

Care Quality Commission

Inspection Evidence Table

Clayhill Medical Practice (1-545993157)

Inspection date: 28 July 2021

Date of data download: 29 July 2021

Overall rating: Requires improvement

We inspected this practice in February 2019 and found the practice to be inadequate overall. This was due to: ineffective systems and processes; inconsistencies between treatment of patients between the two partners; lower performance data in some clinical areas; limited learning and sharing of learning across the practice; the practice leaders did not operate as a cohesive team which affected overall governance and atmosphere at the practice. We completed a warning notice follow up inspection in July 2019 and found most areas identified had been improved, however the partners were still not working together in the governance of the practice and shared clinical learning was not occurring. We completed a subsequent inspection in September 2019. At this point, one of the partners did not have an active role at the practice and the practice had begun to work more effectively as a team. There were still areas where improvements could be made, however it was evident that the practice had taken significant action following our previous visits.

Further inspections were completed in November 2020 and April 2021. During the November inspection we found: Systems related to managing the safe care and treatment of patients prescribed high risk medicines, those with a long-term condition, or those prescribed repeat medicines were not effective. The practice was not always following best practice guidelines and clinical records sometimes lacked sufficient detail to be able to understand why decisions had been made. There were some areas of patient satisfaction that were still lower than averages. The provider was served a warning notice which was followed up during our April 2021 inspection. Improvements were noted at the April 2021 inspection.

At this inspection we rated the provider as requires improvement overall. This was because although further progress had been made there were still some essential systems and processes that were not consistently effective and embedded.

Please note: Any Quality Outcomes Framework (QOF) data relates to 2019/20.

Safe

Rating: Requires improvement

At our inspection in November 2020, we rated this key question as inadequate, this was because: non-clinical staff were not aware of the warning signs of sepsis; Patients prescribed high risk medicines and general risks relating to patients were not well managed; processes around medication reviews were not effective and some medical records lacked detail.

During our inspection in April 2021, we found that the risks identified with medicines management at our November 2020 inspection were significantly reduced. The practice had been managing patients

more effectively since the last inspection, but further progress was required. The main area for continued work was related to the monitoring of patients prescribed an ACE inhibitor or Angiotensin II receptor blocker as there were still a proportion of patients whose monitoring was overdue.

During this inspection we rated the safe key question as requires improvement because: risks related to medicines management continued to be mitigated, although further strengthening of systems would be beneficial to ensure sustainability of progress. We found that progress had been made since the last inspection, where it had been found that patients prescribed an ACE inhibitor or Angiotensin II receptor blocker had not always been effectively reviewed. The number of patients affected had reduced considerably and progress was ongoing. Other areas identified in our November 2020 inspection had either been fully addressed or work was underway and ongoing. However, we could not be assured that the practice had completed all necessary recruitment checks.;

Safety systems and processes

The practice had systems, practices and processes to keep people safe and safeguarded from abuse. However, we were not assured that some systems were fully effective.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Partial
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
Staff who acted as chaperones were trained for their role.	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:	
1. Two new temporary members of staff had not completed any safeguarding training and there was a lack of adult safeguarding training at the correct level for the health care assistant and one of the practice nurses.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial ¹

Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Partial ¹
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Explanation of any answers and additional evidence: ¹ One member of clinical staff did not have evidence of identity checks in their staff file. Following the inspection, the practice provided us evidence of a photo identity check. Another member of clinical staff did not have any evidence of employment history. Two newer members of staff did not have an application form, or employment history. Evidence of immunisations was lacking for three of the staff files that we reviewed. Following the inspection, the provider sent us evidence of vaccinations for several staff, which showed that staff were appropriately vaccinated. In summary, we found that the recruitment process was not always effective and improvements were required.	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: January 2021	Yes
There was a record of equipment calibration. Date of last calibration: 17 December 2020	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
A fire risk assessment had been completed. Date of completion: 11 January 2021	Yes
Actions from fire risk assessment were identified and completed.	N/A
Explanation of any answers and additional evidence:	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes
Explanation of any answers and additional evidence:	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes ¹
Staff had received effective training on infection prevention and control.	Yes

Infection prevention and control audits were carried out.	Yes
Date of last infection prevention and control audit:	
The practice had acted on any issues identified in infection prevention and control audits.	N/A
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: ¹ Names of key members of staff with responsibilities for infection control were not recorded in the policy.	

