

Inspection Evidence Table

Attenborough Surgery

(1-540161576)

Inspection Date:

Date of data download: 06/01/2023

Overall rating: Good

Safe

Rating: Requires improvement

At our last inspection in November 2019, we rated the practice requires improvement for providing safe services.

For this inspection, we have continued to rate the practice requires improvement for providing safe services. This is because although we saw the practice had made improvements in areas such as ensuring emergency medicines and equipment were always safe and available to use, some risks remained and some new risks were identified. These included:

- There continued to be gaps in Disclosure and Barring Service (DBS) checks to ensure the safe recruitment of new staff and the ongoing suitability of existing staff.
- Gaps in the maintenance checks for health and safety systems, such as fire alarm tests, fire drills and water testing for legionella.
- Not all staff were up-to-date with the practice's requirements for training in basic life support.
- The practice had not acted to make sure blank prescription stationery was always stored safely.

Although the practice had introduced a new system for recording and acting on safety alerts, not all patients affected by them had been protected from avoidable harm.

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 ¹
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Partial ²
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>¹ At our last inspection in November 2019, we told the provider they should make sure that all staff completed appropriate training in safeguarding children and in safeguarding adults. Records provided for this inspection showed all staff were up-to-date with appropriate training in safeguarding children and in safeguarding adults.</p> <p>² Disclosure and Barring Service (DBS) checks identify whether a person has a criminal record or is on an official list of people that should not work in roles where they can have contact with children or adults that can be vulnerable. These checks help to protect other staff and people that use the service from abuse.</p> <p>At our last inspection in November 2019, we told the provider they should implement a system to make sure staff had DBS checks.</p> <p>For this inspection, we looked at the staff files for 6 non-clinical and 8 clinical members of staff.</p> <p>We did not see evidence that a DBS check had been carried out for 4 of these 14 staff.</p> <p>Two of these 4 members of staff had started working at the practice in the last year.</p> <p>Managers told us the DBS check for the non-clinical member of staff who had started working at the practice in the last year had been completed, but the member of staff had not received the certificate at the time of our inspection. The practice had not completed a written risk assessment for the period of time when the member of staff worked at the practice without the DBS information being available. However, the provider told us the member of staff was always supervised.</p> <p>We did not see evidence the practice had checked the other member of staff, a clinician, had a suitable DBS check before they began working at the practice in the last year.</p>	

Managers told us they planned to make sure all recruitment checks, including DBS checks, for new members of staff were completed before the person started working at the practice.

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

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Yes
Date of last assessment: Bushey Medical Centre – 2 August 2022 Carpenders Park – 2 August 2022 Holywell Surgery – 29 December 2022 Tudor Surgery – 2 August 2022	
There was a fire procedure.	
Date of fire risk assessment: Bushey Medical Centre – 7 October 2022 Carpenders Park – 7 December 2022 Holywell Surgery – 6 January 2023 Tudor Surgery – 2 October 2022	
Actions from fire risk assessment were identified and completed.	Partial
Explanation of any answers and additional evidence: The practice's security, health and safety and fire risk assessments were up-to-date for all 4 of the practice's sites. The practice had addressed most of the actions identified in these risk assessments. For example: <ul style="list-style-type: none"> • fire extinguishers had been serviced in August 2022 • records showed all staff had completed fire safety training in the last year • there was a specific fire procedure for each site, which the practice had reviewed in November 2022. However, although the practice had carried out fire drills at Holywell Surgery and Carpenders Park in August 2022, we did not see evidence of a fire drill at Bushey Medical Centre since July 2021. At the time of our inspection, there was no record of the drill at Tudor Surgery in August 2022, however the practice had requested the report be sent to them.	

Records provided for this inspection showed the fire alarm system at all 4 of the practice's sites had been tested weekly until October 2022. Since October 2022, records showed gaps of up to 6 weeks when the weekly test of the fire alarm at Bushey Medical Centre, Carpenders Park and Tudor Surgery had not always been completed.

The practice was aware of this gap in completing fire alarm tests and told us this was due to a sudden and unexpected staffing change at the practice. The practice was looking to recruit someone with the skills and knowledge to meet the practice's health and safety requirements, including fire alarm testing and water checks for legionella.

The practice had identified individual evacuation plans for staff with disabilities.

There were systems to ensure that electrical equipment was regularly tested and medical equipment regularly calibrated. It is important that equipment is calibrated to ensure that it provides correct readings to ensure patients receive appropriate treatment.

