, they were expected to have ward round requests in before 10am which coincided with their own pressures within the home. They told us sometimes they would be chasing requests for several days which could impact on an individual receiving timely treatment and therefore placing a reliance on them using out of hours services.</p> <p>Another representative told us the practice did not provide a prompt response to the electronic communication forms and the forms did not provide an option to request a home visit which if undertaken was infrequent.</p> <p>Representatives told us they had access to a professional line in the event of an emergency, calls were taken by a call handler and then they were requested to email the practice but did not always receive a prompt response, even if their concerns were urgent. Examples of delayed treatment and the impact on people who used the service were shared with us in addition to challenges obtaining prescriptions, having to repeat tests and the lack of response to email communications.</p>
Healthwatch Telford	<p>The local Healthwatch team advised they were currently running a GP access survey and as a result had received a considerable amount of feedback about the practice over the past couple of months, in addition to the usual comments they received about the practice. They told us the overwhelming majority of comments related to difficulties with actually getting an appointment. With some patients saying that the process was rigid, and that even when they called at 8:30am, they were still unable to obtain an appointment.</p> <p>Other feedback received included an inability to see an actual GP even if people could get an appointment, an over-reliance on pharmacists, not being allowed to make appointments in person or book routine appointments in advance and patients being referred to the local urgent care centre over what they perceived to be minor health concerns. Concerns were also raised by a parent of a young child who was offered an appointment with a clinician and not a GP and was told to go to A&E.</p>
Staff feedback	<p>Staff we spoke with told us they enjoyed working at the practice. However, call handlers were subject to verbal abuse on a regular basis from patients wanting to be seen that day. Staff spoken with considered there were enough staff of various disciplines to offer a range of appointments</p>

Listening and learning from concerns and complaints

Complaints were not used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	52
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	4

Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0
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	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	No
<p>Explanation of any answers and additional evidence:</p> <p>Staff spoken with demonstrated an understanding of the complaints process and how to support a patient wishing to complain. A member of staff told us a number of complaints about the practice were from an anonymous source therefore they were unable to address the concerns raised.</p> <p>The practice had a designated member of staff responsible for the management of complaints. The practice website had a feedback tab on the home page which detailed the complaint procedure. It advised patients in the first instance to discuss their complaint with the staff member concerned and if the issue was unable to be resolved a formal complaint could be made verbally, through a feedback form available at reception or website or by emailing the practice using a designated email. A complaints leaflet was also available online. Details of other agencies were also detailed in addition to the independent health complaints advocacy service.</p> <p>There was a process in place for receiving and responding to complaints however, this was not always effective. Whilst most responses were timely, escalation routes were not always shared as part of the complaint response. We saw evidence that at times, complaint responses were very brief and some elements of the complaint not responded to or fully investigated. There were some missed opportunities for recording and analysing issues raised by patients as significant events. We were told that complaints were not routinely discussed and lessons learned not identified.</p> <p>The summary of complaints shared with us showed that the practice had received a total of 49 complaints since the 31st of March 2023 and 53 complaints between October 2022 and October 2023. This was a significant increase from 22 complaints received from 1st April 2022 to March 31 2023. The majority of the concerns raised by patients was in relation to access to appointments.</p>	

Well-led

Rating: Requires improvement

At the last inspection in August 2018 the practice was rated as good for providing well-led services. At this inspection we rated the practice as requires improvement. This was because:

- Structures, processes, and systems to support good governance were in place but not fully embedded into practice.
- Processes for managing risks, issues and performance were in place but were not always effective.

Leadership capacity and capability

Leaders could demonstrate that they had the capacity and skills to deliver care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Partial
They had identified the actions necessary to address these challenges.	Partial
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff spoken with told us leaders were approachable, visible, accessible and operated an open-door policy. They felt confident they could approach leaders and their concerns or suggestions for improvement were listened to and acted on.</p> <p>Leaders demonstrated an awareness of the challenges but had not always taken action to effectively address these. For example, undertaking an audit on access to identify and address trends and learning, taking action to address the continued issues raised by the patient participation group and learning from complaints.</p> <p>Leaders were aware of the challenges which included the increasing demand for appointments and their lack of capacity, impact of secondary care wait times in addition to the recruitment and retention of staff. Leaders told us that maintaining good staff morale was also a challenge. They told us staff were being upskilled and in recognition of their work their annual leave and remuneration package had been reviewed and improved.</p> <p>Leaders told us staff recruitment and retention had presented as a significant challenge to the practice. We found that systems had been put in place to recruit new staff to fill the vacant roles. However, leaders told us few applicants had turned up for interview or remained post their probationary period. Exit interviews were undertaken to better understand the reasons why staff were leaving.</p>	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
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
<p>Explanation of any answers and additional evidence:</p>	

The practice vision focused on “delivering a high quality, sustainable patient-centred healthcare model, working together with a new generation of allied healthcare professionals.” The practice told us they were committed to working with the Primary Care Network, Integrated Care Board and other stakeholders to improve patient care.

Most staff we spoke with had some understanding of the practice’s vision however, they had not been involved in the development of the vision or strategy.