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 ¹
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
Explanation of any answers and additional evidence: ¹ We found all staff had now received awareness training in sepsis, or for clinical staff, had received training in sepsis management.	

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:

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2020 to 31/03/2021) (NHS Business Service Authority - NHSBSA)	0.61	0.70	0.70	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). (01/04/2020 to 31/03/2021) (NHSBSA)	8.4%	10.4%	10.2%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2020 to 31/03/2021) (NHSBSA)	7.03	5.89	5.37	Tending towards variation (negative)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2020 to 31/03/2021) (NHSBSA)	134.2‰	113.6‰	126.9‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2020 to 31/03/2021) (NHSBSA)	1.89	0.77	0.66	Variation (negative)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2020 to 31/12/2020) (NHSBSA)	9.7‰	6.9‰	6.7‰	No statistical variation

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes

Medicines management	Y/N/Partial
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes ¹
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes ¹
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	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.	N/A
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We spoke with the lead GP regarding the prescribing of antibiotics for urinary tract infection. They described their system for prescribing, which they told us was from guidance from the local microbiology team. We were satisfied that the explanation explained the higher prescribing.</p> <p>During our last inspection to follow up a warning notice, we spoke with the practice about their higher hypnotics prescribing rate. The practice had engaged with consultant psychiatrists regarding the ongoing prescribing of some of these medicines to patients. We saw at that inspection there was a reduction in patients prescribed certain hypnotics. We reviewed the numbers of patients prescribed hypnotics and found this work was still ongoing. We viewed a small number of patient records for patients prescribed a hypnotic and found prescribing was appropriate. We remained satisfied that the practice approach to reducing the prescribing would continue to address the issue over time.</p> <p>¹ We found risks to patients relating to medicines management, identified at previous inspections, had been mitigated. The practice's repeat prescribing protocol set out steps to take where a patient did not attend for required monitoring tests. This process would benefit from review to ensure it reinforced</p>	

Medicines management	Y/N/Partial
<p>effective medicines management activity. We also found that where an activity was completed by secondary care, such as prescribing and monitoring tests, this was not always clearly reflected in the patient record, inclusion would further support safe prescribing and management of patients. These issues did not represent a risk to patients, however, would aid in the sustainability of safer care and treatment of patients.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	Two
Number of events that required action:	Two
<p>Explanation of any answers and additional evidence:</p> <p>We spoke with the practice about their threshold for significant events. We found that events that potentially could have been picked up as a significant event, were raised in other forums, such as, in the clinical meetings. We were satisfied that learning came from incidents occurring in the practice.</p>	

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

Event	Specific action taken
Fire alarm drill	The building was evacuated in two minutes, however some newer staff had to be reminded of procedures. The incident had happened very recently however the plan was to discuss the fire drill at the next staff meeting.
Patient after arriving at the practice, was redirected to COVID-19 testing, due to the presenting symptoms, however they tested negative and were treated by the GP for a different condition	Although the patient reported having a raised temperature, they actually did not have one. The learning for the practice was for a clinician to take the temperatures of patients seen for a face to face appointment.

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> <p>We looked at an example of a recent safety alert. Appropriate action had been taken.</p>	

Effective

Rating: Good

At our inspection in November 2020 we rated the population groups, people with long-term conditions, working age people and people experiencing poor mental health, as requires improvement. This meant that the overall key question was rated as requires improvement. This was because: data for the population group working age people was below the local and national averages, those patients prescribed medication for their condition did not always receive treatment in line with clinical guidelines.

During our inspection in April 2021 to follow up on the warning notice, we found that ongoing action and review had been taken to try to improve patient engagement with the national cervical screening programme. We found that there was an improvement in patients receiving care and treatment in line with clinical guidelines.

