

# Care Quality Commission

## Inspection Evidence Table

### Prima Care Surgeries Foden Street Branch Site (1-10017209067)

Inspection date: 22 March 2022

Date of data download: 14 February 2022

**Overall rating: Good**

**Safe**

**Rating: Good**

#### Safety systems and processes

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

Safeguarding	Y/N/Partial
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.	Yes
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
Explanation of any answers and additional evidence:	
There were accessible policies and procedures in place. Staff were aware of the lead and deputy leads for safeguarding adults and children, including Prevent. (Prevent is a safeguarding system to highlight awareness and prevent individuals from being drawn into terrorism, ensuring those vulnerable to extremist and terrorist narratives are given appropriate advice and support at an early stage). The practice had a separate Female Genitalia Mutilation (FGM) risk assessment systems and policies in place to support staff.	
The practice used recognised electronic read codes and this system informed the practices safeguarding register. There was guidance in place as to the level of safeguard training applicable to staff's role and responsibilities, however this required updating.	
The practice provided chaperones when required and had a policy in place for staff to refer to. The policy noted that staff were required to complete training and a DBS check, or risk assessment.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>Clinical staff their full vaccination status clearly documented and their DBS checks. There were gaps noted in the older recruitment files reviewed however all contained evidence of staff DBS checks and staff's professional registration status. We noted that some files contained one but not two references or some but not a full vaccination history, although there was evidence that these had been requested and there was a lack of interview summaries,.</p> <p>Following the merger of the practices to a single registered provider some records were held at their other sites. The Lead GP and PM advised they proposed to hold staff's recruitment records electronically in the future in order that these could be accessed by authorised staff at any of their sites. This included the regular checks on staff's professional registrations and updates to their vaccination histories.</p>	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: Various dates	Yes
There was a fire procedure. Date of fire risk assessment: 11/05/2021	Yes
Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Various dates were seen on the health and safety assessments and maintenance contracts in place at the practice. For example:</p> <ul style="list-style-type: none"> <li>• Gas safety check completed 24/08/2021</li> <li>• Legionella Risk assessment report 24/06/2021 there were improvements required as part of a programme of remedial works which were yet to be signed off as completed.</li> <li>• Portable Appliance Testing 15/07/2021</li> </ul> <p>The practice had a fire safety policy which was regular reviewed and updated by the practice manager. A fire evacuation drill was last held on 08/03/2022 which the practice noted as having been satisfactorily completed.</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: 01/06/2021	
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:</p> <p>A named practice nurse was the infection prevention and control lead at the practice. The practice employed domestic cleaning support for two hours each weekday. A Perspex screen had been sourced and fitted to reception offices during the pandemic. Additional measures had been incorporated to ensure safety and compliance with Covid-19 pandemic recommendations and guidance.</p> <p>There were various policies available for staff support and reference including:</p> <ul style="list-style-type: none"> <li>• Maintaining the vaccine cold chain which included the use of vaccine fridge data loggers to ensure the vaccine temperatures were within acceptable limits.</li> <li>• Clinical waste protocol.</li> <li>• Infection control policy which included for example, notifiable diseases, handling of sharps, needle stick injury and handling of bodily fluid samples.</li> </ul> <p>The practice completed Control of Substances Hazardous to Health (COSHH) risk assessments.</p>	

## Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	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	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had developed and produced a variety of induction packs tailored to staff's roles; for example:</p> <ul style="list-style-type: none"> <li>• Locum GPs</li> <li>• GP trainee</li> <li>• Medical Students</li> <li>• Reception staff</li> <li>• Patient Participation Group</li> </ul> <p>Staff had access to the practice guidance on prioritisation of incoming calls and when to forward these on to the doctor on duty. Reception staff had all been in receipt of care navigation training.</p>	

