

Inspection Evidence Table

Newhall Surgery

(1-549406380)

Inspection Date: 6 December 2023

Date of data download: 16/11/2023

Overall rating: Requires improvement

At our previous comprehensive inspection in February 2016, we rated the practice as good in the safe, caring, responsive and well-led questions, and as good overall.

We rated the practice as outstanding for effective due to evidence of innovative ways to engage with children which enabled attendance rates of 98% to 100% for childhood immunisations. In addition, the practice proactively monitored and managed all reported patient falls reducing the number of emergency hospital admissions for patients aged over 65.

At this inspection in December 2023, the practice was rated as requires improvement overall. The key questions of safe, effective, responsive and well-led were rated as requires improvement, which led to an overall rating of requires improvement. The practice was rated as good for providing caring services.

Context

The practice is situated within the Joined-Up Care Derbyshire Integrated Care System (ICS) and delivers primary care services to a registered patient population of approximately 10,456 people.

It is part of the Swadlincote Primary Care Network (PCN), a wider network of 5 GP practices working collaboratively to deliver improved levels of care for patients, by connecting the primary healthcare team across the area with community and other service providers in their area.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the 6th decile (6 out of 10). The lower the decile, the more deprived the practice population is relative to others, indicating a potentially higher need for health care services. According to the latest available data, the ethnic make-up of the practice area is predominantly white at 97.7% of the registered patients, with estimates of 0.9% Asian, 0.2% Black, 1% mixed, and 0.1% other.

The clinical team consists of 3 GP partners, 5 salaried GPs, a clinical pharmacist, 2 nurse practitioners, and 1 practice nurse. There were also 2 GP registrars and 1 foundation-year 2 doctor working at the practice at the time of our inspection. The practice supports placements for medical students. The practice also directly employs a nurse associate and health and well-being coach as part of a primary care network initiative.

The clinical staff are supported by a practice manager, an operations manager, 3 management assistants, a care navigation team leader, a team of 12 care navigation, secretarial and administration staff, and 3 apprentices.

The practice opened between 8am to 6.30pm Monday to Friday. The practice offered a range of appointment types including book on the day, face-to-face and telephone consultations, and advance-booked appointments. Home visits were provided when these were required.

Patients could access additional appointments through the PCN's extended access hub from 6.30pm to 8pm Monday to Friday, and on Saturday and Sunday mornings and bank holidays. Out of hours services were provided by Derbyshire Health United (DHU).

Safe

Rating: Requires improvement

At our previous inspection in February 2016, we rated the practice as good for providing a safe service. At this inspection in December 2023, we rated the practice as requires improvement in safe because:

- Our clinical searches identified that some patients who were prescribed medicines were not always receiving the necessary monitoring or follow-up recommended by guidance to keep them safe. Actions taken in response to medicine safety alerts needed to be documented in the records of any patients affected by the alert.
- Patient records did not always evidence that safety-netting advice had been provided in case there was a deterioration in their condition or presenting symptoms.
- The system to monitor and act on incoming pathology results required strengthening.
- Security arrangements for blank prescriptions required strengthening to ensure that their distribution throughout the practice could be clearly tracked.
- There was some evidence of non-compliance with best practice in relation to infection prevention and control. The outcomes of infection prevention and control audits needed to be acted upon with evidence of follow-up actions being identified and completed in a timely manner.
- Outcomes of health and safety related risk assessments, in particular fire, needed to be acted upon with evidence that recommended actions had been completed in a timely fashion.

Safety systems and processes

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

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

There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had an effective and proactive approach to safeguard patients. There were named GP leads for both child and vulnerable adult safeguarding. A member of the administrative team was identified as a patient care coordinator. They ensured the coordination of information for patients with safeguarding concerns on an ongoing basis. Quarterly meetings took place to discuss patients on the practice child safeguarding register which included the health visitor. The patient care coordinator organised the meetings and maintained regular communications with the health visitor in-between meetings, as well as having regular contact with school nurses, the community care coordinator and the local authority. Multi-disciplinary meetings to discuss vulnerable adults were held approximately every 6 weeks. These meetings included representatives from community nursing and other community-based health services, social workers, a carer's association representative, and a local fire safety officer, amongst others. We observed minutes of these meetings which demonstrated that patients were being cared for holistically and had their needs reviewed regularly. We were provided with several examples of how the practice had proactively supported vulnerable children and adults to keep them safe and ensure an effective support package was put in place. The patient care coordinator was pivotal to this in terms of building relationships with the patients and/or their families/carers and being the point of contact with health, social and voluntary sector professionals outside of the practice. The practice had comprehensive policies for safeguarding children and vulnerable adults. We saw that these were reviewed to update relevant information. There was also a detailed safeguarding adults and children protocol providing a comprehensive review of how to deal with all safeguarding related correspondence. Disclosure and Barring Service (DBS) checks were undertaken on appointment and renewed every 10 years. Each year staff were asked to complete a DBS self-declaration to confirm that no disclosable events had occurred as part of their annual appraisal. We saw that all staff were up to date with child and adult safeguarding training, and that they had completed the recommended level of training appropriate to their role. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We reviewed 4 staff files to review that recruitment checks had been completed. We observed that recently appointed staff had appropriate safe recruitment evidence available. There were some gaps in 	

the files of staff appointed before the new management team started at the practice. Managers told us that they would undertake a risk assessment to account for where gaps existed.