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 ¹
Infection prevention and control audits were carried out.	Yes ²
Date of last infection prevention and control audit: Bushey Medical Centre – 19 December 2022 Carpenders Park – 20 December 2022 Holywell Surgery – 5 January 2023 Tudor Surgery – 20 December 2022	
The practice had acted on any issues identified in infection prevention and control audits.	Yes ³
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: ¹ All 37 members of clinical staff and all 61 members of non-clinical staff were up-to-date with appropriate training in infection prevention and control (IPC). ² The practice had completed the IPC audits at Holywell Surgery and Tudor Surgery with input from the IPC team from the NHS Hertfordshire and West Essex Integrated Care Board (ICB). This is the NHS organisation that plans and oversees how money is spent in the area and makes sure health services are of high quality in Hertfordshire and West Essex. ³ The practice had acted on issues identified in the IPC audits. For example, the practice had replaced chairs in clinical rooms with wipeable ones and the practice had changed to using a different company for cleaning Carpenders Park.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes ¹
There was an effective induction system for temporary staff tailored to their role.	Yes ²
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Partial ³
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours	Yes
<p>Explanation of any answers and additional evidence:</p> <p>¹ The practice had a specific member of staff whose role was to create staffing rotas. The practice used the appointment system proactively to identify times when there was likely to be a higher demand for appointments and put plans in place to meet the demand, for example creating more appointments near bank holidays.</p> <p>² When temporary staff were needed, the practice used the same locum GPs. The practice invited GPs to work for half a day at the practice and carried out a review before offering a locum position.</p> <p>³ Training records provided for this inspection showed not all staff had completed training in basic life support in line with recommendations from the Resuscitation Council UK's Quality Standards for Primary Care. Records showed:</p> <ul style="list-style-type: none">• 11 of the 37 clinical staff had not completed training in adult basic life support in the last year• 17 clinical staff had not completed training in children's basic life support in the last year• 17 of the 61 non-clinical members of staff had not completed training in basic life support in the last year. <p>The practice told us the company that provided the training had missed some information, which meant that it was difficult to see on the training records when staff needed to complete this training. The practice told us they had advised the training provider of the error and planned to make sure the staff completed the training.</p> <p>The practice required staff to complete training in sepsis awareness every year. Sepsis, sometimes called blood poisoning, happens when your body overreacts to an infection and starts to damage itself. Symptoms can be difficult to spot and sepsis can be life-threatening. Therefore, it is important that staff can recognise and act on symptoms. Training records showed staff were up-to-date with this training and non-clinical staff told us they felt able to ask for advice and support was always available if it was needed.</p> <p>The practice had created a 'blue file' containing information for staff. A blue file was available on every desk at all 4 of the practice's sites. All of the blue files contained the same information and there was a system to regularly review and update the information.</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's team of administrative staff ran weekly searches of the practice's systems to check urgent referrals to other services, for example for possible cancer, had been actioned. If they had not, the team would investigate.</p> <p>This administrative team also processed information coming into the practice, for example letters from hospital teams. During our inspection, we saw that there was no backlog of information that needed processing.</p> <p>The practice also ran regular searches to identify, for example, patients who cancelled appointments, so that the practice could make sure these patients' needs were met.</p>	

Appropriate and safe use of medicines

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

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

Indicator	Practice	SICBL average	England	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2021 to 30/09/2022) (NHSBSA)	0.84	0.81	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)	9.6%	9.3%	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)	6.18	5.81	5.28	Tending towards variation (negative)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/04/2022 to 30/09/2022) (NHSBSA)	69.7‰	70.1‰	129.6‰	Tending towards variation (positive)
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)	0.43	0.49	0.58	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/04/2022 to 30/09/2022) (NHSBSA)	5.7‰	5.3‰	6.7‰	No statistical variation

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Partial ¹
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.	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.	Partial ²
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes ³
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes ⁴
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 At our last inspection in November 2019, we told the provider they should strengthen their processes to keep blank prescriptions secure, to reduce the risk of them being misused.</p> <p>For this inspection, we saw that the practice had strengthened the arrangements for storing blank prescriptions and monitoring their use, including at the practice's branch sites.</p> <p>However, although staff told us blank prescriptions were stored securely because rooms were locked when they were not occupied, we entered 2 unoccupied clinical rooms during our inspection and accessed blank prescriptions. We highlighted to the practice these concerns about the security of blank prescriptions, particularly when clinical rooms were used by other services. The practice responded immediately to our feedback and purchased locks for printers containing blank prescriptions.</p> <p>² We ran searches of the clinical system to identify patients prescribed various high-risk medicines, where specific and regular monitoring is needed because of the risks associated with taking them.</p> <p>Our searches showed most patients had received the necessary monitoring to ensure it was safe to continue to prescribe specific medicines for them, and the dose prescribed was suitable. The practice's system for contacting patients to book an appointment to have the monitoring when it was overdue was effective. For example:</p> <ul style="list-style-type: none"> 95 patients were prescribed Methotrexate. This is a medicine used to calm and control the body's immune system, to stop or slow the disease process in inflammatory conditions, such as rheumatoid 	

arthritis. Although our search found 6 of the patients prescribed Methotrexate had not been monitored in line with guidance from the National Institute for Health and Care Excellence (NICE), when we looked at the records for 5 of these patients we found monitoring was overdue for only 2 patients. The practice had already asked these patients to book an appointment for the monitoring to be done.

- 51 patients were prescribed Azathioprine, another medicine used to calm and control the body's immune system. Although our search identified 10 of these patients had not been monitored in line with national guidance, when we looked at the records for 5 of these patients we found the monitoring was overdue for only 1 patient. The practice had already asked the patient to book an appointment for the monitoring to be done.
- 188 of the 2723 (7%) patients prescribed an angiotensin receptor blocker (ARB) or angiotensin converting enzyme (ACE) inhibitor medicine had not had the recommended monitoring. These are medicines used to treat high blood pressure and heart failure. We looked at the records for 5 of the patients our search identified were overdue monitoring. The monitoring was overdue for 2 of the patients. The practice had already asked both patients to book an appointment for the monitoring to be done.
- However, 11 of the 19 patients prescribed Lithium had not been monitored in line with national guidance. Lithium is a medicine used to help people who have mood disorders. We looked at the records for 5 of these 11 patients. We found the monitoring was overdue for all 5 of the patients. The practice had already asked these patients to book an appointment for the monitoring to be done.