## 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.	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

## Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2021 to 31/12/2021) (NHS Business Service Authority - NHSBSA)	0.63	0.84	0.76	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). (01/01/2021 to 31/12/2021) (NHSBSA)	4.9%	7.2%	9.2%	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 (01/07/2021 to 31/12/2021) (NHSBSA)	4.54	5.21	5.28	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	180.0‰	199.0‰	129.2‰	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2021 to 31/12/2021) (NHSBSA)	0.87	0.65	0.62	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/04/2021 to 30/09/2021) (NHSBSA)	6.0‰	7.4‰	6.7‰	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.	NA
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
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 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.	NA
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

Medicines management	Y/N/Partial
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We completed remote electronic clinical searches and found these in general were well managed. There were some areas which we highlighted to the Lead GP for actioning which included:</p> <ul style="list-style-type: none"> <li>• A patient with chronic kidney disease was overdue blood monitoring and the practice had contacted them immediately for a review.</li> <li>• The reviews of high-risk medicines for example those used in the treatment of rheumatoid arthritis were up to date, with the exception of one patient who had not attended a review including hospital attendance since October 2021. This was fed back to the practice; the patient was contacted immediately, and actions put in place. At the time of the onsite inspection this review had been completed.</li> <li>• We found that two of the four patients prescribed a medicine used for irregular heartbeats were due and overdue their six-month monitoring. This was fed back to the practice and actions put in place and completed.</li> <li>• We found that there were nine patients prescribed a medicine used to treat high blood pressure and heart failure overdue their regular blood monitoring. We reviewed five records and saw that one patient had been actively requested to attend for their monitoring. The practice advised they were aware of the backlog and actions were in place to encourage patient attendance through their recall systems. The Lead GP advised they had contacted patients for review, and some recorded their reluctance to attend during the pandemic, the GP advised they reiterated the importance of regular monitoring.</li> <li>• We reviewed five records of the nine patients described as prediabetes and found two patients were overdue their monitoring. This was fed back to the practice and actions put in place to recall patients again for their reviews.</li> <li>• Our clinical searches established that five patients had been prescribed more than one per month of the short-Acting Beta-Agonists (SABAs) typically used as rescue medicines to provide quick relieve of asthma symptoms with one patient prescribed two per month on a repeat prescription. At the time of the onsite visit this repeat medicine had been changed to one monthly and a review planned.</li> </ul> <p>The Lead GP was aware of the individual patients identified in the searches and advised these were actioned as clinically appropriate.</p>	

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

### The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	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.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	One
Number of events that required action:	One
<p>Explanation of any answers and additional evidence:</p> <p>The Prima Care Surgery Foden Street Branch location of the provider Prima Care Surgeries had reported one significant event in a 12-month period. The provider maintained a spreadsheet providing oversight of the specific significant events at each of their practice sites.</p>	

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

Event	Specific action taken
An external request had been made to the practice for a review of a patient's blood pressure. When the request was received it was forwarded to an email address whereby only one person could access this file rather than the team and as a consequence the request was missed.	<p>Once the incident was discovered an investigation took place.</p> <p>Following the investigation new staff members, it appeared had been unaware of the appropriate process.</p> <p>It was determined that the email was only visible to one staff member rather than the group of clinical staff.</p> <p>The actions to mitigate risk of reoccurrence and lessons learnt included:</p> <ul style="list-style-type: none"> <li>• Training and refresher staff training.</li> <li>• Include process in staff's induction pack</li> <li>• Ensure appropriate use of their systems electronic tasks inbox.</li> <li>• Set up a referral team group of staff</li> <li>• Staff check the tasks inbox regularly</li> <li>• Setting up a central two week wait urgent referral staff team.</li> </ul>

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes



## Effective

## Rating: Good

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

### Effective needs assessment, care and treatment

**Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools**

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
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

### Effective care for the practice population

Findings
<ul style="list-style-type: none"><li>• The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.</li><li>• Health checks, including frailty assessments, were offered to patients over 75 years of age.</li><li>• Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.</li><li>• Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.</li><li>• All patients with a learning disability were offered an annual health check.</li></ul>



- End of life care was 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 assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder
- Patients with poor mental health, including dementia, were referred to appropriate services.