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Partial
Date of last assessment: May 2023	Y
There was a fire procedure.	Y
Date of fire risk assessment: 13 February 2019	-
Actions from fire risk assessment were identified and completed.	N
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> A health and safety risk assessment for the site was undertaken annually. We saw that an action plan had been instigated to address areas for improvement, further to the most recent assessment in May 2023. The actions identified had either been completed or were part of a longer-term refurbishment plan subject to funding, with measures having been put in place to mitigate the risk of impact in the interim. The most recent fire risk assessment had been completed in 2019 and this had identified several high-risk areas to be addressed. There was no evidence to suggest the required actions had been followed up. However, the new management team produced an action plan, and they provided us with an update on progress. Due to the timescales involved, they had also arranged for a new fire risk assessment to be completed in early 2024. The matter had been raised with the partners and placed on the practice's risk register. Electrical and clinical equipment was regularly checked to ensure it was safe and worked accurately. We saw certificates to evidence that Portable Appliance Testing (PAT) and calibration of equipment had been completed during 2023. An Electrical Installation Condition Report (EICR) had been obtained for fixed wiring test. This was in date and due for review in 2024. Some staff raised concerns about health and safety in the administrative building. We saw that some of the concerns had been considered as part of the last health and safety risk assessment, although they had not been adequately addressed from a staff perspective. Managers agreed to review the concerns with electrical and fire contractors. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were not fully met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out.	Y

Date of last infection prevention and control audit: October 2023	-
The practice had acted on any issues identified in infection prevention and control audits.	Partial
The arrangements for managing waste and clinical specimens kept people safe.	Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice nurse and nurse associate acted as the practice infection control leads. Some staff mentioned that the approach to infection prevention and control had improved over recent months, and environmental improvements had been made. The practice had invited the local infection prevention specialist team to attend the surgery to support them with audits and advice on infection control policies and procedures. A comprehensive practice infection prevention and control policy was available. We were provided with an infection prevention and control audit dated January 2023. We saw that an action plan for this had only been developed at the time of our inspection in December 2023. During the inspection, we were given a more recent infection prevention and control audit dated October 2023, but this was incomplete and did not include an action plan, although we saw that some actions have been taken, for example, the replacement of cloth-covered seats to a wipeable surface. Some areas of non-compliance had been identified that had not been followed up, for example, cleaning schedules were not displayed; dusty areas were noticed on high surfaces; rust and damaged fixed equipment was noted; and plugs were in situ on sinks in clinical areas. We identified an unlidded open waste bin in the waiting area which was not in accordance with infection control advice. We were informed that the contracted cleaning company carried out monthly spot checks and audits. We observed that these were detailed with areas of improvement identified, for example reinforcing the need to clean underneath the sinks. There were no cleaning schedules available on the site identifying daily, weekly and monthly cleaning tasks by area, which were signed off or initialled on completion. Following our inspection, the practice followed this up with the cleaning company who provided a spreadsheet which the cleaner signed once per week to account for all the daily and weekly tasks for that week. However, the schedules needed to be retained by the practice and the daily tasks needed to be signed off each day. A meeting was arranged between the practice and cleaning contractor to agree a revised approach. A Legionella risk assessment had been completed by an external contractor on 23 February 2021. We saw evidence that an action plan had been produced recently by the new management team. There was limited evidence that this had been acted upon following the initial receipt of the risk assessment, almost 3 years earlier. A further Legionella risk assessment was being organised for early 2024. However, we saw that checks were in place to monitor and test water supplies for the absence of the Legionella, and this ensured the risk was being monitored. 	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y

There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There were enough staff to provide appointments and prevent staff from working excessive hours.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> As part of our staff questionnaires, most members of the practice team felt that there were sufficient staff available to manage absences and busy periods. We looked at clinical rotas and we observed that there was good availability of clinical staff throughout the week. There was a comprehensive medical emergencies protocol. Care navigation staff (members of the practice team trained to support patients by signposting them to the most appropriate professional or service) were provided with clear information about how to escalate care for any patients presenting with red flag symptoms, or if they noticed a deterioration in their condition whilst waiting to be seen by a clinician. In addition, the practice had added mandatory training for epilepsy, sepsis, stress and stroke to increase the care navigation teams awareness of these conditions. The practice told us they rarely used locums and had not had any for several months. The practice inducted any new agency staff if they should be used and all key information was provided to them including safeguarding referral information, practice leads, and local prescribing guidance. 	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Partial
There was a system for processing information relating to new patients including the summarising of new patient notes.	Partial
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had put the process terms of summarising patient records on hold during the COVID-19 pandemic. They told us that 66% of patient records had been summarised and that they had a digitalisation plan which was intended to start in Jan 2024 subject to appropriate funding being provided. 	

All newly registered patients records were summarised on arrival.

- Our remote review of patient notes identified that safety-netting advice was not always clearly documented in the record. Safety-netting advice is given to patients when the cause of their symptoms, or how their illness will progress, is uncertain. The GP specialist advisor reviewed 5 patient records and found that 4 did not include documented evidence that safety-netting information was provided during the consultation.
- During the remote clinical searches, the incoming pathology results were checked. We observed 2 results from the previous evening which required action, and these remained unresolved at the time our GP specialist advisor logged off the practice IT system at 6.30pm. We followed this up with the practice who told us they usually liked to process and action results within 2 working days; however on this occasion it was slightly longer as results were sent back to the referring clinician, but they were off work for 2 days. In response, the practice reviewed their pathology protocol. This included safety netting abnormal pathology results received for clinicians on annual leave or on a non-working day, so that they were reviewed in a timely manner to not delay any possible actions.
- We saw that there was a comprehensive approach to ensure that 2-week wait referrals were sent and that patients attended their appointment. The process had been revised as a learning point from a significant event regarding a delayed referral. Clinicians received a screen-prompt when completing a 2-week referral form to task the secretaries to send off the referral, and to add a code to the patient's record, so that reports could be run to check that all referrals had been completed. Patients were followed up to ensure they had attended their consultation.

Appropriate and safe use of medicines

The practice did not always have comprehensive systems for the appropriate and safe use of medicines, including medicines optimisation.

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

Indicator	Practice	SICBL average	England	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2022 to 30/06/2023) (NHSBSA)	0.83	0.88	0.91	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2022 to 30/06/2023) (NHSBSA)	8.1%	7.6%	7.8%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2023 to 30/06/2023) (NHSBSA)	5.38	5.07	5.24	No statistical variation

Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2023 to 30/06/2023) <small>(NHSBSA)</small>	134.1‰	157.6‰	129.5‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2022 to 30/06/2023) <small>(NHSBSA)</small>	0.76	0.48	0.54	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2023 to 30/06/2023) <small>(NHSBSA)</small>	6.4‰	7.4‰	6.8‰	No statistical variation

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	N
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Partial
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including medicines that require monitoring (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	N
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y

Explanation of any answers and additional evidence, including from clinical searches.