During this inspection we rated the effective key question as good and all population groups except people experiencing poor mental health (including people with dementia). We found that the practice was continuing to promote uptake of preventative screening for child immunisation and cancer. Improvements noted in patient care had continued. We found that for some audits we reviewed there was a lack of clear evidence of improved outcomes for patients.

We rated the population group people experiencing poor mental health (including people with dementia) as requires improvement due to the lack of assurance that staff had received appropriate training in the Mental Capacity Act and Deprivation of Liberty Safeguards to fulfil their role.

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
Explanation of any answers and additional evidence:	

Older people

Population group rating: Good

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.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medicines reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication 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.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered home blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2019 to 31/03/2020) (QOF)	72.4%	76.9%	76.6%	No statistical variation
PCA* rate (number of PCAs).	2.7% (10)	6.7%	12.3%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an	99.2%	91.3%	89.4%	Variation (positive)

assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>				
PCA rate (number of PCAs).	16.1% (24)	7.9%	12.7%	N/A

*PCA: Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	86.2%	79.6%	82.0%	No statistical variation
PCA* rate (number of PCAs).	2.1% (2)	3.7%	5.2%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	72.2%	66.0%	66.9%	No statistical variation
PCA rate (number of PCAs).	24.0% (67)	9.2%	15.3%	N/A
The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	79.7%	71.1%	72.4%	No statistical variation
PCA rate (number of PCAs).	4.5% (26)	4.4%	7.1%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2019 to 31/03/2020) <small>(QOF)</small>	98.3%	92.7%	91.8%	Tending towards variation (positive)
PCA rate (number of PCAs).	4.8% (3)	3.3%	4.9%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	84.6%	75.8%	75.9%	No statistical variation
PCA rate (number of PCAs).	18.6% (52)	7.5%	10.4%	N/A

*PCA: Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.

Any additional evidence or comments

¹ As of 1 April 2019, exception reporting was replaced with Personalised Care Adjustments (PCAs). These allow practices to differentiate between the reasons for adjusting care and removing a patient from the indicator denominator. The PCA rate is high for the indicator 'percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less', although there is no statistical comparison data available. We spoke with the practice regarding this high PCA rate. They were unaware of the figure and the lead GP told us that they did not routinely remove patients from the indicator. This indicator is a new indicator

for practice reporting. The practice told us, when we inspected in November 2020, that they had run dedicated diabetes clinics from November 2019 to February 2020 to address performance issues. The practice had commented that some patients were more difficult to engage. They were continuing to run dedicated clinics for areas where performance was lower.

Families, children and young people

Population group rating: Good

Findings

- The practice has not met the minimum 90% for two of five childhood immunisation uptake indicators. The practice had not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for five of five childhood immunisation uptake indicators.
- The practice contacted the parents or guardians of children due to have childhood immunisations. When required they had sent letters in the parent or guardian's primary language.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

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) (01/04/2019 to 31/03/2020) (NHS England)	70	77	90.9%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2019 to 31/03/2020) (NHS England)	72	79	91.1%	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) (01/04/2019 to 31/03/2020) (NHS England)	71	79	89.9%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)	71	79	89.9%	Below 90% minimum

The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)	80	86	93.0%	Met 90% minimum
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Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Any additional evidence or comments

The practice continued to improve their performance for childhood immunisation. The latest figures reflected that the practice was just under the WHO minimum target for two indicators, showing improvements had been made.

They followed up parents of children and babies who did not attend for immunisations by phone and by letter up to a maximum of six contacts, until the immunisation had been completed or when the child was outside of the age bracket for the immunisation, although children could still receive these immunisations outside of the immunisation schedule. The practice had considered different options to improve uptake, including sending letters in parents' or guardians' primary language. Throughout the COVID-19 pandemic, patients had been able to have access to childhood immunisations.

