

Care Quality Commission

Inspection Evidence Table

Crusader Surgery (1-4730179070)

Inspection date: 05 December 2022

Date of data download: 01 December 2022

Overall rating:

Requires Improvement

At our last inspection on 01 March 2022, we rated the practice as requires improvement overall, and for safe, effective, and responsive, good for caring and inadequate for well-led key questions because we found that systems and processes did not ensure good governance to protect patients and staff from the risk of harm.

At this inspection we rated the practice requires improvement overall, and for caring and responsive services, and good for safe, effective, and well-led services.

Safe

Rating: Good

At our last inspection on 1 March 2022, the practice was rated as requires improvement for providing safe services because we found:

- A lack of information was available to reception staff to support them to recognise possible sepsis or deteriorating patients.
- Health and Safety risk assessments did not reflect issues identified and action taken to improve.
- Controlled drug prescribing systems were not being reviewed to ensure compliance with national guidance.
- The system for acting on safety alerts was not effective.
- Some patients on high-risk medicines had not received timely reviews in line with guidance.
- Although we found learning as a result of significant event analysis, this had not been recorded to reflect action taken to improve.

At this inspection we rated the practice good for providing safe services because the systems and processes identified as concerns at our last inspection had been developed, improved and embedded. This was evidenced in the practice's action plan and the minutes of meetings where new systems and processes were discussed.

Safety systems and processes

The practice had 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

Safeguarding	Y/N/Partial
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: <ul style="list-style-type: none"> Safeguarding systems and processes had been communicated to staff during practice meetings. Training records showed staff were trained in safeguarding to the appropriate level for their role. We saw monthly multidisciplinary team (MDT) meetings minutes with the actions taken from the discussions held. All the staff members we spoke with knew who the safeguarding lead was at the practice and how to raise a safeguarding concern. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff records seen showed effective staff recruitment checks, references, and vaccination status were updated and relevant. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes Oct 2022
There was a fire procedure. Date of fire risk assessment:	Yes Feb 22
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw all actions identified following the fire and health and safety risk assessments had been completed. 	

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.	Partial ¹

Date of last infection prevention and control audit:	Sep 2021
The practice had acted on any issues identified in infection prevention and control audits.	Partial ¹
The arrangements for managing waste and clinical specimens kept people safe.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>1. Although there had been a review of infection prevention and control (IPC) at the practice on 28 November 2022 by the commissioning organisation IPC lead, the practice had recognised they had not carried out a full IPC audit since September 2021. The review carried out in November 2022 had identified actions which the practice were progressing when our inspection site visit took place. We were provided with evidence of handwashing audits that had been undertaken regularly.</p> <ul style="list-style-type: none"> • Staff had received IPC training and the arrangements for managing waste and clinical specimens kept people safe. • Cleaning schedules seen showed regular checking and monitoring. Patients told us they felt the practice was clean and safe to receive their care. 	

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> <ul style="list-style-type: none"> • Visual reminders were available for all staff and clinicians to assist them to support patients, with safeguarding concerns, signs of sepsis and deteriorating patients. These were sited appropriately in administrative and clinical locations. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Patient records reviewed identified that care records were managed in line with current guidance. • Staff explained the process for referring patients and we were provided with the protocol for follow-up referrals. This included the assurance that checks had been undertaken to ensure patients referred through the two-week wait process had been given their appointment. • The management of test results ensured timely monitoring and clinical oversight. 	

Appropriate and safe use of medicines

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

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

Indicator	Practice	SICBL average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2021 to 30/09/2022) (NHS Business Service Authority - NHSBSA)	1.07	0.96	0.82	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2021 to 30/09/2022) (NHSBSA)	7.9%	8.5%	8.5%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2022 to 30/09/2022) (NHSBSA)	6.22	5.68	5.28	Tending towards variation (negative)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	233.8‰	183.1‰	128.0‰	Tending towards variation (negative)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2021 to 30/09/2022) (NHSBSA)	1.22	1.03	0.58	Tending towards variation (negative)

Indicator	Practice	SICBL average	England average	England comparison
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/04/2022 to 30/09/2022) <small>(NHSBSA)</small>	12.9‰	12.1‰	6.7‰	Variation (negative)

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

Any additional evidence or comments
<ul style="list-style-type: none"> We asked the practice to comment on the negative medicine prescribing indicators in the table above. We were told that in many cases patients had been provided medicine in secondary care and the practice had been asked to continue the treatment. The practice told us they were working with the medicines management team to improve these indicators. The practice had inherited a cohort of patients that were still registered at the practice from a GP that no longer works there, the GP had specialised in addiction. Although the gabapentanoid prescribing was still high compared with other local practices, we did note the prescribed pregabalin and gabapentin had reduced since our inspection in March 2022. The practice shared how they were addressing the prescribing outlier indicators with an action plan developed with the local medicine's management team.