Our remote review of patients' clinical records undertaken by our GP specialist advisor identified some areas where the practice needed to strengthen their approach to monitoring arrangements:

- We reviewed the records of 5 patients prescribed disease-modifying antirheumatic drugs (DMARDs). We saw that 4 of these patients were being managed by the hospital rather than the practice. The other patient had been managed by the practice but due to issues with non-compliance in attending for blood tests, they had appropriately been transferred back to the care of the hospital.
- We looked at patients prescribed an ACE inhibitor or Angiotensin II receptor blocker to ensure they were receiving the recommended monitoring. Our searches identified that 33 (2.5%) of patients prescribed these medicines were overdue monitoring, meaning that the vast majority were up to date. We looked into 4 patients' records from the 33 identified by the search. We observed that kidney function blood test monitoring was significantly overdue for 2 of these patients. We saw that 1 patient had been asked to book a review, but had not done so, and their repeat prescription was authorised for a further year. The practice told us they would review their approach in terms of restricting the number of issues of a prescription the patient received until a blood test was completed.
- We reviewed the quality of medicine reviews in the last 3 months by looking into 5 records of the 232 patients aged over 75 who had been coded as having received such a review. Whilst the search did not identify any specific concerns, other remote searches undertaken highlighted some concerns about the quality of medicines' reviews. For example, the authorisation of medicines for 12 months without the required monitoring being completed.
- The remote searches identified 9 potential missed diagnoses of diabetes. We reviewed the records of 4 of these patients. We observed that 3 of the 4 patients were not coded as diabetic despite 2 consecutive blood tests showing this. We saw that 1 of the 3 patients had an interval of 18 months between tests above the normal range indicating a diabetes diagnosis. This should have been repeated sooner to determine the diagnosis and the patient followed up annually, even if subsequent results were in the pre-diabetic range. The absence of coding meant the patient may not have received annual reviews, foot checks, diabetic eye screening and the other routine checks that patients coded as diabetes have. The practice reviewed all 3 patients and told us that the patients' blood sugars improved back to the pre-diabetic range, although 1 patient had their records updated to code them as having had diabetes, but then that it had been resolved. They told us that the 3 patients therefore did not have diabetes. However, if subsequently their blood sugar came down into the pre-diabetes range, they could be considered to have well-controlled diabetes or coded as diabetes in remission. The practice told us that all 4 patients and others who had pre-diabetes were having regular reviews to monitor their condition.
- The searches identified 10 asthmatic patients who may have been over-prescribed an inhaler to aid muscles in the airway relax more easily and promptly. This was only 0.9% of patients with a diagnosis of asthma, so the vast majority of patients were being managed effectively. We reviewed 4 of the 10 patients and we observed that 2 of these had both received 30 inhalers in a 12-month period. The other 2 patients had received 12 and 13 inhalers respectively. These patients were obtaining inhalers on repeat prescriptions, and were authorised for several prescriptions without attending a GP or nurse review. It was unclear from their records how their asthma was controlled, and 2 of the 4 patients were overdue reviews. The practice informed us they would consider reducing the length of repeat prescriptions to encourage compliance with reviews. They also told us that patients had been contacted several times for reviews of their asthma but had declined to attend, but following our findings we were assured that the patients were contacted again and an appointment was booked with them in the following few days.

- The practice had a written prescription security protocol. We looked at how blank prescriptions were logged on receipt and distribution around the practice during our inspection. There were some gaps in the recording of individual serial numbers of prescriptions allocated to prescribing clinicians. The practice assured us that they would review the procedure and support this with additional staff training.
- Vaccine fridges were monitored and temperatures were recorded twice daily by administration staff to check that vaccines were stored within the recommended temperature ranges. Dataloggers were also used as a back-up, and we saw that these were downloaded regularly. Staff were aware of the process to be followed in the event of a cold-chain breach. We were made aware of an incident in which there was a breach in the cold-chain resulting in the destruction of some vaccines in accordance with manufacturer's guidance. There were some discrepancies in events from the perspectives of staff and managers, and therefore we were unable to determine how effectively this was managed.
- The practice had 3 non-medical prescribers and they said that they received mentorship and good support throughout their attendance on the prescribing course. Since completing the qualification, the non-medical prescribers could easily access support for any advice on medicine-related queries, either through ad hoc debriefs, discussions, or tasks sent to a GP on the IT system. However, there was no formal evidence of oversight in the form of audit. We raised this with practice who agreed to review their approach. In the interim, the practice were collating the queries shared on prescribing for each non-medical prescriber for them to reflect and to consider for appraisal and revalidation evidence.
- The prescribing clinicians at the practice engaged with the Integrated Care Board's (ICB) Medicines Optimisation Team. They had an annual prescribing review meeting in August 2023 and the ICB told us that the practice actively engaged with the programme of work led by the Medicines Optimisation Team

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Partial
Number of events recorded in last 12 months:	48
Number of events that required action:	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • We saw that incidents were recorded, risk rated and followed up, with evidence of learning being applied when this was appropriate. 	

- Quarterly meetings and an annual review took place to review significant events. This provided a breakdown of events to identify themes and levels of risk. Learning outcomes were reviewed including details of how these were being monitored for further assurance.
- Staff were able to access the incidents via the computer software programme to review events and the learning applied as a result. However, some staff told us that they did not receive feedback on incidents. We discussed this with practice managers, and they told us they would highlight the importance of reviewing the outcomes of events to disseminate learning effectively. Some staff said they would appreciate discussions during team meetings to consider and apply learning.

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
A clinician completed a proforma for a 2 week-wait referral in July 2023, but then forgot to task the secretaries to process the referral. This was not identified until the patient contacted the practice for an update in November 2023.	Once the issue had been identified, the referral was processed immediately, and the patient received an explanation as to what had happened. The process for 2 week wait referrals was reinforced with clinical staff. In addition, the referral protocol was updated so that when the referral proforma was completed, a pop-up message appeared on the screen to prompt the clinician to add a code to the patient's record. This enabled the medical secretaries to run weekly reports to check that all the referrals had been processed correctly, acting as a safety net. A nominated member of staff also contacted patients to make sure they had received their appointment.
A letter was sent to the practice by an externally based clinician requesting information in order for them to make a referral. This was not acted upon, and the clinician had to make a further request 6 weeks later. This was subsequently actioned a week later	More staff were trained on the document management process to reduce backlogs. Evening sessions were organised which staff could attend, and they received overtime to enable the training to take place. It also led to a training package which was delivered to staff in a monthly protected learning time session. As more staff were coding incoming documents, managerial oversight was put in place to check the accuracy and to feedback on any learning to drive improvements.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had a process to manage alerts including those issued by the Medicines and Healthcare products Regulatory Agency (MHRA). There was a system to check for new alerts and for these to be reviewed by the practice pharmacist, who then ensured these were cascaded to other clinical staff as and when appropriate. This was supported by a system to record that the clinicians had received and acknowledged the information. All alerts were stored on the practice electronic system which detailed any follow up actions undertaken. Some alerts were discussed at practice meetings depending on the level of impact they may have in terms of patient safety. 	

