

Care Quality Commission

Inspection Evidence Table

Balderton Primary Care Centre (1-9857940063)

Inspection date: 28 February 2022

Date of data download: 28 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: The regional medical director, who was also a GP, was the safeguarding lead for the practice. The practice held regular meetings with local health and social care professionals to ensure they had up to date registers. Alerts were used to identify vulnerable people, for example, children with a safeguarding plan in place. There were domestic abuse helpline posters in the toilets and plans to implement a discreet system for victims to notify the practice team if they require help.	

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 Public Health England (PHE) guidance if relevant to role.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had recently recruited many new staff members within the past six-month period prior to our inspection. All recruitment checks were carried out in accordance with regulations. The practice also regularly used agency staff and locums, we saw evidence demonstrating that all correct checks had been conducted.</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: 21/02/2022	Yes
There was a fire procedure. Date of fire risk assessment: 07/12/2021	Yes
Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice provided an action plan following both the health and safety and fire risk assessments we saw that actions had been taken and proposed actions had target dates of completion.</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. Date of last infection prevention and control audit: 06/01/2022	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice nurse was lead for infection prevention and control and carried out six monthly audits to ensure the premises maintained safety. There was regular visits and audits also completed by the regional nurse manager.</p>	

Risks to patients

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

	Y/N/Partial
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There was an effective approach to managing staff absences and busy periods.	Partial ¹
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours	Partial ²
<p>Explanation of any answers and additional evidence:</p> <p>¹ The practice used locums to manage staff absences, on occasions patients appointments were cancelled due to locum cover not being secured. Staff felt that during busy periods there was not always adequate staffing resulting in staff working overtime and struggling with workloads. The practice was actively recruiting further staff.</p> <p>² We spoke with staff who told us that the previous six months staffing had been low at times and staff had worked excessive hours, staff were not always able to provide appointments during these periods. The practice has since addressed this with recruiting new staff members and continuing to actively recruit.</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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had worked hard to address summarising patient notes since the last inspection. The practice had summarised 94.3% of their practice records. There was a small number of records awaiting summarisation due to the practice gaining a significant number of new patients within the past eight week period prior to our inspection.</p>	

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)	0.79	0.77	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)	8.3%	8.3%	9.2%	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 (01/07/2021 to 31/12/2021) (NHSBSA)	5.10	4.57	5.28	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	135.0‰	129.6‰	129.2‰	No statistical variation
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)	0.48	0.52	0.62	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/04/2021 to 30/09/2021) (NHSBSA)	3.2‰	6.2‰	6.7‰	Tending towards variation (positive)

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

Medicines management	Y/N/Partial
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 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.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We carried out a clinical review of patients on high risk medicines and disease modifying antirheumatic medicines (Methotrexate). We found that all patients had received appropriate monitoring at required intervals.</p> <p>We carried out a clinical review of patients on Warfarin (a medicine used to thin blood) we found that patients were monitored by local anticoagulation clinic, and the medication was issued by the surgery. The practice had recently started to record the latest blood results on the medical notes but there was no historical data. The practice told us that there was now an appointed lead to check and record results.</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:	9
Number of events that required action:	9
Explanation of any answers and additional evidence: Incidents and complaints were logged in an internal organisational incident reporting system which enabled governance teams to keep oversight as well as share any relevant learning across other practices within the group. Significant events were discussed at practice team meetings to identify and share learning.	

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

Event	Specific action taken
Police incident	Investigation took place with staff and police. Staff provided with wellbeing support and training. Zero tolerance poster placed at reception. Discussed incident during team meetings.
Safe care and treatment	Investigation took place involving medical directors. Discussion with clinicians and further training given during clinical meeting.

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
Explanation of any answers and additional evidence: We saw examples of actions taken on recent alerts for example, regarding sodium valproate and carbimazole. Our review found six patients who were prescribed these medicines. There was evidence of discussion with patients about the risks of taking these medications.	

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
Explanation of any answers and additional evidence: Clinicians had access to a shared electronic platform which was also used across Nottingham for keeping practices up to date with guidance, pathways and resources. The chief medical officer also wrote blogs fortnightly which were shared with the practice team. The practice was able to describe incidents in which patients had attended the practice and their condition deteriorated; immediate actions were taken in response of the medical emergency.	