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. ¹	Partial ¹
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. ²	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

Medicines management	Y/N/Partial
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.	Yes
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <p>1. We found 4 of 16 patients taking a disease-modifying antirheumatic medicine had not received the required monitoring. The practice told us these patients had been contacted to book an appointment however, had not responded to requests. Since the clinical searches had been carried out, 2 of the previous non-responders were now booked in for monitoring, and we were assured the practice had attempted and would continue to try and contact the remaining 2 patients.</p> <p>We found 4 of 426 patients taking an anticoagulant medicine had not received the required monitoring. The records we reviewed showed 2 of the 4 had incorrect creatinine clearance calculated and one was missing a current blood test and the other a current weight. Since the clinical searches had been carried out at the practice, the practice had re-assessed the two creatinine clearance concerns and the other two patients were now booked in for monitoring.</p> <p>We found 16 patients with hypothyroidism that had not received thyroid function test (TFT) monitoring for the last 18 months. Since the clinical searches had been carried out three of the patients had been reviewed and the remaining patients were booked for a review. The practice provided an action plan with changes to their monthly reporting to ensure they understood that patients with hypothyroidism had up to date monitoring.</p> <ul style="list-style-type: none"> • Blank prescriptions were kept securely, and their use monitored in line with national guidance. • The practice evidenced the recent competency checks and performance management of prescribers during clinical supervision. • Controlled drug prescribing was monitored to keep patients safe. 	

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.	Partial
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:	9
Number of events that required action:	9

Explanation of any answers and additional evidence:

- The practice had a system in place to record incidents and significant events, however, the learning was not always recorded however, we were satisfied appropriate action had been taken to prevent reoccurrence.

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

Event	Specific action taken
<u>Event</u> Staff forgot to lock doors when cleaning the practice. <u>Impact</u> Equipment could have been stolen, the premises damaged, and cleaners could have been attacked.	<u>Action and learning</u> Staff reminded of actions to take to ensure security.
<u>Event</u> Irate abusive patient at reception. <u>Impact</u> Scared staff and patients.	<u>Action</u> Patient removed from building, and patient list; zero tolerance adhered to immediately <u>Learning</u> Reminder for staff members to go directly to the practice manager if any person on the premises was getting agitated or irate with anyone. Reminded not to try to calm the situation themselves, as it may fuse the situation even more.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial ¹
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: 1. The searches relating to historical Medicines and Healthcare products Regulatory Agency (MHRA) identified 36 patients that had not been advised of the effects of taking their medicine. Other MHRA alert searches showed the practice was following guidance. Since the searches had been run the 36 patients identified had been contacted and a review had been scheduled to discuss and document the effects of their medicine. The practice provide their action plan that evidenced to us they had updated their reporting system to ensure patients affected by historical alerts guidance would be identified.	

Effective

Rating: Good

At our last inspection on 1 March 2022, the practice was rated as requires improvement for providing effective services because we found:

- Not all long-term condition patients had received a regular structured treatment review and had an updated care plan.
- The practice could not evidence they had identified and prioritised patients' care for their most clinically vulnerable patients during the pandemic.
- The practice did not have a programme of targeted quality improvement that could be used to inform care and treatment improvements.
- Childhood immunisations and cervical screening were below the national target.
- There was no review of unplanned admissions and readmissions to hospital.

At this inspection we rated the practice good for providing effective services because the systems and processes identified as concerns at our last inspection had been developed, improved and embedded. This was evidenced in their action plan and the minutes of meetings where new systems and processes were discussed.

