

Inspection Evidence Table

Kensington Road Surgery

(1-544631773)

Inspection Date: 9 October 2023

Date of data download: 6 October 2023

Overall rating:

Requires improvement

The practice is rated requires improvement overall and rated requires improvement in safe and responsive and good in effective, caring and well-led.

Safe

Rating: Requires improvement

The practice is rated requires improvement for providing safe services because although the practice had good leadership, improved processes, and systems in place, we found that medicines management required further strengthening. Following a recent change in management, the new leadership team was addressing the backlog in patient medicine reviews and managing medicine safety alerts. Also, the practice was actioning the backlog in summarisation of new patient notes. The practice had identified the issues and had a plan in place, but further work was needed.

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

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.	Y
Explanation of any answers and additional evidence: Since the new GP partner had taken over the practice in July 2023, safeguarding policies and processes had been reviewed and more robust safeguarding management was in place. There was a clear safeguarding lead who staff were aware of. There was also a safeguarding coordinator who managed the practice's safeguarding systems. There was evidence of weekly discussions and monthly multidisciplinary meetings with partner organisations to protect adults and children at risk of harm. There were flags in the system to alert staff to patients on the safeguarding register. Staff training had been reviewed and staff were now trained to the appropriate levels of safeguarding training.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y
Explanation of any answers and additional evidence: The practice carried out checks on staff immunity and vaccination status. A record of staff vaccines was maintained. Any staff recognised as requiring further vaccinations were provided with them in a timely manner to reduce risks to both staff and patients.	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Y
Date of last assessment: 31 January 2023	Y
There was a fire procedure.	Y
Date of fire risk assessment: 2 March 2023	Y
Actions from fire risk assessment were identified and completed.	Y

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.	Y
Infection prevention and control audits were carried out.	Y
Date of last infection prevention and control audit: 18 April 2023	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y

The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: There was an infection prevention and control (IPC) lead who was an advanced nurse practitioner. A recent IPC audit had been carried out by the practice nurse. Staff had up to date training on IPC. There were cleaning rotas in place and staff told us cleaning was thorough. The practice manager monitored the cleaning rotas to make sure all tasks were completed on a daily basis. There were plans for further development of the IPC lead role, including further specialist IPC training.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
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.	Y
There were enough staff to provide appointments and prevent staff from working excessive hours.	Y
Explanation of any answers and additional evidence: We saw there were induction plans and checklists for new staff, including learning about each area of the practice.	

Information to deliver safe care and treatment

Staff mostly 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.	Partial
There was a system for processing information relating to new patients including the summarising of new patient notes.	No
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Partial
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y

Explanation of any answers and additional evidence:
 Referrals were processed within timescales and tasks such as responding to emails and letters from secondary care were actioned in a timely way.

We carried out remote searches of the clinical system and found that there were some issues with the quality of clinicians recording of observations in patient records. Also, with consistent documenting of test results. Following the inspection, the practice acted to ensure this was documented, working with all clinicians and improving processes.

There was a backlog of summarisation of new patient notes of around 1700 records. This backlog was acquired by the new GP partner who had taken over the practice. There were plans in place to train staff to manage the backlog and to outsource the work in the meantime to reduce the backlog. There was a registration clerk who added basic details of the new patients' medical history to the system. However, there was a risk of gaps in medical history until full summarisation was completed.

Appropriate and safe use of medicines

The practice did not have robust 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) (01/07/2022 to 30/06/2023) (NHSBSA)	0.74	0.95	0.91	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2022 to 30/06/2023) (NHSBSA)	10.7%	8.3%	7.8%	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 (01/01/2023 to 30/06/2023) (NHSBSA)	6.04	5.13	5.24	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	139.7‰	123.4‰	129.5‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2022 to 30/06/2023) (NHSBSA)	0.84	0.65	0.54	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	7.2‰	8.4‰	6.8‰	No statistical variation

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
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.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	No
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.	Y
There was a process for monitoring patients' health in relation to the use of medicines including medicines that require monitoring (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	No
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Y
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.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
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.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <p>We carried out remote record searches of patient records to look at medicines management. We found monitoring and reviews for patients on medicines for specific long-term conditions and patients on high-risk medicines were not always being carried out as required.</p> <p>During the record searches we reviewed patients taking medicines for long term conditions. We found some gaps in the management of these patients. For example, we looked at 5 patients with Asthma who have had 2</p>	

or more courses of rescue steroids in the last 12 months. Two of the patients did not have detailed recording of clinical observations and 3 patients had not been issued a steroid treatment card. Another example was for patients with hypothyroidism. We saw 7 patients had not had a thyroid function test monitoring for 18 months. Medication reviews that had taken place lacked detail. The practice took action to review all of these patients and carry out medication reviews and monitoring where needed.