## Management of people with long term conditions

### Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2019 to 31/03/2020) (NHS England)	38	39	97.4%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation	35	42	83.3%	Below 90% minimum

for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2019 to 31/03/2020) (NHS England)				
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) (01/04/2019 to 31/03/2020) (NHS England)	35	42	83.3%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)	35	42	83.3%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)	32	35	91.4%	Met 90% minimum

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

#### Any additional evidence or comments

The practice had a follow up system in place and contacted the local health visiting service for those who did not attend. They had reviewed the seven non-attenders and put action plans in place, such as flexible appointment times, to encourage and support their attendance.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (Snapshot date: 30/09/2021) (Public Health England)	66.5%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (PHE)	66.1%	68.8%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (PHE)	60.4%	63.3%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (PHE)	51.1%	52.3%	55.4%	No statistical variation

#### Any additional evidence or comments

The practice enabled additional nurse time and resources to improve the uptake of cervical screening for their population group. They had implemented strategies such as telephone calls, regular recall requests and maintaining a list of patients who had yet to attend in order to focus their attention on those hard to reach patient groups to encourage attendance and provide educational support on the screening process and its health benefits.

## Monitoring care and treatment

**The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.**

	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.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

## Any additional evidence or comments

GPs were contractually obliged to record patients' ethnicity in their records where patients agree to share this information. The information requirement being optional does not affect a patient's registration at the practice but is electronically coded as 'prefer not to say.' A number of organisations such as the RCGP, had suggested a lack of data collected at the point of Covid -19 vaccination may hinder efforts to ensure good vaccine uptake among different ethnic groups. In addition, 'Improvement in Ethnicity' recording to support population health management was an indicator in the Practice Improvement Framework (QIF) for 2021-22.

The initial baseline was 17% of the practice population had their ethnicity recorded. Through an MJog SMS Texting campaign and audit and validation of the patient searches which identified patients with their ethnicity coded the practice increased the number of patients with their ethnicity recorded. The number of patient records updated increased to 57% of patient records with recorded ethnicity.

The practice administration and reception teams were to continue to request ethnicity opportunistically and include this when registering new patients. The team continue to strive for 100% of patient records with recorded ethnicity.

## 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.	Partial
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	NA
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>The practice held a training matrix which noted the training and level of attainment required per role, the refresher training interval and the date the staff member last completed a particular training module. The practice manager noted that the spreadsheet was usually regularly reviewed and updated by a particular staff member, in their absence the updates had fallen behind. This backlog was known, and the practice manager was in the process of updating this further. The training files reviewed however demonstrated that staff printed off their training certificates and these demonstrated those staff were up to date with their specific training requirements.</p> <p>The practice maintained an appraisal spreadsheet which detailed the date of the last appraisal and next appraisal due date. The appraisal log was maintained and updated by the practice manager.</p> <p>Clinical staff attended regular clinical educational meeting and accessible minutes were available for staff unable to attend.</p> <p>The practice had reviewed its staffing and skill mix requirements and for succession planning.</p>	

## Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes

## Helping patients to live healthier lives

### Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes

Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes

## Consent to care and treatment

### The practice 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: Good**

**Kindness, respect and compassion**

**Staff treated patients with kindness, respect and compassion.**

	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.	Yes

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

### Any additional evidence

The practice advised that during the recent pandemic there had been a lack of opportunity and competing priorities to complete an in-house patient survey. They planned to review and discuss this in their practice meetings in the coming months.

**Involvement in decisions about care and treatment**

**Staff helped patients to be involved in decisions about care and treatment.**

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

### National GP Patient Survey results

Indicator	Practice	CCG average	England average	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 (01/01/2021 to 31/03/2021)	89.7%	91.1%	92.9%	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.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified.	Four percent of the practice population were registered as carers
How the practice supported carers (including young carers).	The practice manager advised that prior to the announcement of the care quality commission inspection the practice had planned a focus on their young carer register and support within the community. This planned focus was rescheduled.
How the practice supported recently bereaved patients.	The practice invited bereaved patients for an appointment with the GP and staff provided support by signposting to appropriate bereavement support groups locally.