³ The practice used a digital system to highlight patients prescribed controlled drugs, for example pain relief such as Gabapentin, Pregabalin and opioids, over a long period of time or at high doses. Despite a number of patients having been registered with the practice, the use of these medicines for several patients had been reduced, giving them better outcomes. At the time of this inspection, the practice's prescribing of these medicines was better than the average for England.

⁴ At our last inspection in November 2019, we found some emergency medicines had gone passed their expiry dates and the process for replacing emergency medicines when they had been used was inappropriate.

At this inspection, we found the practice's system for highlighting when emergency medicines and consumables were due to expire was clear and effective. All emergency medicines and consumables were in date at all of the practice's sites.

The practice had reviewed their policy, which outlined the process for ordering replacement stock of emergency medicines and consumables. During this inspection, we did not see evidence that emergency medicines and consumables had been ordered inappropriately.

Following feedback we gave at the last inspection in November 2019, in addition to the monthly checks of the emergency medicines and equipment, checks were also carried out by managers. Managers had not found any further issues from these 3 to 6 monthly checks.

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:	8
Number of events that required action:	8

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

Event	Specific action taken
<p>A GP completed reports for 4 children to be sent to the local children's services. These were in relation to safeguarding the 4 children.</p> <p>The practice sent 1 of the reports immediately, on the Wednesday evening. However, the practice did not send the other 3 reports until the following Monday.</p>	<p>The event was discussed in one of the practice's 'learning events meetings', which was attended by a variety of staff from the practice.</p> <p>At these meetings, the practice identified areas that went well and areas that did not go so well during each significant event. Staff then discussed any learning from the event and identified any actions.</p> <p>The practice identified things that went well during this event, such as:</p> <ul style="list-style-type: none"> • the GP had written the reports promptly • the GP had appropriately added the reports to the list for reception staff to action • the practice informed the safeguarding lead about the incident and asked for their advice • a receptionist highlighted the concern as soon as they became aware of it • the receptionist on the Monday asked others for help to send the reports • reception staff noticed that the reports also needed to be sent to the Safeguarding Adults Team in the County Council. <p>However, the practice acknowledged there was a significant delay in sending the safeguarding reports.</p>

	<p>The practice learned that correspondence about safeguarding matters need to be sent as soon as possible.</p> <p>The practice plan to make sure that safeguarding correspondence is sent on the same day. If this is not possible, the task must be handed over to be actioned the next day, at the latest.</p>
<p>A receptionist was asked to contact a patient urgently about the results of their blood test.</p> <p>The receptionist contacted the patient, who said that they had not had a blood test.</p>	<p>The receptionist immediately spoke with a GP.</p> <p>The GP looked at the clinic list and identified the correct patient.</p> <p>The correct patient had already been referred urgently to the hospital's cancer team and had already been asked to have the blood test done again as soon as possible.</p> <p>A GP from the practice contacted the patients affected, explained what had happened and apologised for the error.</p> <p>This event was also discussed in one of the practice's significant event meetings.</p> <p>The practice noted that the error had been identified and actions had been taken immediately.</p> <p>The practice suggested ways to help to avoid blood tests being labelled incorrectly, including:</p> <ul style="list-style-type: none"> • printing labels before taking the blood sample • trying to avoid having more than one patient's record open at a time • check the details with the patient • label the blood sample before the patient leaves the room.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes ¹
Staff understood how to deal with alerts.	Partial ²
<p>Explanation of any answers and additional evidence:</p> <p>¹ At the time of our last inspection in November 2019, the practice had recently introduced a system for acting on safety alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA). However, the system was not always effective to protect patients affected by safety alerts.</p>	

For this inspection, we saw the practice's system for recording and acting on new safety alerts was well developed. The practice's pharmacists received safety alerts from a variety of sources. They added the details of them to a monthly spreadsheet. Actions were clearly identified on the spreadsheet and who was responsible for doing them. Staff responsible added comments on the spreadsheet about the actions they had taken.

² However, we ran a search of the practice's clinical records system to identify patients prescribed both Clopidogrel and either Omeprazole or Esomeprazole at the same time.

Clopidogrel is a medicine used to help prevent blood clots from forming. Omeprazole and Esomeprazole are medicines used to lower the amount of acid your stomach makes. They are used to treat indigestion, heartburn and acid reflux and to prevent and treat stomach ulcers.

MHRA issued a safety alert in 2014 advising this medicine combination should not be prescribed. This is because Clopidogrel becomes less effective at preventing blood clots when taken with Omeprazole or Esomeprazole.