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74, although these had been paused due to the COVID-19 pandemic. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Prior to the COVID-19 pandemic, patients could book or cancel appointments online. However, this was paused due to the need to screen patients, in order to provide safe care and treatment.
- Repeat medication could be ordered without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (Snapshot date: 31/03/2021) (Public Health England)	72.2%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	51.0%	64.2%	70.1%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	53.2%	60.6%	63.8%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as	87.5%	90.5%	92.7%	N/A

occurring within 6 months of the date of diagnosis (01/04/2019 to 31/03/2020) (QoF)				
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2019 to 31/03/2020) (PHE)	44.4%	54.7%	54.2%	No statistical variation

Any additional evidence or comments

At previous inspections we identified that Public Health England data for the uptake of cervical screening, showed that the practice had been below the 80% target since 2016. The practice told us that cervical screening had remained in place during the pandemic. At our November 2020 inspection the practice told us that they had contacted patients who were overdue for the screening, with some contacted as many as six times. The practice had set up clinics at the weekends, however they told us that they had experienced low attendance rates. Practice staff were contacting patients prior to the appointment to remind them of the booking. The practice told us that where patients did not attend for the appointment, they called them to understand the reason why. Feedback from patients was either that they had forgotten or that they did not want to come at the weekend. Following this feedback, the practice set up an additional clinic on a weekday. Unfortunately, the practice reported that they also had non-attenders for these clinics too, or that they received cancellations. The practice was now writing to patients who had failed to respond after three reminders to see if they wish to remain in the programme. They had considered over the last year, various different ways of engaging patients. The latest screening data showed an increase from 68.8% to 72.2%. We were satisfied that the practice was trying to encourage patients to attend for cervical screening.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required. During the COVID-19 pandemic these mainly took the form of telephone consultations, although face to face appointments were available.
- All patients with a learning disability were offered an annual health check.
- 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.

People experiencing poor mental health (including people with dementia)

Population group rating: Requires improvement

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.

- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medicines.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.
- Not all clinical staff had received training in Mental Capacity Act and Deprivation of Liberty Safeguards.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	89.8%	79.0%	85.4%	No statistical variation
PCA* rate (number of PCAs).	6.3% (4)	11.6%	16.6%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	95.5%	81.4%	81.4%	Tending towards variation (positive)
PCA rate (number of PCAs).	8.3% (2)	7.4%	8.0%	N/A

*PCA: Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.

Any additional evidence or comments

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.

Indicator	Practice	England average
Overall QOF score (out of maximum 559)	543.5	533.9
Overall QOF score (as a percentage of maximum)	97.2%	95.5%
Overall QOF PCA reporting (all domains)	8.1%	5.9%

	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 had a programme of audit. Some was linked to quality work with the local Clinical Commissioning Group (CCG) and primary care network (PCN) as well as issues identified in our previous inspections. These included audits related to the two week wait process, patients with a Do Not Attempt Cardio-Pulmonary Resuscitation form in place, previous medicines alerts and end of life care. We found that for some audits we reviewed there was a lack of clear evidence of improved outcomes for patients.

Any additional evidence or comments

Effective staffing

The practice was unable to demonstrate that all staff, including temporary, 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.	Partial ¹
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.	Partial ¹
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:	
¹ We found a lack of training for two temporary staff employed by the practice. There was no evidence of Mental Capacity Act training and/or Deprivation of Liberty Safeguards training for some clinical staff.	

Coordinating care and treatment

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

Indicator	Y/N/Partial
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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
Explanation of any answers and additional evidence:	

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:	

Any additional evidence or comments

Consent to care and treatment

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

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

Caring

Rating: Requires improvement

At our inspection in November 2020, we rated this practice as requires improvement for providing caring services due to lower than average patient satisfaction data from the National GP Patient Survey with being listened to; confidence and care; care and concern. Feedback on Google reviews was negative regarding the attitude of some clinical staff.

During this inspection we rated the practice as requires improvement because:

- The GP survey results continued to be lower than average for satisfaction with being listened to; confidence and care; care and concern. There was a lack of action plan to improve from our last inspection and also from the latest data published in July 2021.