- As part of our remote searches, we selected a MHRA safety alert relating to the use of specifically named medicines to treat anxiety and depression in patients aged over 65. Evidence showed that a dosage of more than 20mg could present a risk of irregular heart rhythms. Our searches identified 2 patients, and we looked at the records for both these patients. We saw that 1 patient had been managed effectively, but the other patient had no clear entry in their notes confirming that the risk had been discussed with them. Additionally, there was no evidence of a recent ECG to check the heart.

Effective

Rating: Requires improvement

At our previous inspection in 2016, we rated the practice as outstanding for providing effective services. However, the areas previously regarded as outstanding practice were now embedded throughout the majority of GP practices.

At the inspection in December 2023, we rated the practice as requires improvement in effective because:

- The monitoring of patients with long-term conditions needed to be strengthened to support effective outcomes and the optimum management of their condition.

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

Effective needs assessment, care and treatment

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

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

The practice had prioritised care for their most clinically vulnerable patients during the pandemic.	Y
The practice prioritised care for their most clinically vulnerable patients.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Our remote clinical searches indicated that patients' treatment was not always being updated effectively following medicines reviews, for example by continuing to receive repeat prescriptions without having had the recommended safety checks. • The remote clinical searches also identified some cases in which safety-netting advice was not documented in the patient record. 	

Effective care for the practice population

Findings
<ul style="list-style-type: none"> • Those identified received a full assessment of their physical, mental and social needs. • Flu, shingles and pneumonia vaccinations were offered where relevant to older patients. • 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. • All patients with a learning disability were offered an annual health check. We saw that 42 of the 49 eligible patients with a learning disability had been reviewed in the 12-month period April 2022 to March 2023. The remaining 7 patients had been invited to have a review, but had declined. Additionally, we saw that 68% of eligible patients for the current financial year 2023-24 had already completed their annual review. • End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. A patient care coordinator based at the practice contacted patients who received a cancer diagnosis and acted as their point of contact. • The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule. • Patients with poor mental health, including dementia, were referred to appropriate services. • The practice provided primary care services to a local allocated care home. We talked with the manager of the care home who was very positive about the service being delivered by the practice. They told us that they liaised regularly with the practice, and that residents' needs were responded to promptly and effectively.

Management of people with long term conditions

Findings

- The remote clinical searches identified that patients prescribed high dose steroid treatment for severe asthma episodes were not always followed up after 2 days, to ensure their response to treatment, in line with guidance. Our remote clinical review of patient records identified that 48 of 1079 patients with a diagnosis of asthma had received 2 or more courses of rescue steroids in the last 12 months. We reviewed 4 randomly selected patients of the 48 and saw that all 4 patients had received an adequate assessment at the time of prescribing rescue steroids. However, we found that 3 of the 4 of patients had not been followed up to check on their response to treatment within 1 week of the acute asthma exacerbation, and consequently they had not had their asthma treatment stepped up or adjusted as a result. In addition, 3 of these 4 patients were overdue an annual review, although we saw that appointments had been arranged in the near future or that the patients were being actively pursued to arrange an appointment. The practice told us they had already identified that this was an issue and had organised a training session from the hospital respiratory specialist nurse to raise awareness with their clinicians in May 2023. They told us that this had led to improved performance on this issue, and also that the issue would be discussed at the next practice clinical meeting.
- Our searches identified that 14 of 28 patients diagnosed with chronic kidney disease stages 4 or 5 had not received the recommended blood tests and monitoring within the last 9 months. We reviewed 4 of these patients' records and saw that 3 patients were overdue a blood test, although they had been contacted to make an appointment for this just before our searches took place. In addition 2 of the 4 patients had elevated blood pressure, whilst the results for 1 of these patients had only been received the day prior to our searches, the other patient's results had been received almost 3 months earlier and no action had been taken to try and address this. The practice told us they were working on a project to strengthen long-term condition management which was planned to be introduced from April 2024.
- Only 9 (2%) of 448 patients with hypothyroidism had not had thyroid function test monitoring in the last 18 months. When reviewing the records of 3 of the 9 patients, we saw that the practice had just contacted the patients to arrange the blood tests. We observed that medicine reviews had been conducted for these patients in the last year, but these had not included checking whether the patient had up to date blood tests relevant to the prescribed medicine. Additionally, routine blood monitoring had been undertaken in all 3 cases, but this did not include the specific thyroid function monitoring required for these patients. Therefore, multiple opportunities had been missed to ensure appropriate up to date blood tests were available for these patients.
- We saw that the monitoring of patients with diabetic retinopathy (a complication of diabetes causing eye damage) with raised blood glucose levels was not always effective. We looked at 4 of the 98 patients identified by our search in more depth. Reviews were being conducted but medicines were not increased to address high sugar levels. Blood pressure readings were being checked but there was limited evidence of action being taken to treat this when readings were found to be raised.
- Patients with long-term conditions were offered an annual review to check their health and medicines needs were being met. The practice was in the process of redesigning the annual review procedure to recall patients on their birth month from April 2024. This also intended to streamline the process, for example, patients with multiple conditions may require less attendances to holistically review their health needs. A project group consisting of a GP, nurse, pharmacist, manager, management assistant and care navigation team leader met weekly to develop the new approach and its roll out.
- For patients with the most complex needs, the practice team worked with other health and care professionals to deliver a coordinated package of care.
- A nurse practitioner was working with a local diabetes nurse specialist to implement insulin initiation and titration on site. The nurse practitioner had completed the non-medical prescribing course and was leading on prescribing for patients with diabetes.

- Staff who were responsible for reviews of patients with long-term conditions had received specific training. Clinical staff had lead roles including diabetes and respiratory conditions.
- 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 when it was appropriate to do so.