The practice had not responded to protect all patients affected by this safety alert. Our search identified 39 patients who were prescribed this medicine combination. We looked at the records for 5 of these patients. The practice had discussed the risks with 1 patient and the medicine had been stopped for another patient. However, there was no evidence in the records for the other 3 patients that the practice had identified the risk and had discussed it with them. The practice responded to our feedback and planned to identify the patients affected by the alert and review the medicines.

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

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was mostly 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 ¹
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.	Partial ²
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 ³
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Yes
The practice prioritised care for their most clinically vulnerable patients	Yes ⁴
<p>Explanation of any answers and additional evidence:</p> <p>¹ The practice had a clinical meeting each week where staff discussed more complex or interesting cases and shared information and updates, for example about local child mental health services and referral processes.</p> <p>Clinicians also used an encrypted messaging service to ask each other for advice or to share updates. The practice also used an approved digital clinical decision support tool for staff to access local pathways, improving clinical safety.</p> <p>The practice also held 2 training meetings a month for clinicians. Specialist consultants from other services were invited to 1 of these meetings each month, for example to speak about conditions affecting the heart or bones.</p>	

Clinicians of the same profession working in the practice met regularly to provide support and advice for each other. They also met with other similar clinicians, for example other physiotherapists, in the area for professional support and updates.

² Our search of the practice's clinical records system found most of the 1594 patients registered with the practice who had asthma had been prescribed reliever inhalers appropriately. We identified only 20 (1%) patients had been prescribed a high number of reliever inhalers.

We looked at the records for 5 of these 20 patients. The prescriptions for reliever inhalers for 3 of the patients had all been issued using repeat prescriptions. This meant that the reliever inhalers could be prescribed without the patient having a review of their asthma. Although the practice had completed a medicine review with all 5 of the patients, 2 of the patients had not had a review of their asthma in the last year. The use of a high number of reliever inhalers could indicate the person's asthma could be poorly controlled.

³ Clinicians told patients when they needed to seek further help and what to do if their condition deteriorated. For example, the practice sent text messages with information about strep A to patients, or their parents or guardians, who had been seen because of symptoms of strep A.

Strep A is a common type of bacteria that can cause mild infections, particularly in children. Most strep A infections are not serious and are easily treated. However, rarely the infection can cause serious illness.

⁴ Parents or guardians contacting the practice with concerns about a child were offered a face-to-face appointment the same day when appropriate. The practice maintained this during a time of increased demand due to concerns about children becoming significantly unwell due to a strep A infection by creating additional appointments.

Effective care for the practice population

Findings

The practice identified patients with commonly undiagnosed conditions, such as diabetes. We looked at the records for 5 patients identified by our search whose tests results indicated they may have diabetes but the condition had not been recorded on their record. We found that the practice had informed all 5 patients of the diagnosis but had not added the diagnosis to the patients' records correctly.

The practice used a clinical tool to identify older patients who were living with moderate or severe frailty.

The practice used accredited tools to identify and monitor patients prescribed high risk medicines and those who were more at risk of hospital admission because of the medicines prescribed for them.

Management of people with long term conditions

Findings

² 24% of patients registered with the practice had 1 or more long-term conditions, such as asthma, chronic kidney disease, diabetes and hypothyroidism.

The practice offered most patients with long-term conditions a structured annual review to check their health and medicines needs were being met. These reviews helped to make sure patients were offered appropriate treatments and support in line with national guidance.

Searches of the practice’s clinical records system for this inspection identified:

- 16 of the 75 patients registered at the practice who had more severe chronic kidney disease had not had the required monitoring and reviews. We looked at the records for 5 of these patients. We found that 1 of the patients did not have severe chronic kidney disease. However, all of the other 4 patients had had the necessary monitoring. One of the patients had not yet responded to reminders sent by the practice to book an appointment for their review.
- 74 of the 1105 patients registered at the practice who had hypothyroidism had not had the required monitoring and reviews. We looked at the records for 5 of these patients. We told the practice we found the monitoring for 3 of the patients was overdue. Two of these patients had not had a review of their hypothyroidism in the last year. The practice responded to our feedback and asked the patients to book appointments for the monitoring and reviews to be done.
- 145 patients registered at the practice had diabetes that was less well controlled. These patients also had diabetic retinopathy, a complication of diabetes that can lead to sight loss. We looked at the records for 5 of these patients. The practice had completed a diabetes review for all 5 of the patients in the last year.

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)	334	458	72.9%	Below 80% uptake
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)	295	428	68.9%	Below 80% uptake
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e.	297	428	69.4%	Below 80% uptake

received Hib/MenC booster) (01/04/2020 to 31/03/2021)(UKHSA COVER team)				
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)	295	428	68.9%	Below 80% uptake
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)	369	451	81.8%	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

Data from the UKHSA showed, in March 2021, the number of children registered with the practice who had received immunisations were below the national targets.

However, records from the UKHSA showed fewer children at the practice had received immunisations in March 2021 than usual for the practice.

The latest data available from the UKHSA, from March 2022, showed more children registered with the practice had received immunisations than before the COVID-19 pandemic.

These data showed the practice had met or exceeded the national target in 4 of the above categories. In the remaining category, those aged 5 who had received 2 doses of the measles, mumps and rubella vaccine, 86% of children registered with the practice had received this immunisation. The national target is 90%.