## Privacy and dignity

### The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes



## Responsive

**Rating: Good**

### Responding to and meeting people's needs

**The practice organised and delivered services to 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.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6pm
Tuesday	8am – 6pm
Wednesday	8am – 6pm
Thursday	8am – 1pm
Friday	8am – 6pm
<b>Extended access appointments were available in the evenings and at weekends operated via the local GP Federation</b>	
GP Appointments available:	
Monday	9.30-5.30pm
Tuesday	9.30-5.30pm
Wednesday	9.30-5.30pm
Thursday	9.30-12.40pm
Friday	9.30-5.30pm
Closed weekends	

Further information about how the practice is responding to the needs of their population
<ul style="list-style-type: none"> <li>The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.</li> <li>The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.</li> </ul>

- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travelers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travelers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

## Access to the service

### People were able to access care and treatment in a timely way.

*The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.*

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Yes
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	Yes
There were systems in place to support patients who face communication barriers to access treatment	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
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>During the pandemic the practice had changed the way in which appointments operated and developed a policy that staff could refer to, all appointments were with an initial telephone or video call triage. The GP following an assessment may invite the patient to the practice for a face to face appointment where clinically necessary.</p> <p>The practice maintained a mix of appointments that could be booked in advance, booked online or booked on the day. Same day appointments were released for staff to book patients into at 8am for morning appointments and from 11am for afternoon appointments and not utilised for any advance bookings unless authorised by a GP, Practice Manager or the Assistant Practice Manager. On-line and emergency appointments were utilised when the same day appointments had been taken.</p>	

If all appointments were taken, then all GPs would see extra patients who need to be seen urgently, following agreement by the GPs. Then an appointment slot would be added.

Patients had access to online booking services and when registered patients can:

- Find available GP appointment slots
- Book new appointments up to a maximum of 21 days ahead
- View appointments already booked
- Cancel appointments

Nurse and Healthcare assistant appointments were booked by telephone or in person and were bookable in advance. Some appointments were pre-populated with timings for specific appointments for example when a new patient check was booked this was for a 20-minute appointment slot.

### National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2021 to 31/03/2021)	78.7%	N/A	67.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	74.1%	70.1%	70.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	69.7%	67.9%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	79.7%	81.2%	81.7%	No statistical variation

### Any additional evidence or comments

The provider in response to patient comments implemented a new telephone system in February 2022. This system operated across all its practice sites which meant that staff be responsive to incoming calls in a more timely manner. Staff reported that despite a few initial 'system teething problems' the new telephone system was working well.

Source	Feedback
NHSUK	No reviews as yet
Google reviews	<p>1.7 out of 5 with 33 reviews, however of these there were nine reviews in the last 11 months</p> <ul style="list-style-type: none"> <li>• 2 five stars</li> <li>• 1 three stars</li> <li>• 6 one star</li> </ul> <p>The negative reviews in general related to telephone access</p>

### Listening and learning from concerns and complaints

**Complaints were listened and responded to and used to improve the quality of care.**

Complaints	
Number of complaints received in the last year.	12
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	12
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We reviewed three complaints, we found that an investigation into the complaint was completed and patients received an apology when appropriate. Hohe practice complaint conclusion letter to did not include information as to the next steps patients could take. The practice manager reported that this was included in their acknowledgement letter as the practice leaflet contained this documentation.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patients family complained they felt their parent was being passed between the	The practice investigated the complaint.

practice and the hospital to which they were referred without clarity of information on when they would be seen.	They contacted the patient and family with an apology explaining that the practice did not have an alternative method of contacting the consultant secretarial staff about appointments. They could only ring the hospital appointments line to enquire in the same way as patients. However, they apologised if this had not been explained clearly at the point at which the patient was referred for clarity.
--	--