Child Immunisation	Numerator	Denominator	Practice	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) (i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	71	74	95.9%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	71	73	97.3%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	71	73	97.3%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	71	73	97.3%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	83	88	94.3%	Met 90% minimum

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

Any additional evidence or comments

- Although the above figures are now out of date, the practice assured us they continued to perform well with regards childhood immunisations. These were subject to ongoing monitoring and oversight, and there was a dedicated person who arranged recalls. If parents/guardians did not engage with the immunisation schedule, the case would be referred for discussion at the practice safeguarding meeting.

Cancer Indicators	Practice	SICBL average	England	England comparison
Persons, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	71.4%	N/A	62.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	73.6%	N/A	70.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (4/1/2021 to 3/31/2022) (UKHSA)	50.8%	51.6%	54.9%	No statistical variation
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). (6/30/2023 to 6/30/2023) (UKHSA)	75.2%	N/A	80.0%	Below 80% target

Any additional evidence or comments
<ul style="list-style-type: none"> Cervical screening appointments were provided during the weekend flu clinics to improve accessibility for working-aged women. Patients could also access screening at the extended access clinics provide by the primary care network. Reminders were sent if patients did not attend their appointments. They were also telephoned to encourage their attendance. Nurses told us they sometimes identified missed screening appointments whilst doing contraception checks. They followed this up with patients explaining the importance of being checked and tried to book a new appointment. Easy read material was available for patients with a learning disability to inform this group of patients about the cervical screening programme. Nurses showed these patients the equipment used to allay fears.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

		Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.		Y
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.		Y
	<p>Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years:</p> <p>We saw evidence of an in-house audit programme, although there was limited evidence of a second cycle audit being completed to review the efficacy of any recommendations implemented from the first cycle. Examples of audits we saw included:</p> <ul style="list-style-type: none">• A 2-cycle audit undertaken by the practice pharmacist on a medicine used in the treatment of high cholesterol. The first cycle assessed how effective this medicine was in reducing or maintaining the lipid profile (a measure of cholesterol and other fats in the blood) in 22 patients included where statins had not been tolerated or lacked efficacy. The second cycle assessed the impact of the specific medicine after 3 months and at 1 year, and demonstrated that a reduction in the lipid profile was most pronounced in the first 3 months of treatment, with only limited improvement thereafter. It also showed a possible increase in another type of fat found in the blood. A second cohort of patients were added into cycle 2 to see if the findings from the first audit were replicated to demonstrate the impact on patient outcomes.• An audit on hydroxychloroquine (used in the treatment of inflammatory conditions) was undertaken in April 2023 following guidance from the Royal College of Ophthalmology. The guidance advised annual eye screening with an optician, and an ophthalmology review for patients being prescribed this medication for 5 years. The audit identified patients who were prescribed this medicine for 5 years or more and had not had an ophthalmology review. They were subsequently referred on for this, and the information was highlighted to all clinicians involved in reviews of patients prescribed disease-modifying anti-rheumatic drugs (DMARDs). Patients were followed up to ensure they had all attended the ophthalmology review.	
Any additional evidence or comments		
<ul style="list-style-type: none">• The practice had engaged in the GP Quality Improvement Programme with a focus on improving access to appointments.		

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y

There was an induction programme for new staff.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Partial
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We saw that the practice maintained a record of staff training. We saw that most staff were up to date with their training, although a small number of team members had some training modules to complete. For example, 4 staff needed to complete the recently mandated training requirement for learning disabilities and autism. The practice had added additional mandatory training modules as they felt these were essential for all staff to undertake their roles effectively. This included training to promote dementia, stroke, sepsis, and suicide awareness, and conflict resolution. Clinical staff told us that they did not have sufficient protected time to achieve the completion of mandatory training modules. Whilst the practice agreed to pay for training completed outside of work hours, staff felt that protected time should be allocated to facilitate this. New staff received a comprehensive induction and we saw documentation that evidenced this. Feedback from staff was that they were well-supported during their induction with opportunities to shadow other members of the team, to undertake training, and receive mentorship to achieve competencies to undertake their role with confidence. Regular probationary reviews were held during the first 6 months of employment to assess how the staff member was developing into their role, and if any additional support may be required. The practice employed 2 care navigation team apprentices at different stages in their apprenticeship. Whilst this provided good employment experience for individuals, it also helped the practice in terms of recruitment should any posts be vacant as the individual ended their placement. The majority of staff had received an appraisal in the last 12 months. We saw that 2 appraisals which were slightly overdue were booked to take place at the time of our inspection, and it was explained why these had to be delayed. Salaried GPs received an in-house appraisal in addition to their formal GP appraisal. We saw evidence that staff had been supported to develop personally and professionally. This included supporting staff to develop into nurse associate and nurse practitioner roles and for 3 staff to qualify as independent prescribers. Whilst there was no formal supervision, nurses met regularly which provided a form of group supervision. The health and well-being coach told us that they met with their peers (there were 5 across the primary care network) on a monthly basis for feedback & informal supervision discussions. 	

- Non-medical prescribers said that they could easily access support for any advice on medicine-related queries, either through ad hoc debriefs, discussions, or tasks sent to a GP on the IT system. However, there was no formal evidence of oversight in the form of audit.
- All clinical staff had defined competencies.
- We saw that there had been a relatively high turnover of staff in the preceding months with 11 staff leaving the practice since March 2022. However, 15 new staff had been appointed in the same period. Exit interviews were undertaken with departing staff to review any learning for the future.
- The practice was in the process of recruiting a pharmacy technician and a health care assistant at the time of our inspection.
- The practice had access to Additional Roles Reimbursement Scheme (ARRS) staff through their primary care network. This included first contact physiotherapists, mental health practitioners, community care coordinators, and social prescribers.

