

# Care Quality Commission

## Inspection Evidence Table

### Unity Healthcare (1-4111936816)

Inspection date: 23 September 2022

Date of data download: 21 September 2022

## Overall rating: Good

At the last inspection on 19 October 2020 we rated the practice as requires improvement overall and for caring and responsive services and good for safe, effective and well-led services. The practice was taken out of special measures 21 August 2019. It is now rated good overall because:

At this inspection, we found the improvements made to those areas that previously had been rated as requires improvement were now embedded throughout the practice. Results from the National GP Survey results published in July 2022 had improved for caring and responsive indicators.

## Safe

### Safety systems and processes

## Rating: Good

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>The practice's systems, policies and procedures were clear about how to keep people safe. Patients with a safeguarding concern were discussed in monthly multidisciplinary meetings.</li><li>The practice safeguarding leads attended the regional quarterly safeguarding meetings.</li></ul>	

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Staff that required vaccinations and maintenance doses were documented in practice records.</li> </ul>	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes 29 June 2022
There was a fire procedure. Date of fire risk assessment:	Yes 12 June 2020
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Evidence provided showed regular safety assessments were undertaken and appropriate corrective actions had been carried out in a timely fashion.</li> </ul>	

### **Infection prevention and control**

#### **Appropriate standards of cleanliness and hygiene were met.**

	<b>Y/N/Partial</b>
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit:	Yes 03/08/2022
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The infection control lead had provided training to practice staff.</li> <li>We found the actions identified following the last infection prevention and control audit had been carried out or were scheduled.</li> </ul>	

### **Risks to patients**

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

	<b>Y/N/Partial</b>
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes

The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Visual reminders were available for all staff and clinicians to assist them to support patients, with safeguarding concerns, signs of sepsis and deteriorating patients.</li> </ul>	

## 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Staff explained the process for referring patients and we were provided with the protocol for follow-up referrals. This included the assurance that patients referred through the two week wait process had received their appointment.</li> <li>The management of test results ensured timely monitoring and clinical oversight.</li> </ul>	

## Appropriate and safe use of medicines

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

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) (NHS Business Service Authority - NHSBSA)	0.77	0.99	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). (01/07/2021 to 30/06/2022) (NHSBSA)	8.5%	9.5%	8.5%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2022 to 30/06/2022) (NHSBSA)	5.22	5.97	5.31	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	108.0‰	150.1‰	128.0‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) (NHSBSA)	0.35	0.61	0.59	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	6.0‰	6.7‰	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.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Partial <sup>1</sup>
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

<b>Medicines management</b>	<b>Y/N/Partial</b>
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. <sup>2</sup>	Partial <sup>2</sup>
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> <li>1. During the remote searches of patient records we found 29 of 737 patients with hypothyroidism had not had a blood test to monitor their condition for 18 months. 10 of 80 patients with chronic kidney disease (CKD) stages 4 or 5 had not had a blood test to monitor their condition in the last nine months.</li> <li>2. We found patients taking a high risk medicine had received a medicines review however, 217 of 2,737 patient reviews equating to 7% did lack some, but not all of the monitoring processes. <ul style="list-style-type: none"> <li>• Throughout the COVID-19 pandemic, a backlog of structured medicine reviews had developed however, the practice had an established a clear action plan to address this. The practice told us that the areas we identified during the remote searches were still to be acted on within their action plan. During the onsite inspection we were shown the patient recalls that had been set-up to monitor and address the identified gaps within the remote searches we carried out.</li> </ul> </li> </ol>	

<b>Dispensary services (where the practice provided a dispensary service)</b>	<b>Y/N/Partial</b>
There was a GP responsible for providing effective leadership for the dispensary.	Yes
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Yes
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Yes
Where the Electronic Prescription Service is not used for dispensary prescriptions, prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes

Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Yes
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	Yes
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Yes
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Yes
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Yes
<p>Explanation of any answers and other comments on dispensary services:</p> <ul style="list-style-type: none"> <li>Approximately 4,500 people living in rural areas without easy access to a pharmacy used the dispensing service provided by the practice.</li> <li>We found the dispensing processes and procedures were well managed and monitored to keep people safe. Audits and competency checks were regularly undertaken by the dispensary clinical lead.</li> <li>The standard operating procedures that governed the dispensary had been regularly reviewed and updated to include recent guidance.</li> <li>Monitored dosage dispensing was carried out in a separated area to ensure staff were not distracted whilst working. Staff were aware of medicines that were not suitable for inclusion in such packs, and we saw how patients were provided appropriate information about their medicines.</li> </ul>	

## 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:	31
Number of events that required action:	31
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>Staff told us that learning from incidents was disseminated to staff, along with the improvements that had been made.</li> </ul>	

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

Event	Specific action taken
<p><u>Event</u> Patient appointment for shingles vaccine. Explained it was a single one-off vaccine and patient consented. Given vaccine then saw records showed they had received vaccine in 2018</p> <p><u>Impact</u> Increased risk of possible side effects</p>	<p><u>Actions</u> Line manager told. Record on DATIX system. Findings shared with patients.</p> <p><u>Learning</u> Important that patient records checked prior to administration of medication. It is not adequate to rely on patient understanding. No actual harm caused to patient.</p>
<p><u>Event</u> Pathology result filed showed “(on correct antibiotics)” however, patient not on treatment. Patient informed practice when checking his results online contacted the practice by Econsult.</p> <p><u>Impact</u> Patient at risk of not receiving treatment.</p>	<p><u>Actions</u> Apologies sent to patient and medication issued. Review booked for post prescription to check resolution.</p> <p><u>Learning</u> Importance of checking results before filing.</p>
<p><u>Event</u> Patient attended surgery as had received a letter advising him of type 2 diabetes diagnosis. Unfortunately, there were 2 other letters in the envelope for two different patients.</p> <p><u>Impact</u> Patient information disclosed to another patient.</p>	<p><u>Actions</u> Apologised to patient, incident added to DATIX. New letters sent to the 2 other patients who did not receive their letters with apology and the admission of data breach.</p> <p><u>Learning</u> Learning for secretarial team to take extra care when placing letters in envelopes.</p>

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>We found an effective system to check MHRA medicine safety alerts, this included the monitoring of historical alert checks, which were undertaken on a monthly basis.</li> <li>We saw searches had been carried out for recent alerts.</li> </ul>	



## 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

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Partial <sup>1</sup>
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice prioritised care for their most clinically vulnerable patients.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>Clinicians told us they used half day closure afternoons provided by the local commissioning body for online and internal training and to keep clinicians and administrative staff up to date with current evidence based practice. Current evidence based clinical practice was discussed at clinical meetings and during clinical supervisions and training sessions.</li> <li>1. During the clinical searches we carried out in the patient records system, we found 29 of 737 patients with hypothyroidism had not had a blood test to monitor their condition for 18 months. 10 of 80 patients with chronic kidney disease (CKD) stages 4 or 5 had not had a blood test to monitor their condition in the last nine months. We found patients taking a high risk medicine had received a medicines review however, 217 of 2,737 patient reviews equating to 7% did lack some, but not all of the monitoring processes.</li> <li>The practice had developed a clear action plan with structured medicine reviews, they acted on our findings to set-up the remaining reviews for patients we identified in our remote searches that lacked some of the monitoring elements and provided with evidence to show future monitoring would be carried out consistently.</li> </ul>	



## Effective care for the practice population

### Findings

- The practice identified older patients who were living with moderate or severe frailty. Those identified were offered a full assessment of their physical, mental and social needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice had a recall process to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. The practice had undertaken 455 in the last 12 months. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All 83 patients with a learning disability were offered an annual health check. The practice had undertaken 71 in the last 12 months.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.
- Patients with poor mental health, including dementia, were referred to appropriate services.

