

Care Quality Commission

Inspection Evidence Table

Forge Medical Practice (1-540510137)

Inspection date: 21 and 24 November 2022

Date of data download: 20 October 2022

Overall rating: Good

We carried out a comprehensive inspection at Forge Medical Practice on 10 September 2021 in response to concerns raised with us. The practice was rated as requires improvement overall and requires improvement for the key questions of safe and effective, good for caring, responsive and well-led.

At this inspection on 21 and 24 November 2022, we identified that improvements had been made and have rated the practice as good overall and for all key questions.

Safe

Rating: Good

At our previous inspection of 10 September 2021, we rated the practice as requires improvement for providing safe services. This was because we identified concerns regarding the prescribing the anticoagulant medicine warfarin (a high risk medicine).

At this inspection we rated the practice as good for providing safe services as arrangements for the prescribing of the medicine warfarin had improved.

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes

Safeguarding	Y/N/Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The provider had dedicated clinical and non-clinical safeguarding leads, for children and adults. Staff were aware of this. Conferences were attended by the safeguarding leads and safeguarding was part of the multi-disciplinary teams' agenda, we saw the minutes of the meetings. The assistant practice manager was the administrative lead who ensured that actions were chased up with health visitors, and midwives, and carried out welfare checks for patients if there were concerns. We saw safeguarding alerts and codes added to vulnerable adult and children's records. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We saw examples of recruitment checks on the most recently recruited members of staff including locum GPs who worked at the practice.</p>	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: April 2022	Yes
There was a fire procedure.	Yes
Date of fire risk assessment: November 2021 Actions from fire risk assessment were identified and completed.	Yes

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: January 2022	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had comprehensive records of completed infection prevention and control audits and checks.</p>	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours	Yes

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation. ¹	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results, and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice had a process in place for monitoring all referrals, which was seen during the clinical searches we carried out during the inspection.	

Appropriate and safe use of medicines

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

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

Indicator	Practice	SICBL average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) (NHS Business Service Authority - NHSBSA)	0.80	1.00	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)	8.3%	7.7%	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)	4.77	4.85	5.31	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	131.4‰	245.6‰	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)	0.16	0.46	0.59	Significant Variation (positive)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	4.7‰	6.6‰	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

Medicines management	Y/N/Partial
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines. ¹	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing. ²	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	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, including from clinical searches.</p> <p>We carried out searches of clinical records to check how the practice monitored patients' health in relation to the use of high-risk medicines. We found that patients had received good quality, appropriate monitoring at the required intervals. For example;</p> <ul style="list-style-type: none"> • Our clinical searches identified 30 patients prescribed the anticoagulant medicine warfarin had all received the correct monitoring checks. • We identified 5 patients prescribed azathioprine which is an immunosuppressive medicine (used to treat inflammatory conditions, including rheumatoid arthritis). All of these patients had received the required monitoring. • An automated medicine monitoring protocol was in place to ensure monitoring was carried out for disease-modifying anti-rheumatic drugs (DMARDs) and another 27 medicine groups or combination of medicines. This was to ensure the safe ongoing prescribing of patient's medicines. 	

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:	16
Number of events that required action:	16
Explanation of any answers and additional evidence: The practice had an annual meeting to review and discuss complaints and significant events.	

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

Event	Specific action taken
Methadone prescribing no longer required	The practice implemented a policy to ensure that deceased patients prescribed medicines by parties external to the practice were informed that medicines were no longer required.
The practice mobile telephone which was used by the out of hours service and district nurses for a direct route to contact the practice quickly had not been charged up and a district nurse could not get through to the practice.	A policy for charging the telephone every evening was put in place.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw examples of actions taken on recent alerts. For example, an alert regarding a medicine which helps lower blood sugar levels in patient with Type 2 diabetes. Patients prescribed this medicine had been contacted and the risks discussed. The minutes of staff meetings showed that safety alerts were discussed. 	

Effective

Rating: Good

At our previous inspection of 10 September 2021, we rated the practice as requires improvement for providing effective services. This was because we identified concerns in relation to effective care and treatment for patients. Patients' needs were not always being assessed, and care and treatment was not always delivered in line with current legislation, standards and evidence-based guidance.

At this inspection we rated the practice as good for providing effective services as the arrangements for providing effective care and treatment had improved.

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

Effective needs assessment, care and treatment

Patients' needs were, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. ¹	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way. ²	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated. ³	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice prioritised care for their most clinically vulnerable patients.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">At our previous inspection in September 2021 we identified concerns with the way patients diagnosed with diabetes and asthma were managed. At this inspection we reviewed in detail 5 patients' clinical records who were diagnosed with diabetes and asthma and found they had all received the required monitoring. However, some of the follow up of asthma patients after being	

prescribed steroids was inconsistent. We discussed this with the GP's at the practice who said this would be corrected.