Effective care for the practice population

Findings

- 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.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- 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. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check. The practice sent out letters inviting patients in different formats to support the needs of patients. If required pictorial health plans were used.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. End of life care was discussed in multidisciplinary meetings and a name GP would visit the patient in their setting if required.
- 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 described circumstances where they have used local providers for drug and alcohol misuse.
- 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

Findings from clinical searches carried out during the inspection found that systems to manage patients with long term conditions were effective for example:

- The practice was proactive with running regular searches of their clinical system to manage patients with long term conditions. The lead nurse for the practice is appointed the lead for long term conditions.
- We found two patients out of 18 with Chronic Kidney Disease Stages four or five who had not had either blood pressure and/or Urea+Electrolytes monitored in the last 18 months. We saw evidence that the practice had recently sent letters to invite patients to attend.
- We found 11 patients out of 233 patients with hypothyroidism who had not had thyroid function test monitoring for 18 months. We reviewed five records and saw evidence the practice had sent letters to invite patients to attend. The practice told us they would continue to run these searches at regular intervals.
- We found 30 patients with a potential of a missed diagnosis of diabetes. We reviewed five records and found that the practice had recently ran a search and had begun treatment or scheduled blood

tests to confirm a diagnosis. The practice told us that patients were managed by the diabetic clinical locally and there had been some problems in referring to the service. The practice told us they would continue to run these searches at regular intervals and the lead nurse will continue to monitor patients at regular intervals.

- 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.
- Asthma, COPD and diabetes reviews were undertaken over the phone wherever possible during the pandemic to continue chronic disease monitoring. The practice told us there was a plan in place for catching up on any reviews which could not be done during the pandemic, including introducing a structured recall system.
- 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. The practice had also purchased 25 blood pressure monitors for patients to use at home.
- 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) (NHS England)	7100	72	9861.1%	Met 95% WHO based target
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) (NHS England)	6600	74	8918.9%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and	6600	74	8918.9%	Met 95% WHO based target

Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England)				
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) (NHS England)	6600	74	8918.9%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England)	8000	85	9411.8%	Met 95% WHO based target

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

Any additional evidence or comments

The practice supplied unverified data collected from their clinical system for the quarter three period between October 2021 to 31 December 2021.

- The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection was 95%
- The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/10/2021 to 31/12/2021) was 87%
- The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/10/2021 to 31/12/2021) was 89%.
- The percentage of children aged 5 who have received immunization for measles, mumps and rubella (two doses of MMR) (01/10/2021 – 31/12/2021) was 89%

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)	80.7%	N/A	80% Target	Met 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (PHE)	79.0%	64.3%	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)	72.4%	67.6%	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)	55.2%	55.5%	55.4%	No statistical variation

Any additional evidence or comments

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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

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

<p>The practice carried out an audit of patients taking methotrexate (a disease-modifying medicine indicated in the treatment of severe, active, classical or definite rheumatoid arthritis, including juvenile arthritis, and severe psoriasis which is unresponsive to conventional therapy). The aims of the audit were to promote patient safety when prescribing the medicine as well as assess patient compliance. An audit was carried out in January 2022 and an improvement required was for some patients to be contacted; inviting them for vaccines and blood tests. The audit was repeated in February 2022 and a 100% achievement in all areas including blood monitoring and vaccines was found.</p> <p>The practice also carried out several audits for high risk drugs and DMARD (Disease modifying antirheumatic drugs), potential missed diagnosis of diabetes and an asthma audit. Actions taken as a result of these audits demonstrated positive improvement in the management of identified patients.</p>
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Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had recently recruited many new members to the team. We saw that staff had a thorough induction programme including regular one to ones, training and targets set with members of the management team.</p> <p>The practice nurse was supported by the lead GP through one to ones, coaching and clinical supervision whilst completing an advanced care practitioner master's degree.</p> <p>The practice regularly used clinicians who were self-employed, and their competence was regularly reviewed through appraisals and clinical supervision.</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
<p>Explanation of any answers and additional evidence:</p>	

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had numerous notice boards to encourage and support patients to be involved in monitoring and managing their health for example a diabetes board, arthritis, cancer support and smoke free clinic information.</p> <p>The practice explained they were able to refer patients to social prescribing schemes if required such as wellbeing groups, financial and divorce support.</p>	