The practice monitored the number of children receiving immunisations. Data the practice gave us for this inspection showed the practice were likely to meet the national targets for childhood immunisations in the year ending March 2023. However, these figures cannot be verified by CQC.

Cancer Indicators	Practice	SICBL average	England	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). (30/06/2022 to 30/06/2022)(UKHSA)	70.1%	N/A	80.0%	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)	59.0%	66.2%	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)	63.7%	66.1%	66.8%	N/A
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Any additional evidence or comments

Cervical screening (a smear test) is one of the best ways to help protect against and prevent cervical cancer by early detection.

At our last inspection in November 2019, we found the practice had not met the national target for the uptake of cervical screening among eligible patients.

Although Information from the UKHSA showed that, of the number of patients registered with the practice who could have the test, the number who had been screened had been stable since 2017, this remained below the national target of 80%.

However, the practice had taken actions to encourage more patients to have the test, including running weekend clinics and working with people from the local Nigerian community.

The practice shared with us data they had collected up to the time of our inspection in January 2023. These showed improvements in the number of patients being screened and that:

- 71% of patients aged between 25 and 49 who were eligible for the test had been screened
- 80% of patients aged between 50 and 64 who were eligible for the test had been screened
- Meaning, overall, 78% of patients who were eligible for cervical cancer screening had been screened.

However, these numbers cannot be verified by CQC.

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:	

The practice employed a dietician. Patients newly diagnosed with pre-diabetes or diabetes were offered an individual appointment with the dietician. An audit carried out by the practice showed improvements in the blood test results for patients who had this input. The practice planned to re-audit this service soon after our inspection.

The practice also employed clinical pharmacists. A pharmacist was working with local care homes to help reduce unnecessary prescribing, for example of nutritional supplements.

The physiotherapists employed by the practice offered patients steroid joint injections. An audit of 57 patients showed reductions in patients' pain levels and improvements in their functional abilities 6 months after they had received an injection. The practice used this information to create more physiotherapy appointments available for joint injections.

The practice worked with the national charity MacMillan Cancer Support to understand the findings of the practice's audit into their referrals for patients with possible cancer. The practice saw improvements in their audits of the number of patients whose cancer was detected earlier, reflecting the effectiveness of the changes the practice had made. These changes included:

- contacting patients who had not responded to invitations to attend mammograms as part of the national breast cancer screening programme
- regularly identifying patients who both had or had not attended appointments with a specialist.

Effective staffing

The practice demonstrated 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 ¹
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes ²
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Partial ³
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:	

¹ The practice encouraged staff to develop, for example by supporting them to become non-medical prescribers or to help pharmacists complete training to be able to assess and treat minor illnesses.

² Clinical and non-clinical staff who had joined the practice in the last year had completed a thorough role specific induction programme soon after starting work at the practice.

³ At our last inspection in November 2019, we told the provider they should implement a system to make sure all staff had an appraisal every year.

During this inspection, we saw the practice had an effective system to monitor the completion of staff appraisals. The practice recorded when appraisals had been completed, when they were booked for or if they were overdue.

At our last inspection, 12 non-clinical staff did not have an up-to-date appraisal. Records provided for this inspection showed that 4, out of the 61, non-clinical members of staff had not had an appraisal in the last year.

Clinicians had a named mentor who they could meet with once a month to discuss their performance and more complex cases. Mentors also observed clinicians' consultations and reviewed their assessments as part of recognised development programmes, for example for paramedics and physiotherapists.

Clinical staff could attend monthly peer support and supervision meetings.

Coordinating care and treatment

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

	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice supported patients with complex mental health needs, including managing patients who were more at risk.</p> <p>There was a 'lead' GP for mental health in the practice who had developed strong working relationships with the local mental health team. Through monthly meetings, discussions with specialists when needed and the ability for the practice to directly email mental health specialists and consultant doctors for advice and guidance, the practice managed patients at high risk due to mental health conditions safely. This included starting and adjusting medicines, such as antipsychotic medicines, and making diagnoses.</p> <p>The practice shared with us examples of positive outcomes for patients. For example:</p> <ul style="list-style-type: none"> helping patients who did not wish to go to a mental health service because of the perceived stigma of doing so to receive the care and treatment they needed 	

- supporting patients who did not have an effective relationship with mental health specialists with their recoveries
- the practice was more involved in and aware of patients' needs and care, and could address their physical and mental health needs in the same place or appointment, making accessing care easier and more joined-up for the patient and more efficient
- the practice discussed with the mental health team if a patient had not attended the practice for a health check, so that the patient's needs could be met
- to make sure patients attending the practice experiencing a mental health emergency had the care and treatment they needed when they needed it.

The practice assessed and monitored the physical health of people with mental illnesses.

The practice's 'lead' GP for mental health worked closely with a mental health practitioner, who was employed jointly by the practice and the local NHS mental health trust. This meant the practice could see the progress of referrals made to, and appointments booked with, the mental health team. The mental health practitioner was also able to refer patients directly to a mental health specialist doctor. This benefitted patients and services as the practice:

- identified patients who had not gone to appointments with the mental health team and had therefore been, or were likely to be, discharged from the service, to make sure that their mental health needs were met
- told the mental health team if a patient was unlikely to go to an appointment so that the appointment could be offered to somebody else and the patient supported to access care and treatment.