Coordinating care and treatment

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

	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • We found that the practice had highly effective arrangements to ensure individuals received holistic and patient-centred care. The practice's most vulnerable patients were closely monitored with care being planned and delivered by different service providers to meet individual needs. • The practice's patient care coordinator supported patients diagnosed with cancer (in particular those who moved towards end-of-life care), patients with a learning disability, and patients on the practice safeguarding register. We were informed of several examples of how the patient care coordinator liaised with health, social and voluntary care staff to deliver a bespoke package of care to meet each patient's requirements, including family members and carers. The coordinator made regular well-being calls to check if patients were managing well, or if any additional support was required. We saw many compliments that had been received by the patient care coordinator from both staff and patients highlighting timely, personalised, and compassionate care, as a direct result of dedication in their role. • The practice's most vulnerable patients were reviewed by a multi-disciplinary team which met approximately every 6 weeks. This included those patients at the end-of-life. When patients moved into a palliative phase, they were provided with the patient care coordinator's direct telephone number. A family member or carer could also be designated as the contact with approval from the patient. Regular contact was made with the patient, or their representative, to ensure they were comfortable and had access to support appropriate to help their needs. This entailed ongoing liaison between the patient care 	

coordinator and a range of other providers as well as practice staff to deliver a customised care package for each patient.

- We spoke with a manager of a local care home which had been allocated to the practice. They described an extremely positive relationship with the practice and told us that their residents received a responsive and caring service. The practice provided a rolling 4-week programme to the home including a GP ward round, a multi-disciplinary team meeting, and 2 telephone call catch-ups. The home said that whenever possible the same GP undertook the visit for continuity, and was respectful to residents and listened to the opinions of care home staff. The GP was actively involved in reviews for Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) and best interest reviews for those who lacked mental capacity. Visits could be arranged in-between scheduled visits for appropriate acute presentations, and the home were satisfied that repeat prescription requests were handled promptly. There was a named link worker in the practice team who acted as the link between the practice and the home, and the home also had direct contact with the practice pharmacist for medicines related enquiries. The practice told us that a GP ensured any acute queries received from the home, were managed on the day..

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice employed a health and well-being coach. This was funded through the Additional Roles Reimbursement Scheme via the Primary Care Network, but the coach was employed by, and based in the practice. • This role championed health promotion, self-care and healthier lifestyles. Practice clinical staff could signpost patients to see the health and well-being coach, for example if patients were identified as having raised blood sugar or cholesterol following a blood test. This facilitated time and an opportunity for a structured and open discussion around diet, exercise and lifestyle, when changes may provide a better option to medicines or when the overall QRisk score (a calculation of the individual's risk of developing cardiovascular disease over the next 10 years) was low, indicating that direct clinical intervention was not indicated at that time. Care navigation staff could also signpost patients directly to the health and well-being coach, and there were plans to make contact with patients via ACCuRx (text) messages to provide feedback on appointments and to promote activities such as walking groups. 	

- The health and well-being coach role incorporated staff health and wellbeing. Staff members could arrange a discussion with the coach, or get involved in schemes like lunch-break walks. The health and wellbeing coach has completed walk leader training and was starting a new walking group within the community.
- The practice was affiliated as a parkrun practice and some staff members had attended a park run at the weekend. These events were also open to patients.
- Health and well-being information notice boards provided local information for both staff and patients.
- Feedback on the health and well-being coach role was being sought from patients and staff, and there were plans to review the improvements in clinical outcomes achieved such as improvements in blood sugar levels, cholesterol, and weight management. As the role was fixed-term, it was hoped that the demonstration of good patient outcomes would ensure continuity of the role in the long-term, and recognise the value in empowering patients to take responsibility for their own health.

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Consent appeared to be recorded appropriately however we advised the provider to ensure consent forms were scanned into the record promptly. • We reviewed 4 randomly selected patient records where our remote searches had shown a DNACPR decision was in place. The DNACPR forms were completed in line with guidance including an assessment of mental capacity and they were signed by the clinician who had completed it. 	

Caring

Rating: Good

At our previous inspection in February 2016, we rated the practice as good for providing a caring service. At this inspection in December 2023, we also rated the practice as good in caring.

Kindness, respect and compassion

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

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

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2023 to 30/04/2023)	89.7%	86.2%	85.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2023 to 30/04/2023)	87.3%	85.3%	83.8%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2023 to 30/04/2023)	94.4%	93.7%	93.0%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2023 to 30/04/2023)	64.0%	71.4%	71.3%	No statistical variation

Any additional evidence or comments

- The results of the National GP Patient 2023 Survey were published on 13 July 2023. The GP Patient Survey (GPPS) is an independent survey run on behalf of NHS England. The survey asks for patients' experience up to 12 months prior to receiving the questionnaire. Therefore, it captures patient experience of GP practices over a year and is not a snapshot on a particular date. The GPPS is a nationally collected survey that uses a consistent methodology; therefore, it enables us to compare patient experience across all practices in England, and with other practices in the same area.
- The latest GPPS survey showed an improved outcome in all 4 indicators in the above table. For example:
 - the percentage of respondents who stated that the healthcare professional was good or very good at listening to them had risen from 75.3% in 2022 to 89.7% in 2023.
 - The percentage of respondents who stated that the healthcare professional was good or very good at treating them with care and concern had risen from 79% in 2022 to 87% in 2023.

However, the results remained lower than those achieved in 2020 and 2021. Nevertheless, the level of patient satisfaction was improving, and we saw that the practice had analysed the results and had shared this with patients on the practice website.

	Y/N
The practice carried out its own patient survey/patient feedback exercises.	Y

Any additional evidence

- The practice used the website and social media to communicate with patients. Social media had seen an increase in users from 200 to 1000 followers over the last 12 months.
- The practice was in the process of updating their website. They also encouraged patients to utilise the online services available including booking appointments and ordering repeat prescriptions.
- The practice had made changes to the patient waiting area to make the environment more welcoming, and provide relevant patient information. Pictures and names of staff were displayed so patients were aware of the practice team.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Easy read and pictorial materials were available. 	

Source	Feedback
Feedback received via CQC website 'share your experience'	<p>We asked the practice to highlight our inspection to patients and to try and promote any feedback. We received 5 responses in the week prior to our inspection.</p> <p>There were 4 positive responses and 2 of these highlighted a greatly improved experience with regards to telephone access. Other comments related to caring and helpful staff. However, 1 patient also stated that the reception was not very private when discussing confidential matters. We observed that this could be problematic during our inspection, but there was the option of relocating to a private room or area for discussions of a sensitive nature.</p> <p>We received 1 negative comment. This raised concerns about changes to the management of the practice and the turnover of staff.</p>

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2023 to 30/04/2023)	96.1%	91.3%	90.3%	No statistical variation
Any additional evidence or comments				
<ul style="list-style-type: none"> We saw that the achievement of 96.1% was an improvement from the previous year's result of 90.7%, and was the highest result the practice had achieved over the last 5 years for this indicator. 				
				Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.				Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.				Y
Information leaflets were available in other languages and in easy read format.				Y
Information about support groups was available on the practice website.				Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice was an armed forces veteran-friendly accredited GP practice. The practice was assigned as dementia-friendly. 				