## Management of people with long term conditions

### Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. However, we found some blood test results used when reviewing and monitoring patient care and treatment were out of date. For example we found 3% of patients with hypothyroidism had not had a blood test to monitor their condition for 18 months. 12% of patients with chronic kidney disease (CKD) stages 4 or 5 had not had a blood test to monitor their condition in the last nine months. For patients with the most complex needs, the GP worked with additional health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- During the remote searches we found six patients with a potential missed diagnosis of diabetes. The practice acted on our findings and updated their processes to ensure monitoring consistency. However this updated process needed to be monitored and embedded.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	147	154	95.5%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	152	165	92.1%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	152	165	92.1%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	150	165	90.9%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	208	221	94.1%	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>

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 31/03/2022) (UK Health and Security Agency)	78.4%	N/A	80% Target	Below 80% target

Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	72.0%	69.4%	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)	68.9%	70.7%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	45.6%	51.1%	55.4%	No statistical variation

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

### Any additional evidence or comments

Although we saw improvement in the cervical cancer screening data that was below the target in the table above, we asked the practice to comment.

- The practice explained that during the last six months during any face to face appointments, where appropriate they spoke with people about their screening status and had encouraged uptake. They also provided catch-up clinics to improve the screening uptake. However, the results of these actions could not yet be seen within the data collection period in the table above.

### 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 provided evidence of audits with the actions taken to address any findings that could improve care and service delivery.

### Any additional evidence or comments

- We were provided with evidence of five clinical audits to improve the quality of care and ensure clinicians met the national guidelines to provide safe and effective care. For example we saw the following actions and learning seen:
- We saw that a palliative care audit had five completed cycles. The learning and actions from these audits included the use of "My Care Wishes" within templates and the use of resuscitation status on the current active screen/home page.

- We saw that an audit to reduce the use of gabapentanoid medicines had two completed cycles. The learning and actions from these audits included the use of templates and guidance for clinicians to counsel patients on reducing their medication usage. They further ensured the Medicines and Healthcare products Regulatory Agency (MHRA) alert was adhered to by adding alerts to prescribing screens. Records showed 100% compliance.

**Effective staffing**

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• Staff told us they had received a comprehensive induction and felt they were well prepared for their role.</li> <li>• Staff told us the management and clinician leadership at the practice had an open door policy, and staff were encouraged to speak up.</li> <li>• We found evidence of competency checks carried out, and professional registrations recorded in staff records.</li> </ul>	

**Coordinating care and treatment**

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centered care when they moved between services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• The local care homes had been provided with dedicated access to the practice to ensure quick and easy contact.</li> </ul>	

## 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

Any additional evidence or comments
<ul style="list-style-type: none"> <li>We were told the practice used text messaging to remind patients about their appointments and healthcare.</li> <li>We saw health prevention programme and screening information was available for patients within the waiting room. The practice social prescriber supported patients to access health prevention programs and clubs.</li> </ul>

## Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate. <sup>1</sup>	Yes
<p>Explanation of any answers and additional evidence</p> <ul style="list-style-type: none"> <li>Staff explained the practice consent processes during the inspection. We found consent, and 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) decisions were recorded within the records when we carried out the patient record searches.</li> </ul>	

## Caring

## Rating: Good

At the last inspection on 19 October 2020 we rated the practice requires improvement for caring services because the national GP Patient Survey results published in July 2020 had not improved. Caring is now rated good because:

At this inspection, we found results from the National GP Patient Survey results published in July 2022 had improved. The practice had undertaken their own surveys of patients targeting negative responses in the previous National GP Patient Survey. Improvements were reflected in the positive comments we received from patients.

### Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

Patient feedback	
Source	Feedback
Interviews during the site visit with patients	<ul style="list-style-type: none"><li>We spoke with six patients during the on-site inspection. They told us access to the practice was improved and they could receive care and treatment in a timely way.</li><li>The patients were positive about the staff at the practice saying receptionists were considerate and helpful.</li><li>We were told they felt involved in their care and treatment and felt safe receiving their care at the practice.</li></ul>
NHS overview website	<p>There was one review over the last year.</p> <ul style="list-style-type: none"><li>This practice is excellent, support staff are polite and efficient and the doctor's expert and caring. I am sure working in general practice is very hard right now with so much demand and other pressures but you are working very well for patients.</li></ul>

### National GP Patient Survey results

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2022 to 30/04/2022)	78.9%	88.0%	84.7%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2022 to 30/04/2022)	76.1%	87.2%	83.5%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2022 to 30/04/2022)	87.5%	95.1%	93.1%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	50.3%	76.6%	72.4%	Tending towards variation (negative)

#### Any additional evidence or comments

At this inspection, we found results from the National GP Survey results published in July 2022 had improved. We asked the practice to comment on the response that was tending towards a negative variation.