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, 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 ¹
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 prioritised care for their most clinically vulnerable patients.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We were told the practice staff utilised the training afternoons provided by the local commissioning organisation to carry out internal and online training. This kept clinicians and administrative staff updated with current evidence based practice. Current evidence based clinical practice was discussed and evidenced in the clinical meeting minutes we saw. <ol style="list-style-type: none"> Following the clinical searches we carried out on the patient records system, 25 patients were found to have a potentially missed diagnosis of Chronic Kidney Disease (CKD) stage 3, 4 or 5. The practice acted immediately on our findings and found 21 were coding issues that were being investigated by the computer system provider as a system error, the remaining 4 patients were added to the clinic list to be seen. The practice provided evidence on an action plan of an updated process when running reports, to record findings on patients' records, and inform them of their CKD status. We also found 4 patients to have a potentially missed diagnosis of diabetes. The practice investigated our findings, 3 were already coded as type 2 diabetes and were receiving the correct monitoring and the remaining patient did not have a history of a raised HbA1C blood test. The practice raised this with the computer system provider to understand why this search identified these 4 patients incorrectly. 	

Effective care for the practice population

Findings

- The practice held a record of older patients who were living with moderate or severe frailty.
- Health checks, including frailty assessments, were available to patients over 75 years of age.
- 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 including NHS checks for patients aged 40 to 74. The checks were provided by another organisation that had carried out 299 assessments and there were further assessments booked. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability (LD) had been offered an annual health check. 35 of the 67 patients on the LD assessments had been undertaken and 32 further checks had been booked.
- 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 clinicians explained patients were discussed at multidisciplinary meetings and treatment changes were identified and recorded directly onto patients records during to ensure up-to-date information was captured.
- 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 with poor mental, including dementia, were referred to appropriate services. The practice also had access to an in-house counsellor.

Management of people with long term conditions

Findings

- We identified 25 patients that had a potential missed diagnosis of CKD stage 3 to 5. There were 21 coding errors found in the 25 missed CKD patients, that occurred when the practice changed their

patient record computer system, and the remaining 4 patients had been added to the clinic list for review.

- 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) (01/04/2020 to 31/03/2021) (UKHSA COVER team)	68	79	86.1%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (UKHSA COVER team)	81	89	91.0%	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) (01/04/2020 to 31/03/2021) (UKHSA COVER team)	80	89	89.9%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (UKHSA COVER team)	80	89	89.9%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (UKHSA COVER team)	90	106	84.9%	Below 90% minimum

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

Any additional evidence or comments

- We asked the practice to comment on the practice lower immunisation performance in the table above. They told us extra clinics had been arranged to improve the uptake which had reduced during the COVID-19 pandemic period. Unverified data from the practice computer system showed the practice immunisation data had improved, however, there was no updated national data published to compare.

Cancer Indicators	Practice	SICBL average	England average	England comparison
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). (Snapshot date: 30/06/2022) (UK Health and Security Agency)	70.8%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	67.0%	61.7%	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) (UKHSA)	62.2%	68.2%	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) (UKHSA)	51.1%	61.5%	55.4%	No statistical variation

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.

Any additional evidence or comments

- We asked the practice to comment on the low practice cervical cancer screening performance in the table above. They told us extra clinics had been arranged to improve the uptake which had been reduced during the COVID 19 pandemic period.
- The data had improved from 68% to 70% since the previous inspection in March 22 and we were told this target remained on their action plan to deliver further improvement.

Monitoring care and treatment

The practice had a comprehensive 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
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Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

- The practice provided evidence of audits with the actions taken to address any findings that could improve the quality of care and treatment.
- Action plans produced by the practice evidenced the improvement work they had carried out and their commitment to local and national quality improvement initiatives. This included reviewing unplanned admissions and readmissions.

Any additional evidence or comments

The summary of regular audits carried out to monitor quality at the practice:

Dermatology audit.

- Following a concern from a delayed melanoma diagnosis at the practice, the practice decided to retrospectively audit 20 skin lesions using the National Institute for Health and Care Excellence (NICE) 7 point check list for signs. All referrals had undergone the 7 point check and were documented on the referral form; however, the signs had not been documented on the patient records. This triggered a separate audit to look at clinical note keeping. During a learning session clinicians re-acquainted themselves with the 7 point check list signs and the need to ensure they were documented on both the referral form and within the patient records.

Clinical note keeping.

- The findings of the dermatology audit initiated a re-audit 6 months later to confirm patient records were being documented with the 7 point check list signs.

Patient survey audit.