Carers	Narrative
Percentage and number of carers identified.	321 carers (3.1% of the practice population)
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> A member of the practice team had been identified as the carer's champion. The carer's list had been reviewed recently to ensure it was accurate with all those included on the register still being active carers. The practice website included information of support available for carers. Information had also been added to the waiting room television screen display and onto the practice's social media account. Links were being strengthened with community support programmes for carers. Carers were invited to receive an annual flu vaccination. <p>Future plans included:</p> <ul style="list-style-type: none"> The introduction of an annual carer assessment. The development a standard carer's pack to offer new carers, and to personalise this specific to needs of the carer and the person they provided care for.

How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> • A bereavement support telephone call would be organised for the family/carers once the practice had been notified of the death of a patient. This allowed the practice to support them and to signpost to any services that may be appropriate. • The practice website provided patients with information on what to do in times of bereavement. It provided weblinks and telephone numbers for specialist bereavement support services. • Regular palliative care meetings helped to identify any additional support required for household or family members. This also helped to identify any appropriate referrals to the community care coordinator or social prescriber to deliver more customised and local support for the bereaved.
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Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Conversations could potentially be overhead at the reception desk, but the practice used a radio for background noise, and a private room was available in for private discussions should be provided. 	

Responsive

Rating: Requires improvement

At our previous inspection in February 2016, we rated the practice as good for providing a responsive service. At this inspection in December 2023, we rated the practice as requires improvement in responsive because:

- The national GP patient survey for 2023 showed that 30.4% of respondents answered positively to how easy it was to get through to someone at their GP practice on the phone. Although the practice had introduced a new telephone system in the summer of 2023, and had received positive feedback, more evidence was required to assess the longer-term impact on patient experience.
- We recognise the pressure that practices are currently working under and the efforts staff are making to maintain levels of access for their patients. At the same time, our strategy makes a commitment to deliver regulation driven by people's needs and experiences of care. Although we saw the practice was attempting to improve access, this was not yet reflected in the GP patient survey data or other sources of patient feedback. Therefore, the rating is requires improvement, as ratings depend on evidence of impact and must reflect the lived experience that people were reporting at the time of this inspection.

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Patient services were provided on the ground floor. We saw there was good access for wheelchair and mobility scooters to the entrance of the building via a ramp and automated doors. The practice had completed a self-assessment Equality Act audit checklist which had identified they were compliant with the act. • We saw that good support was offered in making reasonable adjustments for patients to access the care they needed. For example, patients with a learning disability would be offered to attend for a review at a quiet time to make them feel more at ease. Home visits were offered to undertake annual learning disability reviews for those patients who may be traumatised by attending the practice. We were informed how staff had worked with 1 particular patient to build their confidence. This had involved visits to gain their confidence resulting in the patient moving from their bedroom to talk to the clinician on the stairs. The ultimate goal was to facilitate the patient to attend their review at the practice. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm

Further information about how the practice is responding to the needs of their population
<ul style="list-style-type: none"> • Parents or guardians calling with concerns about a child were offered a same day appointment when necessary. • The practice offered urgent appointments for those with enhanced needs and complex medical issues. • The practice had a vulnerable persons direct telephone line to enable easier telephone access for this group of patients in times of need.

- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Early morning and late afternoon nurse appointments were available for school age children so that they did not need to miss school.
- Pre-bookable appointments were available in the evenings and weekends to all patients at another additional location within the area.
- People in vulnerable circumstances were able to register with the practice, including those with no fixed abode such as homeless people.
- If a clinician felt that a patient needed specific follow-up, they would usually book them in for this at the time for continuity. If it was felt that a review was needed after some tests, the patient was asked to book in for the review after completing the tests with the same GP wherever possible.
- The practice held an honorary contract with a local independent school meaning that many of the boarding pupils registered at the practice. The practice offered a GP service at the school from Monday to Friday. The GP rota has dedicated appointments for students that the school could book directly.

Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y
Patients were able to make appointments in a way which met their needs.	Y
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Y
Patients with most urgent needs had their care and treatment prioritised.	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice offered a range of appointment types including: <ul style="list-style-type: none"> ▪ Bookable on the day face-to-face appointments. ▪ Face to face appointments further to clinical triage. A duty doctor triaged any acute conditions which required same day appointments. ▪ Advance face to face appointments up to 2 days. ▪ Advance face to face appointments up to 4 days, 2 weeks or 1 month, when booked online. ▪ Telephone appointments which could be booked on the day, or up to 7 days in advance. ▪ Follow up appointments directly arranged between the clinician and patient. 	

- The practice had introduced new clinical rotas in March 2023 to improve access based on demand and capacity and to give clinical staff some allocated administration time.
- The practice had reintroduced online appointment bookings after this had been suspended during the pandemic. There had been a good uptake in online bookings over the preceding months. Online bookings could be made for advance GP appointments, and for long-term condition reviews and cervical screening with the nursing team.
- Patients were provided a link via the AccuRx self-booking system which sent a text to patients with a link to book their appointment.
- Home visits could be referred into a local GP-led visiting service. However, the practice undertook their own visits for those patients who required continuity, such as those who were at the end of life.
- Home visits were also undertaken for patients including those with a learning disability, dementia, and long-term condition reviews, when their personal circumstances meant that attending the practice was difficult.
- Following the departure of a phlebotomist, and a change in role for a former health care assistant, some patients were being temporarily signposted to the hospital to access blood tests. When patients did attend the practice for bloods, this was impacting on nursing time. The practice was in the process of trying to recruit a new health care assistant at the time of our inspection.