We reviewed patients on the high-risk medicines known as ACE inhibitors or Angiotensin II receptors used to treat high blood pressure and heart failure. There were 528 patients on these medicines, but we saw that 55 had not been monitored in the last 18 months which was a high number of patients. Lack of monitoring can lead to serious health complications, such as damage to the kidneys. The practice told us they have reviewed these patients following the inspection. The practice was undertaking further work on reviewing and monitoring patients on other high-risk medicines such as Lithium, Warfarin and Direct oral anticoagulants (DOACs).

We reviewed 14 patients prescribed the high-risk medicine, methotrexate. Eleven of these patients had not had the required monitoring in the last 6 months. Monitoring should have been carried out at least every 12 weeks. Following the inspection, the practice stated there was ongoing work on a monitoring system to review blood tests were in date before prescribing.

The GP practice had been taken over by a new GP in July 2023. The new GP was the lead for medicines management to oversee new processes. The practice had started to carry out medicines management audits to ensure patients prescribed medicines for long term conditions and high-risk medicines were being monitored according to best practice. The practice had a Primary Care Network (PCN) pharmacy technician working in the practice one day a week to continue the medicines management improvement actions. Medicines management processes needed time to embed.

Emergency medicines were reviewed, and medicines were either in stock or there were risk assessments to state why a medicine was not stocked. There was a system for monitoring stock levels and expiry dates.

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.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 9 months:	16
Number of events that required action:	16

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Failure of the vaccination storage fridge.	The fridge issue was noticed after only half an hour. Vaccinations were quarantined and advice was sought from the manufacturer.
The ground floor nurses room had to be used for a consultation for a patient with mobility needs.	The process of booking patients and checking mobility needs was refreshed with the reception team to ensure the downstairs consultation room would be booked in advance.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	No
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We carried out remote searches on the practice's patient records. We found safety alerts had not always been responded to and safety information had not always been shared with patients when medicines were prescribed. For example, patients on Sodium-glucose cotransporters inhibitors (SGLT1 inhibitors) had not always been given advice about Fournier's gangrene as according to the specific safety alert. The advanced nurse practitioner (ANP) reviewed all 59 patients prescribed SGLT1 inhibitors and had contacted those patients if necessary to share the safety advice. Also, a safety alert for the risks of teratogenic drugs prescribed for women of childbearing age had not been actioned in all cases. The practice had reviewed the 26 patients this related to and have contacted them as appropriate about the risks of the medicine.</p> <p>The practice had recently been taken over by a new GP and medicine management improvement was ongoing. There was a pharmacy technician who had been employed to review recent safety alerts and ensure all actions relating to prescribed medicines had been followed according to each safety alert. There was an ANP who had also been working to action the alerts. There was still much work to be completed to review all patients who safety alerts applied to, for example, those on combinations of different medicines where there was a safety alert in place.</p> <p>We saw there was a system for responding to any new safety alerts, but work was needed to make this process more robust. The practice had monthly clinical meetings to discuss any safety alerts that were relevant. The practice told us the pharmacy technician would be running monthly searches of the patient record system to oversee any relevant actions. However, work was in progress to address previous safety alerts.</p> <p>However, the practice still had work to do to ensure the legacy safety alerts had been reviewed and actions had been completed. Medicines management processes needed time to embed.</p>	

Effective

Rating: Good

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 were 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.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had prioritised care for their most clinically vulnerable patients during the pandemic.	Y
The practice prioritised care for their most clinically vulnerable patients.	Y
Explanation of any answers and additional evidence: We saw under the new management of the practice; patients' needs were assessed, and comprehensive work was ongoing to ensure treatment was delivered in line with standards. Referrals were made where needed and processes were in place to follow these up.	

Effective care for the practice population

Findings

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74.
- 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.
- All patients with a learning disability were offered an annual health check.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder. Patients with poor mental health were referred to appropriate services.

Management of people with long term conditions

Findings

- Evidence we reviewed demonstrated the practice did not always have effective systems for supporting patients with long-term conditions. There was ongoing work under the new management of the practice to safety net all patients prescribed medicines for long term conditions to ensure all reviews were up to date.
- 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.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with COPD were offered rescue packs.

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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	56	58	96.6%	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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	61	64	95.3%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e.,	61	64	95.3%	Met 95% WHO based target

received Hib/MenC booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)				
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	61	64	95.3%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	62	66	93.9%	Met 90% minimum

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

Any additional evidence or comments

Staff we spoke with said the practice was strongly embedded in the local community and was very much a family practice. The practice was in line with national targets for child immunisation.