- The practice had undertaken their own survey, data was collected starting in January 2022 and collected each month, whilst this was unverified data, it showed that 92% of patients had responded positively to the overall experience of their GP practice.

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

#### Involvement in decisions about care and treatment

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

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



- Staff could access easy read and pictorial materials to support them with their patient contacts.
- The practice used language line for patients whose first language was not English.
- We were told staff used hand signals for patients with hearing loss and when necessary. There was a hearing loop available. Staff explained they dropped down their face mask with patient's agreement to allow for lip reading.

## National GP Patient Survey results

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2022 to 30/04/2022)	88.4%	93.9%	89.9%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	On request
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• There was easily accessible information in the waiting room and on the practice website to signpost about local support groups and events</li> </ul>	

Carers	Narrative
Percentage and number of carers identified.	<ul style="list-style-type: none"> <li>• The practice had identified 597 carers, 2 of these were young carer's.</li> <li>• This equates to 3.3% of the practice population</li> </ul>
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> <li>• Carers were identified at dementia and Learning Disability yearly health reviews, and assessments were offered.</li> <li>• Clinicians referred to the Suffolk family carers for support/respite resources.</li> <li>• Carer's were supported by the social prescriber available at the practice.</li> <li>• The practice had 2 young carers and modified their support to meet their needs.</li> </ul>
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> <li>• Clinicians contacted the recently bereaved when appropriate to offer support and sent a card and bereavement letters with supportive information to patients.</li> </ul>

	<ul style="list-style-type: none"> <li>Information was available on the practice's website for patients who were bereaved.</li> </ul>
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**Privacy and dignity**

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

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>There was signage in the waiting room and at the dispensary to inform patients if they needed privacy to speak confidentially.</li> </ul>	

## Responsive

## Rating: Good

At the last inspection on 19 October 2020 we rated the practice requires improvement for responsive services because the national GP Patient Survey results published in July 2020 had not improved. Responsive is now rated good because:

At this inspection, we found results from the National GP Survey results published in July 2022 had improved. The practice had undertaken their own surveys of patients targeting negative responses in the previous National GP Survey. Improvements were reflected in the positive comments we received from 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.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>The practice worked with other practices within their federation and primary care network to understand patient needs and develop services for their local population.</li></ul>	

#### Practice Opening Times

Day	Time
Opening times:	
Monday	8:00am - 6:30pm
Tuesday	8:00am - 6:30pm
Wednesday	8:00am - 6:30pm
Thursday	8:00am - 6:30pm
Friday	8:00am - 6:30pm
Saturday Haverhill GP+ appointments	9:00am – 8:30pm

Extended Access when the practice was closed was provided by Suffolk GP+ for people who urgently needed a doctor's appointment or were unable to see a GP during normal GP hours.

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

- Patients had a named GP to support them in whatever setting they lived.
- The practice responded to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Extended hours appointments were available at the practice on Saturdays from 9:00am till 8:30pm delivered by Suffolk GP+.
- Parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Pre-bookable appointments were available to all patients within the practice primary care network in the evenings and on Saturdays. .
- The practice had offered NHS health checks in the last 12 months to 1195 patients, 455 had been completed. We were told health checks had been suspended at times during the COVID-19 pandemic period to prioritise long-term condition reviews.
- The practice held a register of patients living in vulnerable circumstances including homeless people, traveler's and those with a learning disability.
- All 83 of the people eligible for a learning disability health check in the last 12 months had been offered a health check, and 71 (85.5%) of these had been undertaken.
- People in vulnerable circumstances were able to register with the practice, including those with no fixed abode such as homeless people and travelers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

## Access to the service

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

	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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• The practice had developed and improved access systems into the practice that directed people to the most appropriate person to respond to their needs within the practice.</li> </ul>	