- At our previous inspection we identified concerns that patients experiencing poor mental health were not always receiving appropriate care and treatment. At this inspection we saw that GPs were proactively addressing the health needs of these patients. Those with severe mental illness were offered health checks both face to face and via the telephone. Systems to discuss patients and offer help and support, where appropriate, were in place.

Effective care for the practice population

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- There were care homes aligned to the practice and they carried out a weekly ward round.
- The practice were able to refer patients to social prescribers for extra help and support.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice offered sexual health advice, provided antenatal, post-natal checks and baby clinics.
- There was a lead nurse who coordinated the care of patients with a learning disability. Patients were offered an annual face to face health check. The practice liaised with the learning disability team to encourage patients to have their vaccinations and well-being checks.
- 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.

Management of people with long term conditions

Findings

- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- Patients with long term conditions were prioritised and were offered a structured annual review to check their health and medicines needs were being met. Appointments were offered face to face or via the telephone.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

- It was highlighted through our clinical searches that pre-diabetic and diabetic patients had regular monitoring of their HBA1c (blood sugar) levels.
- 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)	78	81	96.3%	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)	82	83	98.8%	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. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	82	83	98.8%	Met 95% WHO based target
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)	83	83	100.0%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	76	85	89.4%	Below 90% minimum

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

Cancer Indicators	Practice	SICBL average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 31/03/2022) (UK Health and Security Agency)	66.7%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	62.2%	63.1%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	62.6%	68.7%	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)	44.2%	51.7%	55.4%	No statistical variation

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

Any additional evidence or comments
<ul style="list-style-type: none"> The practice were identified in 2019 as being one of the lowest local practices for performance in cervical screening. The practice set up a campaign to increase the screening numbers. A member of staff was employed to address the issue. Actions carried out included, contacting patients by telephone, letter, if no response was received after three forms of contact a disclaimer would be issued to the patient and the campaign 'no fear' details shared with them explaining the cervical screening programme. New practice nurses were supported to undertake cervical screening training and current practice nurses given a biannual update. Appointments were offered on evenings and at weekends via enhanced services. Unverified data supplied by the practice at the time of the inspection extracted from the Quality Outcomes Framework showed the following: <ul style="list-style-type: none"> In 2019 the percentage of cervical screening carried out was 68%. At the start of the project 61% of women aged 25 - 49 and 83% of 50-64 year old patients were screened. At the end of the project in November 2022, 75% of patients aged 25-49 were screened and 96% of the 50 - 64 year olds screened. This equated to 81% of the overall target population having been screened.

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

Any additional evidence or comments
<p>The practice had carried out a wide range of audit and improvement projects to advance patient care. They had a practice audit plan in place. Examples of audits seen were:</p> <ul style="list-style-type: none">• The practice carried out a benzodiazepine prescribing quality improvement project. This medicine is used to treat anxiety. The aim of the project was to reduce the number of patients prescribed this medicine and to improve patient safety. The audit resulted in reduced prescribing from 2018 to 2020 going from 125 to 37 patients. The audit also showed a reduction from 83 to 16 patients inappropriately prescribed this medicine, of who there were ongoing actions and contact with.• The practice carried out a chronic pain prescribing quality improvement project to reduce the number of high dose opioids prescribed for pain and to increase patient safety. In June 2020 there were 33 patients prescribed this medicine, all patients were contacted before a further prescription was signed off. A rerun of the search in August 2021 showed that 12 patients were prescribed this medicine, a reduction of 64% from the original search. A further rerun in September 2022 showed that 6 patients were prescribed this type of medicine which was a reduction of 82% since the first search of the practice clinical system. <p>Other examples of audits which the practice had carried out in the last 2 years included;</p> <ul style="list-style-type: none">• An audit and improvement plan to increase the rate of cervical screening at the practice.• An audit of medic reviews, to improve their standard.• A review of the monitoring of diabetic patient's blood sugar levels (HBA1C).• A medicines optimisation prescribing report.• An audit of the clinical coding recorded on the practice clinical system.• A review of the prescribing of short acting beta antagonists (SABA), inhalers, prescribed for patients with asthma.• Infection control and hand washing audits.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Partial*
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">• Staff we spoke with told us they felt supported and encouraged to develop.• We saw comprehensive training records for staff.• The management at the practice gave us several examples of where staff had been developed into other roles.• *The practice were behind with dates for some staff appraisals. However, staff who had not received an appraisal in the last 12 months were scheduled a date in the next month for this. We were told that this was due to the demand on staff time.	

Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice could refer patients to a pharmacist for advice on smoking cessation.• There was a social prescribing link worker available who was employed by the local primary care network (PCN). The service offered to help refer patients for directional support to services, such as help with, charities for older people, carers and veterans, help with benefits and the ability to refer patients to a Christmas lunch hosted by a charity.• There was a mental health link worker who the practice could sign post patients to.	