Kindness, respect and compassion

Staff didn't always treat patients with kindness, respect and compassion. Feedback from patients was mixed 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.	Partial ¹
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: ¹ Staff we observed displayed a non judgemental attitude towards patients, however patient feedback from reviews regarding GP attitude was still negative.	

Source	Feedback
NHS Choices	One comment listed contained positive feedback relating to the helpfulness of the reception and nursing staff. However, there was also negative feedback relating to the helpfulness of the GP.
Feedback direct to CQC	One comment said that staff and the practice manager are all very polite, caring and helpful, unfortunately they could not say the same for the doctors. Another said that the GPs are good, however getting past reception to be given an appointment was tricky.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2021 to 31/03/2021)	69.9%	85.9%	89.4%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2021 to 31/03/2021)	66.8%	83.8%	88.4%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	79.9%	94.0%	95.6%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	62.0%	79.5%	83.0%	Variation (negative)

Any additional evidence or comments

Performance in the GP patient survey published in July 2021 for patient experience within the consultation was lower than for the preceding year.

Performance in most areas had changed since the previous year's survey:

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, had decreased from 72.3% to 69.9%.

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 had remained similar going from 66.7% to 66.8%.

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, had decreased from 86.7% to 79.9%.

The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice had deteriorated from 66% to 62%.

We spoke with the practice about this and they told us that it had been difficult managing patients' expectations during the COVID-19 pandemic and within the period of measures easing. They also said that several clinical staff had been subject to racial prejudice by patients. They did not have a plan in place to address the data but said they would continue to provide a service that met the patients' clinical needs.

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

Any additional evidence

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes ¹
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: ¹ Easy read and pictorial materials were available for health checks and COVID-19 vaccinations. Letters regarding childhood immunisations were sent in alternative languages as required.	

Source	Feedback
Feedback directly CQC	One comment said that staff try to provide the care but due to a lack of staff they only have a short amount of time. It said that GPs do not ask patients opinion; nurses are more helpful.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2021 to 31/03/2021)	80.8%	91.0%	92.9%	Variation (negative)

Any additional evidence or comments
We spoke with the practice about this data. They told us that sometimes patients' expectations were unrealistic of what the practice was able to provide especially during the COVID-19 pandemic and within the period of measures easing.

	Y/N/Partial

Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes ¹
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: ¹ The practice was able to provide their practice leaflet in large font.	

Carers	Narrative
Percentage and number of carers identified.	119 carers identified which represents 1.9% of the patient population.
How the practice supported carers (including young carers).	Carers were signposted to support. A social prescriber was also available to support carers.
How the practice supported recently bereaved patients.	This depended on the bereaved patient's needs and the level of involvement of the practice prior to the person's death. This may be support in terms of information, supporting with formal aspects of registering the death, or a call to the bereaved patient.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence:	

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes ¹
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:	
¹ Assistance dogs were welcomed at the practice. The practice had completed an access assessment to review whether the physical access to the practice met the needs of wheelchair users, those with mobility difficulties and those with a sensory impairment.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.30am to 6.30pm
Tuesday	8.30am to 6.30pm
Wednesday	8.30am to 6.30pm
Thursday	8.30am to 6.30pm
Friday	8.30am to 6.30pm
Appointments available:	
Monday	9am to 1pm then 3.50pm to 6.20pm
Tuesday	9am to 1pm then 3.50pm to 6.20pm
Wednesday	9am to 1pm then 3.50pm to 6.20pm
Thursday	9am to 1pm then 3.50pm to 6.20pm
Friday	9am to 1pm then 3.50pm to 6.20pm

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- Nurse appointments were available after school hours on several days.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours were offered alternating between Wednesday and Thursday 6.30pm to 9.45pm.
- Pre-bookable appointments were also available to all patients at additional locations within the area, through a local hub. Appointments at the hub were available weekend day evenings 6.30pm to 8pm, Saturday 8am to 6pm and Sunday 9am until 2pm.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Access to the service