## National GP Patient Survey results

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2022 to 30/04/2022)	38.2%	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)	31.4%	59.5%	56.2%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2022 to 30/04/2022)	36.7%	58.7%	55.2%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	61.8%	77.0%	71.9%	No statistical variation

#### Any additional evidence or comments

At this inspection, we found results from the National GP Patient Survey results published in July 2022 had improved. We asked the practice to comment on the responses that were tending towards a negative variation. The practice had undertaken their own survey, data was collected starting in January 2022. Whilst this data was unverified it showed:

- 78% of patients had responded positively to the overall experience of making an appointment
- 79% of patients responded that they were very satisfied or fairly satisfied with their GP practice appointment times.
- We were told the majority of contact was now via Econsult. This had considerably reduced the telephone wait time and continued to improve every month.

#### 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.	48
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• There was information within the reception area and on the practice website to support patients who wanted to make a complaint.</li> <li>• The complaints we reviewed showed responses were sent to patients in a timely manner and learning from complaints was shared with staff and documented.</li> <li>• Staff told us they had been informed if a complaint involved their area of work within the practice and had been part of the actions taken and learning process.</li> </ul>	

Example(s) of learning from complaints.

Complaint	Specific action taken
<u>Complaint</u> Patient was unhappy that their wound was not being reviewed by the surgery. Patient has been difficult with staff. Patient removed dressing causing significant damage. Patient does not accept responsibility. Would like someone to review wound and a skin sensitivity test.	<u>Actions</u> Patient documented as non-compliant and removes dressings to tamper with wound. Is now being seen by community team and is somewhat compliant with them. Have provided complainant apologies and an explanation of actions. <u>Learning</u> Further explanation to patient to ensure they understand reasoning behind referral to community team.
<u>Complaint</u> Patient unhappy with medication issues. Feels staff not listening and that they have been prescribed short of what they need and no one is helping.	<u>Actions</u> Check medication being issued correctly. Patient has complex needs and medication has been adjusted numerous times. <u>Learning</u> Clearer communication with patient to ensure that they understand changes being made going forward.
<u>Complaint</u> Patient unhappy a life insurance form was sent to surgery and has not been completed. Been chased several times by life insurance company and patient with no result. Patient unhappy with administration delay.	<u>Actions</u> Apologies and explanation of delay given to patient. <u>Learning</u> Staff shortages caused delay. Although caught up now ensure sufficient staffing available.
<u>Complaint</u> Complaint regarding consultation with GP. Friend of patient who attended appointment unhappy with GP care.	<u>Actions</u> Apologies given. <u>Learning</u> Communication could have been better. GP to reflect on consultation.

## Well-led

Rating: Good

### Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>We saw evidence of clinical and managerial leadership within the practice. They worked with local practices within the federation and the primary care network to understand local challenges to quality and sustainability to develop services.</li></ul>	

### Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>The practice held regular meetings to update staff with practice development plans.</li><li>The practice told us they worked with their federation and primary care network practices, to discuss the development of services to meet the needs of the local patient population. The practice was part of Haverhill PCN, which comprised two practices. Relations were cordial, with regular meetings, and had been successfully recruited allied healthcare professionals through the additional recruitment reimbursement scheme.</li><li>We saw information in the staff only areas of the practice, evidencing the journey of improvements that had been made within the practice.</li></ul>	

### Culture

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

	Y/N/Partial
There were arrangements to deal with any behavior inconsistent with the vision and values.	Yes



Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The staff information/handbook guided staff on how to raise a whistleblowing application or contact the freedom to speak-up guardian.</li> </ul>	

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

Source	Feedback
Staff members	The staff members we spoke with were positive about the support provided by the clinical and managerial leadership at the practice.
	Staff spoke positively about working at the practice and confirmed they felt able to raise issues and concerns knowing they would be supported to do so.
	Staff told us they felt safe working at the practice and that the leaders were concerned about their well-being.

#### Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>We saw evidence that policies and procedures were regularly reviewed and leadership had oversight of the process.</li> <li>All the staff we spoke with told us they had easy access to guidance, policies and procedures to support them at work.</li> </ul>	

#### Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• We found effective assurance systems were in place to manage risk and performance.</li> <li>• We saw that there was an audit process, that included clinical and administrative audits to monitor service quality.</li> <li>• We saw that there was a practice business continuity plan, that had been updated to include new processes to mitigate risks during the COVID-19 pandemic.</li> </ul>	

### Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• The practice monitored data from the Quality Outcomes Framework (QOF) and performed clinical audits to monitor clinical performance.</li> <li>• Managerial leaders understood their responsibility, and how to make statutory notifications to the Care Quality Commission.</li> </ul>	

### Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes

The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
Staff are supported to work remotely where applicable.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>We were provided evidence that the practice held registration with the 'Information Commissioner's Office'.</li> <li>We saw evidence in patient records that consent was obtained and interactions were recorded.</li> <li>The practice website informed patients how their records were stored, managed and the information sharing protocol for online services.</li> </ul>	

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

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>Staff told us their views were taken into consideration and this was seen in meeting minutes about the planning and delivery of services at the practice.</li> <li>The practice sought patient views through their website and via paper forms in the practice.</li> </ul>	

#### Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> <li>During the COVID-19 pandemic, PPG meetings were delivered via Zoom. Recently, the PPG has been revitalized through the appointment of a new chair. The PPG meetings were attended by the Lead GP who also communicated directly with the PPG Chair. Other practice staff were invited on a need's basis (such as social prescriber attending the most recent meeting). A newsletter was produced by the Lead GP and was provided to the PPG in advance for general circulation and to share with their networks. A priority for the new PPG was to improve diversity (as the majority of PPG are from the same elderly demographic).</li> </ul>

### Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes

**Examples of continuous learning and improvement**

The practice clinical lead provided a summary of the quality improvement that had taken place over the last two years.

- Development and maturity of ‘Econsult’ and total triage - from December 2019 initially used as a triage platform, however, during the pandemic ‘Econsult’ evolved to include remote consultation and subsequently a more integrated model of total triage. Patients use the system, as the digital front door to the practice, and clinicians respond via email, telephone, or by arranging a mutually convenient face-to-face consultation dependant on patient need identified. Patients that cannot use the ‘Econsult’ system, contact the practice by telephone and a telephone triage is arranged. As the majority of contact is via ‘Econsult’, the telephone wait time is significantly reduced and as a result is well below national and regional averages.
- Digital implementation - the practice have undertaken quality improvement activity to improve coding:
  - Staff education both formally, and through a collegiate approach towards working together and learning from one another.
  - With medication review activity.
  - With long term conditions activity.
  - Digital consultation tools, including Econsult toolbar and Accurx (including 2-way messaging functions, Florey health questionnaires and video consultation where requested).
  - Education and training of staff on the use of templates.
  - Widespread use of Ardens templates and formulary use for prescribing.
  - Active promotion across the service of the NHS App, which is now widely used by our patients. We have been consistently high achievers on patient digital uptake CCG metrics.
  - Ongoing work with NHS England Accelerate programme to develop an enhanced strategy to improve our digital front door / website.
  - GP Lead authors a regular patient newsletter circulated via social media, practice website and the patient participation group (PPG) (with anecdotal reports from the PPG that this is well received).
- Development of staff and training - developed a reputation as a good practice to work for, and as a result, have become very successful at recruitment and retention of staff.
  - One of the most successful primary care networks (PCNs) at recruiting allied healthcare professionals (AHP’s) to the additional roles reimbursement scheme (ARRS).
  - Many multi-disciplinary team (MDT) clinicians have developed prescribing competencies and qualification, and others are in progress of doing so.
  - Non-GP staff closely supervised in person, and developed using shared workspace “**Econsult Hub**”, with direct access to supervising GP staff for debrief and supervision.
  - Changes and policy communicated in a variety of media for maximal impact (notification, WhatsApp – no patient info, verbally). Training sessions are arranged for high-impact changes, including quarterly medicines update in education sessions.