Any additional evidence or comments

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We reviewed five patient records where DNACPR decisions were recorded. We found decisions were made in line with relevant legislation. Where a decision had not been reviewed within 12 months records demonstrated that the practice were awaiting results of patients mental capacity tests.</p>	

Caring

Rating: Good

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:	

Patient feedback	
Source	Feedback
Compliment letter	Letter sent to the reception team leader to thank staff for helping with technology issues whilst using the digital solutions for accessing services.
Share your experience form on CQC website	Patients described positive experiences in regards to accessing the service and the level of care and treatment received. CQC share your experience forms included examples of where appointments had been arranged in a timely manner. Patients felt that practice staff called them back in a timely manner; referrals were made and patients seen by specialists within two weeks of the referral. Patients also felt that they received a swift and professional service and would recommend the surgery to family and friends.

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 the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2021 to 31/03/2021)	91.0%	89.2%	89.4%	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 (01/01/2021 to 31/03/2021)	90.7%	88.7%	88.4%	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 (01/01/2021 to 31/03/2021)	96.5%	95.6%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	75.7%	83.7%	83.0%	No statistical variation

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

Any additional evidence

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: Staff explained how they would access interpretation services if required. Easy read and pictorial materials were available for patients.	

Source	Feedback
Feedback directly to CQC	It takes a while to get through on the phone, sometimes you can be on hold for an hour. However, in terms of service from the doctors, the Dr has been really understanding throughout my anxiety and took the time to listen and try and find the best treatment moving forwards.
Feedback directly to CQC	The care (once I got through) I have received has been extremely personable. I have a genuine patient - GP relationship whereby for the first time ever I have consistent care by the same GP. The service has been second to none and since I began seeing the lead GP in September 2021 I have certainly began to feel and function so much better. I am glad I have been assigned to his care and I will be extremely disappointed if I have to see another GP.

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)	95.8%	93.6%	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
Explanation of any answers and additional evidence: We saw information available in various formats such as translated information, and pictorial information. Leaflets had been removed from the waiting are during the pandemic however they were available upon request. The practice had several notice boards which included information on local support groups such as alcohol and drug misuse, breastfeeding and covid support.	

Carers	Narrative
Percentage and number of carers identified.	124 (2%) patients were identified as carers
How the practice supported carers (including young carers).	The practice was in the process of implementing a carers lead. The practice was able to signpost carers to extra support if required. There was a carers corner in the waiting room with information including young carers support groups and transport scheme information.
How the practice supported recently bereaved patients.	The practice management team sent out bereavement letters to families to offer condolences and signposting to support groups and counselling services.

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:	

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
Explanation of any answers and additional evidence:	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8:00am – 6:30pm
Tuesday	8:00am – 6:30pm
Wednesday	8:00am – 6:30pm
Thursday	8:00am – 6:30pm
Friday	8:00am – 6:30pm
Appointments available:	
Monday	8:00am – 6:30pm
Tuesday	8:00am – 6:30pm
Wednesday	8:00am – 6:30pm
Thursday	7:00am - 6:30pm (Extended appointments available for nurse appointments)
Friday	8:00am – 8:00pm (Extended appointments available for GP and Advanced nurse practitioner appointments)

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

- Patients could request a named GP who supported them in whatever setting they lived.
- 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.
- The practice dedicated longer appointment slots to patients with complex medical issues, patients with poor mental health and vulnerable patients. Feedback from patients regarding the length of these appointments was positive.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred. A bereavement letter was sent out to families to offer condolences and information of support groups available.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Additional nurse appointments were available on a Thursday at 7am to provide blood tests for working age people so that they did not need to miss work.
- 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. Appointments were available Saturday and Sunday 10am until 1pm.
- 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 easily 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 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: The practice has implemented a new telephone system. The telephone system statistics were monitored including the amount of incoming calls and abandoned calls. We saw evidence that the incoming phone calls for January 2022 were 5500 in total and 70% of these calls were answered. The average que time for patients was 13 minutes and 34 seconds. The practice used remote support to answer telephones during peak times. The practice had increased staffing and anticipate an increase in calls answered.</p> <p>The practice required patients to telephone for a same day appointment at 8am and were told they would receive a call back from an appropriate clinician that day. Clinicians could book a face to face appointment if they deemed it was necessary. At the time of our inspection there was a 9 day wait for a routine blood test appointment with a practice nurse.</p> <p>For patients who face communication barriers they could visit the practice to book an appointment and were also able to prebook appointments to avoid telephoning the practice. For patients who were unable to phone due to other commitments for example working commitments the practice had implemented an app to request appointments, sick notes and ask their GP a question.</p>	

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)	75.9%	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)	64.3%	73.2%	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)	63.0%	70.0%	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)	76.3%	82.9%	81.7%	No statistical variation

Source	Feedback
NHS choices	There were ten negative comments posted on the NHS choices website. The main theme of the negative comments was regarding the length of telephone waits. The practice had not responded to all the comments.