The practice met with other teams and services, including district nurses, health visitors and palliative care nurses every 2 months to discuss and coordinate care for patients with more complex or concerning needs. These included patients nearing the end of life or where there were concerns about a person's ability to make certain decisions.

The practice also shared with us examples of staff working together to support individual patients. For example, by arranging appointments for patients to meet with several clinicians and be involved in discussions about their care. These included complex cases, including managing safeguarding concerns in an appropriate way, and involved staff such as GPs, complex care nurses, district nurses, social prescribers, paramedics and mental health practitioners working together with the patient to coordinate their 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
<p>Explanation of any answers and additional evidence:</p> <p>Social prescribers supported patients registered with the practice. Social prescribers work with other professionals to connect people to a variety of services to meet their social, emotional and practical needs. Social prescribers can support a patient to access the right services to help with issues which are affecting their health and wellbeing, for example stress, unemployment, education, debt, loneliness and housing issues, for example by helping people to access food banks. The social prescribers at the practice offered home visits and were involved when there were concerns about an adult's welfare, such as safeguarding concerns.</p> <p>The practice's paramedics also offered home visits, for example to do patient reviews or to assess patients living in circumstances that may make them more vulnerable, for example an elderly person living alone, to identify any support that may help them.</p> <p>The practice offered patients appropriate NHS health assessments and checks, for example for patients aged between 40 and 74 and for patients over 75 years of age. Clinicians reviewed the results of the assessments and checks. Patients were invited to book an appointment to see an appropriate clinician if the results indicated a risk.</p> <p>All 166 patients with a learning disability who were registered with the practice were offered an annual health check.</p> <p>The practice supported patients to be involved in managing and improving their own health. For example:</p> <ul style="list-style-type: none"> • Clinicians referred patients to support available in the local community, for example at Watford Football Club. • The practice was a 'Park Run' practice. Staff from the practice joined park runs and encouraged patients with significant mental health conditions and staff from the local mental health services to also join. Staff from the practice also supported people who were visually impaired to take part. 	

- The practice had worked with health coaches and health navigators. In particular, the practice identified patients who accessed health services most frequently and told us that patients they referred for this intensive personal health coaching had benefitted from needing fewer appointments at the practice.
- We saw patients using the 'patient pod' at Bushey Medical Centre, for example to monitor their blood pressure.
- When appropriate, patients experiencing mental health challenges were encouraged to self-refer to support services.

The practice identified patients who may need additional support, for example those with a learning disability, Dementia, nearing the end of life or who were carers. This included asking new patients when they registered with the practice.

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
Explanation of any answers and additional evidence: All members of staff had completed training about the Mental Capacity Act in the last year.	

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice supports a diverse range of patients, including those living in areas of high deprivation and a number of refugees. A GP at the practice is a GP Fellow on the NHS 'Trailblazer Deprivation Fellowship Scheme'. This scheme gives practices knowledge and skills to help improve care for patients who live in poverty or belong to marginalised groups and help to reduce health inequalities.</p> <p>During the COVID-19 pandemic, the practice identified low numbers of refugees, for example people from Afghanistan and Ghana, were being vaccinated against COVID-19. The practice set up COVID-19 vaccination clinics to support this group of people. These clinics included translators and a free bus service. People who the practice vaccinated were registered with the practice.</p> <p>The practice adjusted the delivery of services to meet the needs of patients who had additional considerations, for example offering COVID-19 vaccinations in peoples' homes and inviting patients who have a learning disability to have their vaccinations at times when the practice was quieter.</p> <p>The practice told us how non-clinical staff had used the training they had received to adapt their approach for patients they knew had a learning disability.</p> <p>Clinicians had flexibility to offer longer appointments to meet patients' needs and to help each other, for example to make sure all patients' needs were addressed if a clinician was managing a medical emergency.</p> <p>The practice responded to the needs of the local population, for example offering more appointments with the lead GP for mental health and the mental health practitioner at the sites where there was higher demand for them. The GP and mental health practitioner coordinated to work at the same sites at the same times, to better support patients and each other.</p>	

Practice Opening Times

Appointments were available at the practice's main site, Bushey Medical Centre between:

- 8am and 8pm on Mondays
- 7.30am and 8pm on Tuesdays to Fridays
- 9am and 5pm on Saturdays.

The practice's branch sites at Carpenders Park and Holywell Surgery were open from 8am to 6pm on Mondays to Fridays.

Appointments were available at Tudor Surgery between 8am and 6.30pm on Mondays to Fridays.

Patients were offered appointments at any of the 4 sites. This helped to make sure patients received timely care at a time that suited them.

The practice had carried out a patient survey in 2022 to find out when and where patients would find it most useful to have appointments, and what types of appointments and services patients wanted, for example clinics for blood tests or vaccinations. About 18% of patients who were registered with the practice responded to the survey. The practice changed the extended hours appointments they had available in response to this patient feedback.

When the practice was closed, patients were directed to access support, treatment and advice from the NHS 111 service or Hertfordshire Urgent Care services.

Patients could book appointments online, or by telephoning or visiting the practice.