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate. ¹	Yes

Responsive

Rating: Good

Responding to and meeting people's needs

The data and evidence we reviewed in relation to the responsive key question as part of this inspection did not suggest we needed to review the rating for responsive at this time. Responsive remains rated as good.

Access to the service

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

The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England and Improvement to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes
Patients were able to make appointments in a way which met their needs	Yes
There were systems in place to support patients who face communication barriers to access treatment (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">• The practice was open between 8am to 6pm Monday to Friday. The practice offered a range of appointment types including face to face, telephone consultations and advance appointments. Patients could book longer appointments if they need to be seen for more than one issue.• The practice offered appointments through the enhanced access scheme. Enhanced access is the offer, to registered patients of a practice, of pre-bookable appointments outside of core contractual hours, either in the early morning, evening or at weekends.	

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">The challenges and priorities facing the practice had been identified and they were working to manage which included, for example, recruitment of more clinical staff.	

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">The practice mission statement said, 'the aim is to improve the health and wellbeing of patients through the provision of high quality, readily accessible, GP services and to provide support to their partners within the community'.Their vision was – to empower patients to take control & make decisions about their own care, ensure they have a positive experience of the care they provide, improve the health and wellbeing of their patients, ensure they have safe and timely access to all NHS services and to ensure effective clinical decision making.The practice had an annual practice development plan which set out actions for improvement. This included areas such as governance, team development, patient participation, IT and service modernisation. Specific examples included recruiting a new salaried GP, appointing a reception supervisor, reviewing and updating practice safety and governance policies and procedures, the plans were being tracked, reviewed and updated.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: We received 11 completed feedback questionnaires from staff who worked at the practice. <ul style="list-style-type: none">All were positive about working at the practice.Staff said they felt supported by the management. Feedback and suggestions from them were taken on board and acted upon. For example, making more appointments for patients available at a wider ranging times during the day. Staff reported they had received abuse from patients over the phone. A zero tolerance message was added to the telephone system and in reception, and a glass screen was erected for the safety and security of reception staff.Staff said they were encouraged to develop and there was great teamwork at the practice.	

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">The practice held regular staff meetings for both clinical and non-clinical members of staff. Meetings were minuted and followed an agenda which consisted of any safeguarding concerns, complaints and significant events.Staff had lead roles in the practice. For example, the clinical leads were for cancer, diabetes, palliative care, prescribing, safeguarding, dementia, sepsis and governance. Lead nurse responsibilities were infection control, learning disabilities and a nursing student's mentor.	

Administrative staff had lead roles of complaints, human resources, multi-disciplinary teams (MDT), policies, carers and veterans.

- The practice used an IT management software system which contained their policies, training and general governance information and advice. They found this was a beneficial tool.

Managing risks, issues and performance

There had have 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"> • The provider had systems and staff in place to manage risks, issues and performance. They had carried out audit and improvement projects to improve patient care. • The practice had a risk register with items listed and actions taken to reduce any identified risks. For example, electrical failure following an event which led to the closure of the premises. 	

Appropriate and accurate information

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

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

Governance and oversight of remote services

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

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The Patient Participation Group (PPG) had recently resumed their meetings following the COVID-19 pandemic. As a result of direct feedback from the group the practice had introduced appointments which could be booked up to 4 weeks in advance. 	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> We spoke with the chair of the PPG who told us that there were approximately 15 members of the group. The practice acted on feedback from the group. For example, they had set up a notice board in reception at their request and introduced name badges for staff. At the meetings they sometimes had guest speakers such as a representative from the local hospice.

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
The leadership at the practice were providing a proactive approach to seeking out new ways of providing care and treatment. For example: <ul style="list-style-type: none">• The practice contacted the local NHS Trust following our inspection in 2021 regarding their international normalised ratio (INR) results for patients who were prescribed blood thinning medicine, as they were not receiving the results in a timely manner. As a result of this contact the practice were asked to be a trial practice to ensure timely access to results via an on-line solution, 'INR star'. This was a successful solution and rolled out to all of the GP practices in the integrated care board (ICB) area.• The practice had recently become a training practice. They had GP trainees allocated to the practice (fully qualified doctors allocated to the practice as part of a 3-year postgraduate general practice vocational training programme). It was hoped this would attract GPs to stay and work at the practice.• A GP had created clinical templates for staff to use which was available on the practice intranet system with the aim of helping with following clinical pathways. They were in talks with an IT designer with a view to developing it. The templates were shared with other practices in the area who wanted to use them.• The practice had built in searches and protocols to their clinical system to ensure the safe prescribing of medicine, ensuring side effect advice was given to patients. This included, for example advice on, certain types of antibiotics, medicines to treat overactive thyroid and epilepsy and migraine.• The practice had put in place a medicine monitoring protocol that was automated to ensure monitoring was carried out for disease-modifying anti-rheumatic drugs (DMARDs) and another 27 medicine groups or combination of medicines. This was to ensure the safe ongoing prescriptions for patients.	

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

Glossary of terms used in the data.

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