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.	15
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Information on how to complain was available on the website. There were several posters in the practice displayed. Patients were able to complain in person privately with the complaint's manager.</p> <p>The practice used complaints to drive continuous improvement. For example, the practice had increased nursing capacity by recruiting a full-time nurse and providing early morning appointments.</p> <p>The practice has experienced an increase in complaints during 2021 the practice assistant manager became the complaints manager and was available to talk to patients in person to answer concerns.</p>	

Examples of learning from complaints.

Complaint	Specific action taken
Attitude of GP	Investigated incident and provided an apology. Updated notes to request a different GP for appointments in future.
Access concerns	Call with patient from Dr and written response from management given. The patient was invited to join the practice participation group.

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: Leaders described the challenges they had faced in the previous 12-month period and the steps taken to address these. Leaders and staff identified the current challenge for the practice was staffing levels, the practice was actively recruiting at the time of inspection. Staff reported that the successful recruitment of several members provided a less stressful workforce and in turn provided higher quality care for patients.	

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: The practice had worked hard to address patient complaints and concerns within the past 12-month period. Staff we spoke with described the practice as successfully reaching the practice vision in the past three months and ability to be able to provide high quality sustainable care.	

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>Staff we spoke with felt their immediate management was approachable and supportive. Staff were aware of how to raise concerns and described an open culture.</p> <p>Staff members we spoke with described the help received for their wellbeing after a patient was abusive. Employee assistance programmes were available including mindfulness, yoga and financial support.</p>	

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

Source	Feedback
Staff interviews	Staff told us that they had been through a very difficult nine-month period at the practice due to low staffing levels and negative press in local newspapers and social media. Staff had been subject to abusive behaviour from patients due to patient frustrations. Since recruiting new team members, the pressure on staff has decreased, staff felt that the team morale had increased, and patients have started to notice the positive changes made. Staff felt proud of the changes made and the positive relationships with their patients and hoped to further improve with implementations such as the new digital app for patients. Staff felt that staffing levels needed to be continually monitored to continue to offer a good service to patients.

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>The provider Operose Health had a corporate structure which included an executive team, a clinical and operational board and an integrated governance committee. The practice team reported to a regional board who met weekly and escalated any communications to the clinical and operational board. The integrated governance committee provided oversight of governance procedures at practice level. Staff were aware of who the leads were within the practice and at regional level. Staff told us they knew their roles and responsibilities and were aware of how to access policies and procedures.</p>	

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
Explanation of any answers and additional evidence:	

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
Explanation of any answers and additional evidence:	

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:	
Management staff regularly checked data to monitor and improve performance at the practice.	

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.	N/A
Online consultations took place in appropriate environments to ensure confidentiality.	N/A
The practice advised patients on how to protect their online information.	Yes
Explanation of any answers and additional evidence:	

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.	No
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: There was not an active patient participation group in place; however, the practice was actively recruiting members through advertising on the website and in the practice. Patients were also invited to join if they had given feedback to the practice in the form of compliments or complaints. The practice had successfully recruited some members including a local councillor and were due to start meetings in the spring of 2022.	

Any additional evidence

To address concerns raised in the media and complaints raised during 2021 the practice held meetings with local councillors and commissioning groups. The purpose of these meetings were to listen and address concerns, discuss ideas and ways to improve the practice.

Continuous improvement and innovation

There were 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:	

Examples of continuous learning and improvement

The practice was experiencing a delay in processing of referrals due to staff members being internally promoted or leaving the practice. The practice decided to train more staff in processing referrals to reduce the backlog and improve processing times. Multiple staff were now trained in processing referrals.

In the absence of a patient participation group the practice had implemented “You said, we did” posters. The posters included actions taken to improve the practice following feedback from patients such as introducing a new telephone system and recruiting more clinical and reception staff.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

Glossary of terms used in the data.

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