Cancer Indicators	Practice	SICBL average	England	England comparison
Persons, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	66.9%	N/A	62.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	75.3%	N/A	70.3%	N/A
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (3/31/2023 to 3/31/2023) (UKHSA)	68.2%	N/A	80.0%	Below 70% uptake
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (4/1/2021 to 3/31/2022) (UKHSA)	61.8%	56.3%	54.9%	No statistical variation

Any additional evidence or comments

The practice was in line with national expectations for cancer screening programmes.

The practice was below the 70% uptake target for cervical screening for eligible persons age 25 to 49 and persons aged 50 to 64. The practice was aware of the uptake rates and was recruiting a new practice nurse to support with increasing the number of clinics available for cervical screening.

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.	Y
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Y
Explanation of any answers and additional evidence: The new lead GP partner was active in improvement work with the Local Medical Committee, and wider GP community. The focus at the time of the inspection was on quality improvement of the practice such as staffing, training and rolling out the practice's new strategy. This included comprehensive audits for medicines management to ensure all patients were safely prescribed medicines.	

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.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
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.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence: There had been many changes to the practice's staff team since the new GP partner took over the management of the practice in July 2023. There was a new practice manager in post and several new staff. This included additional roles of a new salaried GP, advanced nurse practitioner, prescribing paramedic and pharmacy technician. These staff were being supervised by the lead GP. This meant along with existing staff, the practice had a strong staffing team and could respond more effectively to patient's needs.	

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.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y

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.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Y
Explanation of any answers and additional evidence: The practice had care coordinators and social prescribers who staff could refer patients to when needed. Staff signposted patients to local support groups and services where possible with a view to improving the patient's health and wellbeing.	

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.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Y
Explanation of any answers and additional evidence: Our clinical review of notes where a DNACPR decision had been recorded identified where possible the patients' views had been sought and respected. We saw that information had been shared with relevant agencies.	

Caring

Rating: Requires improvement

The practice is rated Requires improvement for caring because although the practice had taken action to address the outcomes in the National GP Patient Survey which were lower than expected, there was limited evidence on the impact these positive improvements had on patients.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients since the management team was in place was positive about the way staff treated people. However, there was limited evidence of the positive impact on patients and changes needed time to embed.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: During the on-site inspection, we observed reception staff talking with patients on the telephone. Staff were respectful and helpful to patients	

Patient feedback	
Source	Feedback
Patient	During the inspection the practice showed us positive feedback from patients provided to the practice since the new management took over in July 2023.
Staff	Staff we spoke with during the inspection commented on the caring nature of the GPs and management team at the practice. Staff told us the practice managers supported and encouraged staff with their roles and kept staff informed of the many recent changes.
Care home	The practice provided services to two local care homes. Feedback from the one care home we spoke with was that they had met with the new management for the practice and had spoken about any issues. The care home management said they were happy with the care provided by the GP practice.
NHS.uk website (formerly NHS Choices)	There were 19 reviews on the NHS Website since October 2022. Of these reviews 15 left positive comments regarding the telephone and appointment system and the helpfulness of the receptionists. There were 4 negative comments about difficulty getting an appointment and a lack of communication. Patients stated the GPs provided excellent care. Reviews overall said the practice had improved greatly.

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2023 to 30/04/2023)	66.9%	85.8%	85.0%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2023 to 30/04/2023)	67.9%	84.6%	83.8%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2023 to 30/04/2023)	91.0%	92.8%	93.0%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2023 to 30/04/2023)	35.5%	73.9%	71.3%	Variation (negative)

Any additional evidence or comments

The GP patient survey data reflects the period between January to April 2023. The new management of the practice took over from 1 July 2023. The practice was aware of the survey results and the indicators that were lower than national averages. Managers shared and discussed the patient survey results with staff to have a coordinated response as a practice.

Staff were working as a team to improve patient satisfaction. This included creating and offering many more appointments with a choice of clinician and talking more with patients when they contact the surgery about the different clinicians and services available.

	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Y
Since the new management team took over the running of the practice in July 2023, the practice had created a renewed patient participation group. Patients were invited to join and share their views about the plans for the practice's future. The practice had advertised an open day in November 2023 where patients could attend, learn about the practice's plans, meet staff and give their feedback.	

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.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2023 to 30/04/2023)	84.5%	90.3%	90.3%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified.	There were 226 registered carers which was 4% of the practice's population.
How the practice supported carers (including young carers).	The practice's website provided information for carers about services they could access.
How the practice supported recently bereaved patients.	The practice contacted bereaved families and offered support.

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.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y

Responsive

Rating: Requires improvement

The practice is rated Requires improvement for responsive because although the practice had taken action to address access issues, there was limited evidence on the impact these positive improvements had on patients.