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

National GP Survey results

	Y/N/Partial
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Yes
Patients were able to make appointments in a way which met their needs.	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Yes
There were systems in place to support patients who face communication barriers to access treatment.	Yes
Patients with urgent needs had their care prioritised.	Yes
The practice had systems to ensure patients were directed to the most appropriate person to respond to their immediate needs.	Yes
Explanation of any answers and additional evidence: The practice had access to an induction loop. The practice could make reasonable adjustments in order to support patients in booking appointments such as, via text message or letter.	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2021 to 31/03/2021)	91.9%	N/A	67.6%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	67.9%	69.0%	70.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	73.8%	64.2%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	80.2%	79.4%	81.7%	No statistical variation

Any additional evidence or comments

Source	Feedback
Google reviews	One comment relating to the length of time waiting when ringing the practice to arrange or cancel an appointment.

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.	Eleven ¹
Number of complaints we examined.	Four
Number of complaints we examined that were satisfactorily handled in a timely way.	Four
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	None

	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: ¹ Since our last comprehensive inspection in November 2020 (Preceding eight months).	

Example of learning from complaints.

Complaint	Specific action taken
Appointment notification going to relative and not the patient.	The practice checked that numbers were correct. They discovered that the email contact was the issue. The matter was resolved, and the complainant given an apology. Staff to double check contact details.

Well-led

Rating: Requires improvement

At our inspection on 12 February 2019, we rated this practice as inadequate for providing well-led care. The practice was served a warning notice, in respect of good governance, which we followed up on 2 July 2019. We found that progress had been made against the warning notice. At a subsequent inspection in July 2019, we found that there were still issues with some governance systems. We completed a further inspection in September 2019, where we rated the practice as requires improvement for providing well led services. This was because the majority of the concerns raised at the previous inspections had been resolved and under the current leadership structure, the practice was on an upward trend. We had questions over whether improvements were sustainable in the long term and there were also some outstanding issues which related to the effectiveness of some governance and quality systems.

During this inspection we found that there were still some areas where systems were not fully effective and progress for some aspects was slower, however progress continued to be in a positive direction.

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.	Partial
Explanation of any answers and additional evidence: ¹ The practice manager had recently ceased their role and a new practice manager had been recruited from within the practice. The previous manager was supporting the new manager in a transition.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Partial ¹
There was a realistic strategy to achieve their priorities.	Yes
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:	

¹ Whilst we were satisfied that the practice had improved since our last inspection, we found a lack of focus on patient satisfaction. Data from the last three National GP Surveys reflected that patient satisfaction with their experience within consultations was considerably lower than local and national averages. We found that since the 2021 data had been published, the practice had not initiated any action plan to improve.

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's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	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:	

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

Source	Feedback
Staff questionnaires	Staff were positive in their feedback about relationships between staff and managers.

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
Explanation of any answers and additional evidence:	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence:	

The practice had systems in place to continue to deliver services, respond to risk and meet patients' needs during the pandemic

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes
The practice actively monitored the quality of access and made improvements in response to findings.	Yes
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes
Explanation of any answers and additional evidence:	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence:	

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
Explanation of any answers and additional evidence:	

Engagement with patients, the public, staff and external partners

The practice did not always involve 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.	Partial ¹
The practice had an active Patient Participation Group.	Partial ²
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: ¹ GP survey data was lower for patient satisfaction levels and the practice had no action plan in place to address this performance. ² The practice told us that they had tried without success to encourage patients to form and attend a Patient Participation Group. Further efforts were planned for the future.	

Feedback from Patient Participation Group.

Feedback
When meetings had previously occurred, members told us that minutes were taken, and action was taken where possible. They told us that the practice manager usually kept the members updated with information regarding the practice.

Any additional evidence

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: The practice was committed to supporting staff career development which in turn supported improving the level and quality of services provided to patients.	

Examples of continuous learning and improvement
The practice was responsive to areas for improvement raised by CQC inspections.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **PHE:** Public Health England.
- **QOF:** Quality and Outcomes Framework.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
- ***PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#)). Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.
-
- ‰ = per thousand.