- Recognition as a well-regarded and influential training practice (currently registrars and 1 international GP recruitment (IGPR) trainee in post).
- Long term conditions - Searches for proactive contact and management of higher risk (i.e. those historically poorly controlled) prioritised.
- Nursing team development Significant changes in staff team due to retirements and ill health has led to recruitment, replacements have been embedded within the clinical team, and have undergone training to fulfil competencies (e.g. cervical smear training). HCA training competencies include foot checks and simple dressings. Significant improvement in cervical screening, as no longer a local outlier on published data.
- Medicines Management –
- COVID-19 pandemic related backlog of medication reviews already successfully cleared with a comprehensive plan in place for the remaining outstanding reviews, for patients needing long term condition (LTC) reviews being undertaken in the month of their birth.
- Risk assessment searches carried out for higher risk medications, with interim catch-up blood tests organised for those at higher risk (e.g. ACE inhibitors). Improvements to the high-risk drug monitoring process, now includes named GP oversight and high degree of computer system safety check automation. The current project in place to bring forward blood monitoring intervals from 12 weeks to 10 weeks, so that we avoid the need to chase patients when slightly overdue on searches.
- Ad hoc audits to research specific activity, such as combined oral contraceptives (COC) prescribing to UK Medical Eligibility Criteria, Spironolactone blood monitoring, Citalopram 40mg prescribing to older patients (risk of long QT syndrome). Following on from a previous quality improvement project to identify undiagnosed diabetes, periodic re-audit for potential missed cases continues.
- Letters Workflow -
- Improved embedded process to code letters, process medications reconciliation and hospital medication changes (using the coding team, pharmacy team and secretarial teams), with senior clinician review of queries.
- A new process developed for coding and filing already reviewed and actioned ECGs embedded, with process to indicate findings and action.
- A current project ongoing to streamline the processing of patient home blood pressure monitoring results, to integrate both digital tools (AccuRx) as well as traditional media for those less digitally enabled.
- As part of the NHS England 'Accelerate Programme', the current project in progress to streamline the filing of cardiology results. Senior clinicians have oversight of medication queries from the pharmacy team.
- Learning Disability, Serious Mental Illness and Eating disorders –
- A quality improvement project undertaken by a practice GP, and the Alliance mental health lead, to update and review the diagnostic coding. This gave clinical oversight for higher risk patients, with an embedded regular review process. These reviews continued throughout the pandemic and the ongoing project included the monitoring of eating disorder patients and physical health, with interface in secondary care. The practice to become Suffolk's first accredited Learning Disability Friendly practice, and an early adopter for primary care mental health nurses within the Suffolk transformation model, to establish new ways of working and improved access to MH support. Monthly mental health MDT meetings in operation for two years discussing those with most complex needs with multi organisational involvement, and closely integrating social prescribing.
- External Clinical Leadership activities –
- Lead GPs speech at LMC conference supported the digital transformation agenda and is involved in ICS transformation. This includes optimising health during surgical waiting times for

orthopaedic surgery (waiting well programme), medicines management, co-developing a non-alcoholic liver disease pathway, and regarding the population health programme, as well as occasional contribution to local media.

- The deputy lead GP is the Suffolk and North Essex ICS Mental Health lead. The education lead GP is developing a close relationship with Cambridge university, and regularly hosts Cambridge university students to learn at the practice.
- The physician's associate (PA) was NHS England PA Ambassador for East of England. The lead pharmacist and lead pharmacist for Suffolk GP Federation, was involved in the PCN development. The lead Paramedic (Advanced Clinical Practitioner) was currently undertaking a PhD in clinical services development with Anglia Ruskin University, and involved with the development, training and quality control within the practice long term medical conditions clinics.

Service manager role

Centralised governance finance and HR.

Operational running of the practice, PCN, staff welfare. Delegate

Fed took over at low point understood needed huge changes. Ensured how teams worked and the hours they worked with the right skill sets. Some staff there 30 years. Working from two sites only one for patients live with Econ and new telephone system. Ensuring when people leave don't always replace like

Retirement plans for nurses and recruited associate and HCA

Excellent recruitment

Active PPG and Dr Brandon provides a newsletter.

Policies and procedures are available to all staff within SystemOne.

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

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

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

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

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

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

## Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **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.