- Monthly surveys since April 2022 were undertaken at both practice locations. The actions taken to improve patient access, was to offer 32 pre-bookable GP appointments every Wednesday to reduce the demand for on-the-day- non-urgent appointments. The staff answering the telephones had received training to direct people appropriately to meet their needs effectively.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> In the staff records we reviewed we saw documentation to show they had the skills, knowledge and experience to deliver effective care, support and treatment. The staff we spoke with told us that the practice had a programme of learning and development. We were provided examples of how the practice could demonstrate and assure us of the competency of staff employed in advanced clinical practice, for example, nurses, and physician associates. Recent staff changes showed us the practice had an appropriate approach to manage staff when their performance was poor or variable. 	

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-centered care when they moved between services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We found evidence within the multidisciplinary team meeting notes that the practice worked with other organisations and services to provide patients with person centered care. 	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We were told during interviews with the clinicians they identified patients that may need further support and referred them to relevant services. We saw information on the display screen in the waiting room to keep people informed about the services available locally to support and improve patient's health. 	

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 Cardiopulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
Explanation of any answers and additional evidence <ul style="list-style-type: none"> Clinicians explained the way they recorded consent during the remote interviews. We were also shown where 'do not attempt cardio-pulmonary resuscitation' (DNACPR) was recorded with records to ensure staff understood patients' preferences. 	

Caring

Rating: Requires Improvement

At the last inspection on 1 March 2022, the practice was rated as good for providing caring services however, we found:

- Patient satisfaction was low in the last national GP survey with regard to their overall experience and their involvement during their last GP appointment with decisions about their care and treatment at the practice.
- The practice did not collect their own patients' satisfaction or feedback to understand their needs. Patients expressed their satisfaction with regards to recent changes at the practice during the site inspection and within the reviews of the NHS overview website.

At this inspection we rated the practice requires improvement for providing caring services because although some of the concerns listed above had been addressed, there had been a further reduction in the satisfaction of patients in the GP survey results. The areas of reduced satisfaction we found was in regard to:

- The respondent's confidence and trust in the healthcare professional they saw or spoke with.
- There had been a reduced number of respondents that responded positively to the overall experience of their GP practice.
- There had also been a reduction of the respondents 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.
- We found patient satisfaction was also reduced in comparison to the last inspection on the NHS overview website.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• When we spoke with staff, they explained how information was provided to patients to help them be involved in their own care and treatment.	

Patient feedback	
Source	Feedback
Patients we spoke with during the inspection	We spoke with 4 patients during the on-site inspections. Two told us they had experienced difficulty obtaining an appointment, saying the only way to get one was

	to be at the door when the practice opened. They all told us that once they gained access to the practice they were pleased with the care and treatment received.
NHS comments	There were 5 comments left in the last 12 months. 3 comments were positive about the helpful and supportive reception staff, these were rated with five stars. The remaining 2 comments stated issues with getting prescriptions, access via the telephone and answering queries. These comments were rated with 1 and 2 stars.
Healthwatch comments	There had been no comments left on the Healthwatch website.

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 average	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 (01/01/2022 to 30/04/2022)	76.5%	84.8%	84.7%	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 (01/01/2022 to 30/04/2022)	75.3%	82.9%	83.5%	No statistical variation
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 (01/01/2022 to 30/04/2022)	82.6%	93.0%	93.1%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	39.3%	72.3%	72.4%	Variation (negative)

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

Any additional evidence

Following the concerns identified at the last inspection in March 2022 regarding the practice not gathering patient feedback the practice had undertaken monthly surveys since April 2022 focusing on the areas of low satisfaction from the national GP survey. The feedback responses identified actions needed to improve patient satisfaction. These included increasing the number of appointments to improve access, they did this by offering a further 32 pre-bookable GP appointments every Wednesday to reduce the demand for on-the-day non-urgent appointments. They also provided more training to staff answering

the phone to direct people appropriately. The practice told us they were continuing to collect and audit the feedback as part of their improvement plan.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice displayed information to support carers. There was community and local services to support patients within the reception and waiting room area. 	

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 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 (01/01/2022 to 30/04/2022)	75.4%	89.6%	89.9%	Variation (negative)

Any additional evidence or comments

- The practice told us the areas of lower patient satisfaction in the tables above had been added to their patient feedback survey collected at the practice monthly. They had acted on the findings and made changes for example; telephone system and staff training in response. However, the satisfaction levels reflected in responses to the national GP survey had continued to reduce.
- We were also told by the practice they had experienced problems when substantive regular staff that could not work and said this had impacted on patient satisfaction. For example patients could not get an appointment with their preferred clinician. The practice told us about their plans to increase both the clinical and administrative workforce further to improve patient satisfaction.