Patients could ask for prescriptions online, or by visiting or emailing the practice.

The practice offered face-to-face, online and telephone consultations. Home visits were available for patients that were unable to go to the practice or whose circumstances made them more vulnerable, for example because of their age, a learning disability or mental health need.

The practice offered longer appointments when needed, for example for home visits, to discuss multiple or complex needs or when a translator was needed.

The practice offered urgent, or 'same day', face-to-face or telephone appointments and home visits.

Patients could also pre-book routine appointments, with a clinician of their choice, up to 7 days in advance.

Appointments were offered with a suitable clinician. These included an assistant nurse practitioner, a dietician, doctors, healthcare assistants, a mental health practitioner, paramedics, pharmacists, physiotherapists and practice nurses.

Access to the service

People could access care and treatment in a timely way.

	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 (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

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2022 to 30/04/2022)	46.1%	N/A	52.7%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	61.4%	58.3%	56.2%	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 (01/01/2022 to 30/04/2022)	65.9%	56.6%	55.2%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	72.9%	71.7%	71.9%	No statistical variation

Source	Feedback
<p>Online reviews from www.nhs.uk and www.bestcarecompare.com</p>	<p>We looked at online reviews for all 4 of the practice's sites.</p> <p>In total, 14 reviews had been left in the last year about Attenborough Surgery. This is a low number of reviews for a practice of this size.</p> <p>People who wrote 11 of the reviews said that they were either extremely unlikely or unlikely to recommend Attenborough Surgery to friends and family.</p> <p>The comments included difficulties contacting the practice by telephone and online, particularly in early 2022, and the attitude of some clinical and non-clinical staff.</p> <p>The practice had responded to 4 of the reviews promptly, offering an apology, an explanation of the services the practice offered and the practice's processes, and an explanation of the standard of service the practice expected staff to deliver.</p> <p>The practice thanked the reviewers for their feedback and invited all to contact the practice to discuss their experiences with a named member of the management team, who would investigate the concern.</p> <p>The practice also gave advice in their replies and, when it was appropriate, offered to act on the reviewer's behalf to resolve issues, if they gave their consent.</p> <p>The practice also explained the actions they were taking in relation to the concerns raised. We saw evidence the practice had taken the actions described, such as recruiting more reception staff, particularly later in 2022.</p> <p>The other 3 reviewers said that they would be likely or extremely likely to recommend Attenborough Surgery to friends and family. Comments were positive about the prompt care they received from the practice.</p> <p>Leaders told us of plans to recruit a member of staff to monitor and respond to online reviews.</p>
<p>Feedback from people who use the service.</p>	<p>In the last year, CQC received 13 pieces of feedback about Attenborough Surgery.</p> <p>Most of these described positive experiences about the care and service the person had received.</p> <p>Patients described staff as kind, caring, skilled and supportive. Patients told us they felt staff listened to their concerns and that they felt understood.</p> <p>Several people told us they had been involved in their care, kept informed and given clear information to help them to understanding their care, treatment and condition and any advice given.</p> <p>Patients told us the practice responded when they needed urgent help. People were positive about the availability and flexibility of appointments to suit their needs, for example being offered a choice of where their appointment was and which clinician they saw.</p>

	We received feedback that reception staff were helpful and there was an excellent level of customer service.
Care homes	<p>We gathered feedback from the 4 care homes the practice provided services to.</p> <p>Feedback was positive about the services and support the practice provided and that the practice responded to issues that had been raised.</p> <p>Care homes told us they were able to contact the practice when needed. The practice had a separate telephone number care homes could use and care home staff could email the GP or pharmacist linked with the home.</p> <p>There was a named GP for each care home who carried out weekly rounds either by visiting the care home or by telephone as appropriate to meet the needs of the residents.</p> <p>Care home staff told us the practice involved residents, their relatives and care home staff in decisions about care and worked as a team.</p>

Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	16
Number of complaints we examined.	6
Number of complaints we examined that were satisfactorily handled in a timely way.	5
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

Example(s) of learning from complaints.

Complaint	Specific action taken
The practice had not contacted a patient to let them know about changes to an appointment.	<p>The practice investigated the complaint.</p> <p>Managers identified that this was because an incorrect telephone number had been added to the patient's record.</p>

	<p>The practice updated the patient's record with the correct contact details.</p> <p>The practice considered the UK General Data Protection Regulation and asked the local Data Protection Officer and Privacy Officer for advice.</p> <p>The practice offered the patient an apology and informed the patient about the actions the practice had taken.</p> <p>The practice also told the patient what they could do if they were not satisfied with the practice's response to their complaint.</p> <p>Managers shared information about the incident, learning from it and the investigation with staff at the practice.</p>
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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 ¹
They had identified the actions necessary to address these challenges.	Yes ¹
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes ²
<p>Explanation of any answers and additional evidence:</p> <p>¹ Leaders had identified challenges affecting the practice. They told us about actions they had taken and planned to take, for example the recruitment of paramedics, pharmacists and doctors to improve clinical staffing levels, the recruitment of more reception staff and finding a suitable person to continue the maintenance of health and safety systems.</p> <p>² Leaders were aware of planning for the future and had an effective succession plan. The practice used proven tools to identify the types of personalities and skills for each member of the leadership team. Any gaps in strengths and weaknesses that were identified were filled, to create an effective team.</p>	

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice's GP partners and practice managers met informally each week and formally once a month to discuss matters affecting the practice. They also met once a year to discuss the practice's priorities, review progress made with the practice's strategy and agree the strategy for the next year and beyond.</p> <p>Examples of changes made as a result of these meetings included:</p>	

- changing the system from having 1 overwhelmed 'duty' GP to respond to urgent requests to creating a 'duty team' including various types of clinicians
- recruiting more non-clinical staff by offering higher pay and a bonus to help with the cost of living.