## Well-led

**Rating: Good**

### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership at all levels.**

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: The provider Prima Care Surgeries had developed as part of a group of practices discussion on succession planning and future proofing services for their patients.  Although there was no organisation structure documented the staff reported they were aware of who took up lead roles within the practice and with the provider.  Staff reported positively on the open culture fostered by the leadership team. All reported they felt included in the practice meetings and could add context and content where it applied to their role, the challenges faced and reported they made suggestions for positive improvements and they would be discussed and actioned.	

### 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.	Partial
Progress against delivery of the strategy was monitored.	Partial
Explanation of any answers and additional evidence: The practice strategy was not documented so therefore progress against delivery of the strategy was yet to be more formally monitored. The basis of the practice strategy had included staff's input. Their initiatives included working with the development of the PCN with a focus on health inequalities and mental health services.	

## Culture

### The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a policy to support its staff in the duty of candour. The intention was that there was a culture of openness and honesty to improve the safety of patients, staff and visitors to Prima Care Surgeries as well as raising the quality of healthcare systems. Its intention to improve the levels of care, responsibility and communication between healthcare organisations and patients and/or their carers, staff and visitors and make sure that openness, honesty and timeliness underpin the practice responses to such incidents.</p> <p>The practice Whistleblowing policy referenced staff's access to a named local independent Freedom to Speak Up Guardian.</p>	

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

Source	Feedback
Staff	<p>Staff were universally positive about working at the practice.</p> <p>They reported positively on the open culture fostered by the leadership team.</p> <p>They said they enjoyed their work and being part of the practice team, all staff spoken with felt supported with their health and wellbeing, work life balance and that should they work additional hours these were either provided as time owing in lieu or as overtime hours.</p>

## Governance arrangements

### There were clear responsibilities, roles and systems of accountability to support good governance and management.

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



There were appropriate governance arrangements with third parties.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>To enable oversight and governance the practice held a range of internal and external meetings, for example:</p> <ul style="list-style-type: none"> <li>• Significant events/Complaints</li> <li>• Safeguarding</li> <li>• Clinical</li> <li>• Palliative care and frailty</li> <li>• Practice team</li> <li>• Practice manager network</li> <li>• Local Clinical Commissioning Group</li> <li>• Primary Care Network (PCN)</li> </ul>	

### Managing risks, issues and performance

**There were clear and effective processes for managing risks, issues and performance.**

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>In response to Covid 19 the practice had developed a 'Pandemic Management Policy.' This provided action cards for staff in their various roles on what their responsibilities were in the event of any pandemic.</p> <p>During the pandemic the practice quality focus had been on meeting the vaccination programmes needs of their registered patient population.</p> <p>The practice clinical meetings included discussions on their progress in respect of meeting patient access requirements and they had put a new telephone system in place. The practice regularly discussed cervical screening and childhood immunisation uptakes and had improved this uptake from the previous year with additional time and resources put in place by the nursing team. This was remained below the targets set but had improved as a direct result.</p>	

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

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes
The practice actively monitored the quality of access and made improvements in response to findings.	Yes
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes

## 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
<p>Explanation of any answers and additional evidence:</p> <p>The practice maintained a security and protection of information policy accessible for staff to refer too which notes the staff member responsible for data security at the practice.</p> <p>The practice maintained an accessible consent policy for staff reference.</p>	

## Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had developed a PPG induction pack for new members.</p> <p>During the pandemic the PPG group moved to a virtual group, however the practice reported there was little interest shown by patients.</p> <p>There had been little, or no interest shown by their patients despite information provided on their website and within the practice to recruit new PPG members. At time of the inspection there was no active PPG.</p>	

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	

The practice had responded to patients' feedback in respect of access via their telephone systems and implemented a new telephone system in February 2022.

## Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

## Glossary of terms used in the data.

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