	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.	On request
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> There was information in the waiting room to signpost patients to local support groups and events. 	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 837 carers which represents 7.6% of the practice population.
How the practice supported carers (including young carers).	Carers were offered carers health assessments and supported by the GP Care advisor and social prescriber. The practice had identified 28 young carers.
How the practice supported recently bereaved patients.	GPs phoned the recently bereaved when appropriate to offer supportive information to patients support, and then a follow-up appointment was arranged if appropriate.

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> There were signs in the waiting room informing people that a private area to discuss sensitive topics was available. 	

Responsive

Rating: Requires Improvement

At the previous inspection on 1 March 2022, the practice was rated as requires improvement for providing responsive services because, we found:

- Patient satisfaction in the GP patient survey regarding the ease of patients to access the GP practice on the phone, or the satisfaction of getting an appointment was very low in comparison with local and national GP practices.
- Complaints were not well managed; the learning was not recorded, or any indication that the information was used to improve the quality of care.

At this inspection we rated the practice requires improvement for providing responsive services because, although some of the concerns listed above had been addressed, there had been at least a 20% further reduction in the satisfaction of patients in the GP survey results. The areas of reduced satisfaction we found were in regard to:

- A reduction in the number of responses that were positive about how easy it was to get through to someone at their GP practice on the phone.
- There had been a reduced number of respondents that responded positively to the overall experience of making an appointment.
- There had also been an increase in the number of negative responses from patients saying they were very satisfied or fairly satisfied with their GP practice appointment times.
- The complaints process had been updated and reviewed; they undertook quarterly audits to understand any learning needs to improve access to the service.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had worked with the practices in their primary care network to develop services to meet their local population needs. For example, extended hours access, and a flu and COVID-19 vaccination programme. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am-1pm Surgery door closed for one hour 2pm-6:30pm

Tuesday	8am-1pm Surgery door closed for one hour 2pm-6:30pm
Wednesday	8am-1pm Surgery door closed for one hour 2pm-6:30pm
Thursday	8am-1pm Surgery door closed for one hour 2pm-6:30pm
Friday	8am-1pm Surgery door closed for one hour 2pm-6:30pm
Extended hours access was available to patients at additional locations within the local area, at practices in the primary care network Mondays to Friday between 6:30pm and 8:30pm, and Saturdays 9am to 1pm and Sundays 9am to 11am.	

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

- The practice demonstrated their services were developed in response to their population needs.
- Patients had a named GP to support them in whatever setting they lived.
- The practice responded to older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues. This was confirmed during an interview with a patient when we carried out the site inspection.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- The practice contacted the community services on an individual basis to discuss and manage the needs of patients with complex medical issues. We were told that a regular face to face multidisciplinary meeting to discuss patients' needs was in the process of being arranged for the future.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Pre-bookable appointments were available to patients at additional locations within the area, as the practice was a member of a primary care network. Appointments were available Saturday 9am to 1pm and Sundays 9am to 11am.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were able to register with the practice, including those with no fixed abode such as homeless people and travellers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability

Access to the service

People were not always 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	Partial ¹
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Partial ²
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 (including those who might be digitally excluded).	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> <ol style="list-style-type: none"> Although the practice had acted on findings in their own feedback surveys carried out monthly from April 2022 to improve access for patients, the patient satisfaction reflected in the national GP survey had reduced since 2021. When questioned patients were unaware of the full range of appointments available. The practice website did not easily direct patients to the different types of appointment available. The reception staff we spoke with told us they directed patients to appointments according to their requests. <ul style="list-style-type: none"> Following the onsite inspection the practice said they would make changes to their website. 	

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 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 (01/01/2022 to 30/04/2022)	12.1%	N/A	52.7%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	31.3%	57.0%	56.2%	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 (01/01/2022 to 30/04/2022)	29.1%	56.5%	55.2%	Variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	66.6%	76.0%	71.9%	No statistical variation

Any additional evidence or comments

Although the practice had acted on findings in the national GP survey and carried out their own feedback survey's, patient satisfaction had reduced since 2021. The practice provided evidence and told us: The practice carried out their own patient feedback asking the same questions that they had received lower

satisfaction within the national survey. They had collected the feedback monthly, audited the responses quarterly, and acted on the findings. For example:

- Since the last inspection, and after the collection of the national patient survey data (between January 2022 and March 2022) in the table above, the practice had installed a new telephone system, and had added additional lines in October 2022 to further improve telephone access into the practice. They had recruited new staff specifically to answer phones and direct patients to the most appropriate clinician or service. Pre-bookable face to face appointments had been added to their appointment system for non-urgent problems. The practice website had been updated for patients to ask questions and receive answers or the query to be converted to a telephone appointment. In response to their patient's feedback they had recruited, additional staff that included both clinical and administrative roles, this was as a result of problems experienced at the practice when substantive regular staff members were unable to work, which had impacted on patient satisfaction. The benefit of these changes will not be evident until the next GP patient survey publication in July 2023.
- The practice told us they would continue with auditing to identify whether the actions they had taken were effective, and what other improvements they could make.

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.	57
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	1

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The complaints process had been updated and reviewed; we were provided evidence of the quarterly audits undertaken to understand any learning needs to improve the service. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
<u>Complaint</u> Delay of prescription.	<u>Actions</u> Prescription clerk rang pharmacy and patient as sent to pharmacy in time. Pharmacy explained they had a problem with their computer system. Patient informed and physical prescription taken to pharmacy.
<u>Impact</u> Patient without medicine.	<u>Learning</u> Pharmacy to make practice aware of any delays or system problems so that alternatives can be arranged.

<p><u>Complaint</u> Patient felt not been sent for correct referral.</p> <p><u>Impact</u> Patient anxiety.</p>	<p><u>Actions</u> Clinician carried out full investigation of patient records. This showed the patients requests for referrals had been made.</p> <p><u>Learning</u> Although patients' clinical needs met to consider mental health needs.</p>
<p><u>Complaint</u> Appointment cancelled by practice due to insufficient vaccine supply.</p> <p><u>Impact</u> Delay for patient to receive vaccine .</p>	<p><u>Actions</u> Investigation of vaccine supply against demand.</p> <p><u>Learning</u> Ensure sufficient vaccine supplies before booking appointments.</p>

Well-led

Rating: Good

At the previous inspection on 1 March 2022, the practice was rated as inadequate for providing well-led services because we found:

- The practice did not have a clear vision or strategy that had been developed with staff, patients and external partners. There was a lack of a succession plan.
- The practice leaders had not evidenced that they understood the challenges of quality and sustainability, or the actions needed to address these challenges.
- Many of the governance structures and systems needed to be updated and reviewed.
- There was a lack of a comprehensive assurance system to mitigate risks and issues, and to monitor performance.
- There was no quality improvement programme including clinical audit, to improve the services provided.
- No assurance that the impact on quality and sustainability had been assessed when making service developments or changes.
- There was a lack of evidence that patient views were acted on to improve services and the culture at the practice.

At this inspection we rated the practice good for providing well-led services because the systems and processes identified as concerns at our last inspection had been developed embedded and improved. This was evidenced in their action plan and the minutes of meetings where new systems and processes were discussed. The practice had worked closely with the local commissioning organisation and their primary care network practices to embed and establish new working processes.

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:	
<ul style="list-style-type: none">• We found evidence of both clinical and managerial leadership within the practice. The work carried out with the other practices in their primary care network had supported them to understand the local challenges to quality and sustainability to develop services.	

Vision and strategy

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

	Y/N/Partial
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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 ¹
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence:	
<p>1. Although the practice held regular meetings to update staff with practice development plans, the staff told us this was carried out as separate clinical or administrative meetings. Staff told us this separation made them feel they were not sure of the vision for the entire practice.</p> <ul style="list-style-type: none"> • The practice told us they worked with their primary care network practices, to discuss the development of services to meet the needs of the local area patient population. • Plans were in discussion with the local commissioning organisation to build and move to a larger more appropriate site. This was in recognition of the increased patient population coming from the two large new housing developments in the area. 	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behavior 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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The staff information/handbook guided staff how to raise a whistleblowing application or contact the freedom to speak-up guardian. 	

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

Source	Feedback
We spoke with nine staff members during our site visit, and we received 15 staff satisfaction forms.	Those we spoke with were all positive about the processes and procedures at the practice. They felt able to raise issues and concerns although, did find the notices on managers doors did not support an open-door policy. Staff told us they were supported in their roles at the practice with training and personal needs. Newly recruited staff members felt supported by the practice induction process.