Culture

The practice culture did not always effectively support 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.	Partial
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>Staff told us that the level of aggression towards them, particularly towards the reception staff had increased significantly in recent months. The practice operated a zero-tolerance approach to aggressive behaviour towards their staff. They were supported by the senior management team in particular the Practice Coordinator and Patient Engagement Lead who offered debriefing sessions. Leaders told us they had developed a good working relationship with colleagues in the local team who had taught them skills to support staff in managing patients presenting with threatening behaviour.</p> <p>We found through our review of complaint records, that patients were not always offered an apology when they were not satisfied with elements of the service and were not always informed of any resulting action.</p> <p>Training records showed all but 3 staff had completed training in equality and diversity. One of these staff members was currently absent from work.</p>	

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

Source	Feedback
Staff feedback	<p>Staff spoken with described relationships between staff and managers as very supportive. They told us the work atmosphere was friendly and all staff were approachable, helpful and worked well as a team.</p> <p>Staff told us leaders had considered their wellbeing. For example, lunch days were provided by partners where staff could choose a lunch funded by the partners, annual leave entitlement had been increased in addition to pay and staff breaks.</p>

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management however these were not always effective.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff spoken with demonstrated a clear understanding of their role and responsibilities. We identified the work role of the practice co-ordinator/patient engagement lead carried a significant amount of responsibility for 1 person to manage effectively in the allocated hours provided.</p> <p>There were systems in place to support good governance however, these had not been effective in proactively identifying the issues we found during the inspection. For example, the oversight of the safe recruitment of staff, complaints management and significant events. The provider had not always been proactive in responding to the increasing levels of dissatisfaction raised by patients. This included the difficulty making and obtaining timely appointments, the continued decline in patient satisfaction in the National GP patient survey, dissatisfaction raised by the patient participation group with no GP representation at meetings in addition to the oversight of patients with long term conditions including potential missed diagnosis of diabetes and the lack of structured medicines reviews.</p>	

Managing risks, issues and performance

There were some processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Partial
There were effective arrangements for identifying, managing and mitigating risks.	Partial
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>	

We identified some gaps in quality improvement and risk management, for example the lack of second cycle clinical audits and action had not always been taken to mitigate potential risks, including risk assessments when DBS certificates had not been obtained for staff.

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
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes

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
Staff are supported to work remotely where applicable.	Yes

Engagement with patients, the public, staff and external partners

The practice did not always 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.	Partial
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
<p>Explanation of any answers and additional evidence: Patient feedback was sought through compliments, complaints, direct verbal feedback, the national GP patient survey and friends and family test (FFT). The practice had reviewed the GP patient survey and had acknowledged the findings and had made some changes for example, with regards to adjusting call queue functionality. However, the practice had not carried out their own patient survey or involved the patient participation group (PPG) in its design.</p> <p>The practice had an active PPG, and meetings were held with them and were recorded. Representatives of the PPG we spoke with told us the biggest issue was the lack of communication and engagement from the GP partners. They told us they were unable to get a GP to attend their meetings in order to listen and respond to their views to help improve services.</p> <p>The practice was a member of the primary care network (PCN) and had worked in collaboration with them and the local integrated care system (ICS).</p>	

Feedback from Patient Participation Group (PPG).

Feedback	
<p>As part of the inspection we spoke with 3 representatives of the PPG. They told us they had worked considerably hard to represent the views of the practice population and improve patient experiences.</p> <p>They reported they had tried numerous models of meeting types, different days and times to enable GP and clinician involvement. They told us both their flexibility and patience had been tried and it was their last push to obtain a two-way communication with the practice. They considered communication had been an issue and they had to continually ask the same questions, in diverse ways to get some answers and when they got answers, they did not always match patient experiences. They told us many PPG members had left the group due not being listened to or their views acted upon and described the practice as unresponsive. They told us the practice representative they met with listened to them but was unable to address their concerns. They felt the practice could use the PPG more effectively in promoting its services and welcomed the presence of a GP or clinician at their meetings to improve working relationships and provide answers. They understood the challenges the practice faced including the recruitment and retention of staff, increased level of abuse front line staff were experiencing. They shared examples of concerns patients had raised with them as a PPG. These included the lack of a useable appointment system, medicine reviews, inappropriate routing of patients to other services, lack of patient choice of practice due to the catchment area, issues with the reception area, not being able to see a GP and complaints management.</p>	

Continuous improvement and innovation

There were some evidence of systems and processes for learning, continuous improvement and innovation.

There was a strong focus on continuous learning and improvement.	Yes

Learning was shared effectively and used to make improvements.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice was part of the Wrekin Primary Care Network (PCN), a wider network of GP practices that worked collaboratively to deliver primary care services. The Primary Care Network offered extended access appointments Monday to Friday between 6.30pm and 8pm, Saturdays 9am to 5pm and some Sundays. Two of the partners were clinical directors for this PCN.</p> <p>The practice had adopted an allied health professional model of care in order to respond to the recruitment challenges in general practice.</p> <p>The practice worked with the Integrated Health Board (ICB) to support the covid-19 vaccination programme. The practice also supported the ICB with providing support to patients seeking asylum who resided at a local hotel. New patients were registered and new patient checks were completed at the hotel. Health screening and immunisations were administered.</p> <p>Staff told us they were provided with good opportunities for training and personal development to develop their skills and expand their role of professional practice.</p>	

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique, we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands. The percentage of practices which show variation depends on the distribution of the data for each indicator but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

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

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

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

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

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **UKHSA:** UK Health and Security Agency.
- **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.
- ‰ = per thousand.