Since our last inspection in November 2019, Tudor Surgery had joined Attenborough Surgery, to become the practice's fourth site. The processes and systems used at all 4 of the practice's sites were similar, such as the documentation for the checks of emergency medicines. The practice was also arranging for staff who worked at a branch site to also work at the practice's main site, Bushey Medical Centre. These, for example, helped to improve consistency and oversight and address staff training and support needs.

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.	Partial
Staff had undertaken equality and diversity training.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At our last inspection in November 2019, we found staff did not have access to a Freedom to Speak Up Guardian. Freedom to Speak Up Guardians are available to offer support to staff to raise concerns or speak up when they feel that they cannot in other ways.</p> <p>At this inspection, the practice's leaders explained that staff did not have access to a Freedom to Speak Up Guardian. However, the practice reviewed this decision following our last inspection and, instead of a Freedom to Speak Up Guardian, had a policy which included information about how to contact other services if staff felt they needed support from someone outside of the practice. Staff were aware of this policy and where to find it.</p> <p>Training records provided for this inspection showed that all staff were up to date with training about whistleblowing, which the practice required staff to do every 2 years. A whistleblower is someone who works for the practice and raises concerns about the practice with an external body, such as CQC.</p> <p>However, staff told us that others working at the practice were approachable and felt they could raise concerns in a no blame culture.</p>	

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

Source	Feedback
Questionnaires sent to all staff at the practice by CQC.	Staff described strong team working in a caring, friendly, supportive and respectful environment.
Discussions with staff working at the practice.	Staff told us they felt proud and privileged to work in a practice where staff were dedicated and passionate about providing a personalised service and the best care they could for their 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
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff had protected time to do non-direct patient duties, such as to do medicines and equipment checks, audits or to attend meetings. Staff who had recently taken on these or leadership responsibilities were given additional time to support their development.</p> <p>The practice invited all staff to monthly protected learning sessions and a reception staff meeting was held every 2 months.</p>	

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	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.	Partial ¹
A major incident plan was in place.	Yes ²
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>¹ Although the practice's risk assessments were up-to-date and the practice had identified actions needed, we found the practice had not always completed some of the actions according to the recommendations in them. These included regular fire drills and weekly tests of the fire alarm and water systems at all of the practice's sites. However, the practice was aware of this and was working on solutions to make sure health and safety systems continued to be maintained.</p> <p>² The practice's continuity and recovery plan described actions to take if there was a major incident or disruption to the service. The plan included details specific to each of the practice's 4 sites and included details needed to contact relevant services.</p> <p>The plan enabled the practice to respond to changes in demand, for example diverting telephone calls to the main site, Bushey Medical Centre, to allow reception staff at the practice's other sites time to respond to demands on the service.</p> <p>The plan outlined each person's responsibilities for cascading information to all members of staff. The practice used this effective system so they could continue to offer appointments when there was increased demand due to concerns about strep A infections and several clinicians on sick leave.</p>	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
Staff are supported to work remotely where applicable.	Yes

Engagement with patients, the public, staff and external partners

The practice 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 ¹
The practice had an active Patient Participation Group.	Yes ¹
Staff views were reflected in the planning and delivery of services.	Yes ²
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:

¹ Practice leaders were involved with the Patient Participation Group (PPG) and were working with the PPG to encourage more patients to join the group, particularly from communities that were less well represented in the group.

346 people responded to the practice's survey in 2022 indicating that they were interested in joining the PPG.

In response to the survey results, the practice planned to relaunch the PPG with meetings taking place both in person and using video conferencing or virtual feedback services.

² The practice responded to feedback from staff, for example the practice introduced a system to reward, rather than discourage, staff to work during bank holidays by offering staff the opportunity to gain up to an extra week of holiday.

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice was an approved GP teaching and training practice. The practice told us doctors and students were positive about their training experiences at the practice. The practice had employed some doctors once they had completed their training.</p> <p>The practice had ambitions to become a centre of excellence in training and were proud of the learning environment they had created.</p> <p>The practice received the 'Practice Team of the Year' award in 2022 by the Bedfordshire and Hertfordshire Faculty of the Royal College of General Practitioners for the work they had done with the mental health charity MIND. The practice invited MIND to work from the practice as part of a trial enabling patients to book appointments with them through the surgery.</p> <p>At the time of our inspection, the practice was working towards achieving a 'purple star'. A purple star is awarded to practices who show they provide high-quality care for people with a learning disability.</p>	

Notes: CQC GP Insight

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

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

The following language is used for showing variation:

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

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

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

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

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

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

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

Glossary of terms used in the data.

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