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
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Following the previous in March 2022 inspection, the practice had developed an action plan which had been monitored closely by the local commission organisation, this was to ensure the fundamental governance structures and systems were improving. At this inspection we found governance structures and systems had been regularly reviewed and updated which was evidenced within their action plan and discussed at practice meetings. Improvements to access had been made for example; a new telephone system had been installed and further lines added in October 2022, new staff specifically to answer phones and direct patients to the most appropriate clinician or service had been recruited, pre-bookable face to face appointments had been added to their appointment system for non-urgent problems, the practice website had been updated for patients to ask questions and receive answers or the query to be converted to a telephone appointment, additional staff had recruited including both clinical and administrative roles. Since these changes were made following the collection of the national patient survey data between January and March 2022, the benefit of these changes will not be evident until the next GP patient survey data publication in July 2023. 	

Managing risks, issues and performance

There were 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Since the previous inspection in March 2022 the practice had developed an effective assurance system to mitigate risks and issues. We were provided evidence of assessments that had been 	

actioned for example; health and safety, the monitoring of high-risk medicines, safety alerts, the review of patients with long-term conditions and complaint handling.

- We found there was now a quality improvement programme in place, that had been developed over the last year, this included clinical audit.
- We found the notes taken during team meetings were improved. Notes recorded issues, risks, performance, and learning that had been discussed and shared with staff to reduce reoccurrence of issues.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had acted on the patient satisfaction feedback they had collected to improve their performance however, the actions taken were made after the collection of the national patient survey data between January and March 2022, the benefit of these changes will not be evident until the next GP patient survey data publication in July 2023. • Management staff understood their responsibility, and how to make statutory notifications to the CQC. 	

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

<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • We were provided evidence that the practice held a registration with the 'Information Commissioner's Office'. • We saw evidence in patient records their consent was obtained and subsequent interactions were recorded. • The practice website informed patients how their records were stored, managed and the information sharing protocol for online services.

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> <ul style="list-style-type: none"> • The practice provided evidence that patient views were acted on to improve services at the practice. • We were provided an action plan that showed the practice development. Much of the work on the action plan had been completed and embedded into the delivery of services at the practice. • We were provided evidence that the practice worked with their primary care network practices and stakeholders to build a shared view of challenges and the needs of the population. 	

Feedback from Patient Participation Group.

Feedback
<p>There were 5 members of the patient participation group. We were told meetings were held face-to-face although, there had been nearly a year between the last meeting in 2021 and the last meeting in August 2022. The last meeting showed the practice had updated the group on the challenges, latest developments at the practice, and to discuss the constitution for the group going forward. They have a meeting booked for January 2023 to develop the governance of the group and how they intend to work with the practice.</p>

Continuous improvement and innovation

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

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

- We found evidence of continuous learning and improvement within the action plans developed with the local commissioning organisation to oversee improvement and innovation.
- The practice worked with their primary care network practices to share learning used to improve.

Examples of continuous learning and improvement

Since the findings at the last inspection in March 2022, the practice has worked closely with the local commissioning organisation and their primary care network practices. They had developed a substantial action plan to improve the service and address the concerns and issues, we found:

- Additional staff had been recruited and further recruitment was on-going to meet and develop the audit driven work for improvement at the practice.
- More chronic disease management appointments were being held to provide continuity of care.
- Paramedics and clinical pharmacists were providing long term condition and learning disability reviews and monitoring patients to keep them safe.
- A new telephone system had been installed in March 2022 with dedicated lines for prescriptions, and secretaries. Additional telephone lines were added in October 2022.
- Triage appointments for patients to access same day contact with a clinician had been well received, and patients had responded favorably within the practice own patient survey regarding satisfaction of appointment types provided.
- Pre-bookable clinics had been added to the appointment system from October 2022 and there were plans to increase the number from January 2023.
- Improved signage for patients had been added to the practice website to collect patient feedback and direct patients to appointment types.
- An improved bereavement process which included clinician contact with the family and a follow-up process.
- Staff training to ensure the use of tasks on the computer system were documented actioned and completed.
- A documented staff competency process with reviews of patient records to ensure correct coding and conversations with patients were recorded.
- Clinical searches run weekly to identify any patient interactions that were needed. Monthly and quarterly audits were carried out to determine whether there were any trends or themes that needed to be addressed.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤-3
Variation (positive)	>-3 and ≤-2

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules-based approach for scoring, due to the distribution of the data. This indicator does not have a SICBL 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 SICBL 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.