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.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y

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

- The practice was responsive to the needs of older patients and offered home visits and urgent appointments.
- The practice liaised regularly with community services to discuss and manage the needs of patients with complex medical issues.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travelers and those with a learning disability.

Access to the service

Some people were able to access care and treatment in a timely way.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	Partial
The practice offered a range of appointment types to suit different needs (e.g., face to face, telephone, online).	Y
Patients were able to make appointments in a way which met their needs.	Partial
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Y
Patients with most urgent needs had their care and treatment prioritised.	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2023 to 30/04/2023)	15.1%	N/A	49.6%	Significant variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 30/04/2023)	20.1%	59.1%	54.4%	Variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2023 to 30/04/2023)	27.2%	56.2%	52.8%	Variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2023 to 30/04/2023)	55.3%	74.2%	72.0%	Tending towards variation (negative)

Any additional evidence or comments

The practice had been taken over by the new GP partner in July 2023. The results of the GP patient survey cover the period between January and April 2023, and were not reflective of the significant improvements to access the practice had made since July 2023. There had been a significant improvement in access since July 2023. There was still limited evidence of the impact the changes that had been made had on patients.

The practice reviewed the GP patient survey results and responded to the appointment wait times, telephone system and clinical staffing. The practice had a new salaried GP and new clinical roles in place since July 2023 which had increased the number of available appointments by 33 percent.

The practice provided data to evidence their improvement in access:

- Calls taken increased from 410 in a week in July 2023 to 517 in a week in October 2023.
- The number of missed calls in a week reduced from 135 in July 2023 to 82 in October 2023.
- The number of abandoned calls between 8am and 9am in a week reduced from 180 in July 2023 to 29 in October 2023.
- The average queue duration per day had reduced from an average of 23 minutes in July 2023 to an average of 5 minutes in October 2023.

On the NHS website feedback from people was extremely positive since October 2023. Most reviews (79%) stated the receptionists were very helpful and they could access an appointment when needed, including face to face appointments. People fed back that the practice's phone line was much improved.

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.	20
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	1

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Example of learning from complaints.

Complaint	Specific action taken
Issue with getting a blood test result.	Apology issued and an appointment booked with the new lead GP to discuss the results.

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.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: We found the practice to have an effective leadership team in place. Staff told us they were well supported, and leaders were visible and approachable. The provider and practice team were aware of historical issues and had developed an action plan to strengthen areas such as medicines management since becoming the provider of this service. There was a strong practice management and clinical team leading the practice moving forward. During our remote patient record searches, we found there were issues with medicines management and responding to legacy and new safety alerts. The provider demonstrated awareness of this, and as a result had a pharmacy technician leading an action plan to address this. At the time of the inspection this work was in its infancy therefore required further time to become embedded.	

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.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: The practice had a business and strategy plan that was centered around supporting patients through the provision of high-quality care and supporting staff. Staff told us their focus was on providing excellent care for all patients. The vision was to improve the practice to make it a centre of excellence.	

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.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence: Feedback from staff was overwhelmingly positive under the new management. Staff reported a good working environment and a positive culture. Staff described leaders and managers as approachable and supportive, and felt comfortable raising any concerns without fear of retribution.	

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.	Partial
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Explanation of any answers and additional evidence: The practice had a governance structure which outlined clear lines of accountabilities and responsibilities for staff. The practice had nominated clinical leads for key areas, such as the safeguarding of adults and children and infection control, whom staff could contact for specialist advice and support. Staff understood their individual roles and responsibilities and knew who to contact if further advice was required. Systems for the management of medicines and safety alerts had started but there was much work to complete and become embedded.	

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.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y

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.	Y
Performance information was used to hold staff and management to account.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y

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.	Y
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y

The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y
Staff are supported to work remotely where applicable.	Y
Explanation of any answers and additional evidence: Remote consultations took place within closed clinic rooms to ensure patient confidentiality was maintained.	

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.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: The practice's new management team had re-instated the patient participation group (PPG) which had several patients involved. The PPG had held their first meeting under the new management of the practice and had notes of items discussed. These included plans for the development of the practice, including new staff, recruitment and the running of the practice to meet patients' needs. The practice also had an open day for patients to share the practice's plans for improvement and to obtain feedback from patients.	

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.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: The practice was committed to upskilling staff and working innovatively to improve patient care. This included the use of digital systems and additional staff. For example, the practice employed a pharmacist to develop a new process for working through the backlog of patient medicine reviews. In a short time of a few months the practice had undergone significant improvements led by the new management team.	

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 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 those aged 25 to 49, and within 5.5 years for those 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.