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2023 to 30/04/2023)	30.4%	N/A	49.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 30/04/2023)	45.0%	52.4%	54.4%	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 (01/01/2023 to 30/04/2023)	42.2%	51.5%	52.8%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2023 to 30/04/2023)	70.6%	72.9%	72.0%	No statistical variation

Any additional evidence or comments

- We observed that patient experience of telephone access in the national GP patient survey showed a slight improvement from 24.97% in 2022 to 30.43% in 2023. However, the 2023 result remained significantly lower than in previous years. The results in the 2021 GP patient survey showed that 57% of respondents stated a positive experience with regards getting through to the practice by telephone, but this had decreased from 61% in 2020.
- The practice had analysed the results of the national GP patient survey and developed an action plan in response. This also provided a comparison with the previous year's results. This information was available on the practice website.
- In August 2023, the practice had changed their telephone supplier in recognition that the existing one was not suitable to cope with demand. The new system had been introduced successfully and was noted as having had a positive impact on both patients and staff. The new telephone system included several options for callers to select, including a call back facility, providing position in the queue information, and appointments options so patients could be moved from the queue directly to the extension they required. Patients were also directed to the Medicines Order Line for repeat prescriptions requests. The system provided live data to the team enabling them to flex staffing to manage incoming telephone calls, and it also provided performance data to look at, for example, waiting times, length of calls, and the number of dropped calls.
- We viewed the new system on the day of our inspection and saw that this was working well. The practice told us that the average wait time for a call to be answered had reduced to approximately 5 minutes, and the data available for that day backed this up.
- The practice undertook a patient survey in July and August 2023 when 110 patients provided feedback on their experience. Of the respondents who said they had made their appointment by telephone, 47% said they found it easy to get through by telephone. The practice intended to repeat their survey in spring 2024 and they hoped to see the improved satisfaction reflected in next year's national GP patient survey results. The practice also provided us with 10 compliments that had been received from patients further to the introduction of the new telephone system.

Source	Feedback
Patient feedback to CQC via our 'share your experience' weblink	There had been 25 'share your experience' returns over the last 12 months, prior to the announcement of our inspection. Eleven were positive, whilst 14 comments were negative. Most of the negative comments related to poor telephone access and the availability of GP appointments; whilst positive feedback mainly related to good experiences regarding interactions with members of the practice team.
Patient feedback posted on the NHS.uk website (formerly NHS Choices)	There were 37 reviews from patients on the NHS website, 6 of which had been posted in the last 12 months. We saw that the vast majority of feedback from the 37 reviews was positive. Of the 6 posted in the last 12 months, 5 included positive feedback regarding professional, helpful and informative staff, whilst the negative comment related to a poor experience in trying to obtain an appointment.
Friends & Family Test (FFT responses) received in last 3 months	The practice had received 390 FFT responses in the 3 months prior to our inspection. The FFT provides an opportunity to rate their overall experience when using the service.

(September-November 2023)	291 patients who responded (75%) rated their experience was very good, whilst 75 (19%) rated it as good. A further 3% stated their experience was 'neither good or bad' and 2.6% stated a poor or very poor experience.
Healthwatch	<p>Healthwatch had received feedback from 2 patients over the last 12 months.</p> <ul style="list-style-type: none"> The first patient was frustrated in trying to get a same day appointment to see a GP to obtain medicines for their condition, following advice from a pharmacist. This resulted in them attending elsewhere. The second Healthwatch contact was from a carer who suspected that their relative had an infection. They were told that no appointments were available for 2 weeks, and so were advised to attend the out of hours service. However, the carer was unable to do this due to the lack of mobility of their relative. The following day a nurse from the practice contacted the carer in relation to a separate health issue, and the relative raised the query about a suspected infection. The nurse then made arrangements to visit the house to collect a sample, but the carer was disappointed that this could not have been arranged via their first contact.

Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	20
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

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

Examples of learning from complaints.

Complaint	Specific action taken
A pre-booked appointment was cancelled on the day due to staff sickness. The patient had made arrangements to attend the practice on this particular day to see a preferred GP, and also to be accompanied and supported by a relative. The patient was not informed of the cancellation of their late-morning appointment, and on	A manager spoke with the patient on receipt of the complaint. They discussed the apparent miscommunication as the practice had tried to inform the patient of the cancellation in advance. The reason for the cancellation was explained, and the first available appointment with the preferred GP was booked in advance. An apology was given to the patient.

arrival was informed to ring back the next morning to re-arrange, and felt that they were not treated in a respectful and caring way.	The learning applied was to ensure that if a similar situation arose, the patient should be assisted to arrange a suitable alternative appointment at the time. In addition, it was highlighted to be mindful of those patients with additional needs and to consider how these could best be accommodated.
A patient had been directed to have a hearing test. However, they were not told that due to their age, they should be assessed by a doctor first, who would then be able to refer them for a free hearing test if required.	The practice apologised to the patient, and used this as a learning opportunity to raise awareness about the appropriate referral pathway with clinicians.

Any additional evidence
<ul style="list-style-type: none"> There had been a reduction in the number of complaints received further to the installation of the new telephone system. The patient complaints information available needed updating to reflect the revised arrangements for complaints management with the local Integrated Care Board (ICB). Information also needed to include an option for a complaint to be raised via the ICB, rather than only with the practice. An annual review of complaints was completed to review trends and themes and the application of any learning identified. It also reviewed the timescales to acknowledge and respond to complaints. The practice told us they were committed to improve complaints response times, although the complaints we reviewed had been handled within recommended timescales with 1 being slightly outside of this.

Well-led

Rating: Requires improvement

At our previous inspection in February 2016, we rated the practice as good for providing a well-led service. At this inspection in December 2023, we rated the practice as requires improvement in well-led because:

- Staff provided mostly negative feedback about working at the practice. Staff felt disengaged with management and found that communication was not effective.
- Areas of risks had not been acted upon. For example, previous risk assessments for fire, Legionella and the outcomes of infection control audits had not been acted upon in a timely manner. Although most issues were long-standing, these had not been overseen effectively by partners or fully considered in the transition to a new management team.
- The provider had not been correctly registered with the CQC and had been delivering regulated activities without the appropriate registration for many years.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high quality sustainable care. However, staff feedback indicated that management was not always compassionate or inclusive.

	Y/N/Partial
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Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Partial
Staff reported that leaders were visible and approachable.	N
There was a leadership development programme, including a succession plan.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • There had been changes to the managerial team in the last 12 months following the departure of the previous practice manager in September 2022. There was now a practice manager, who had formally taken on the role from October 2022, and an operations manager who had started in June 2023. The managers were supported by a care navigation team leader and 3 management assistants. There had been a restructure from what had been a previously flat management structure, into one with clear lines of accountability with greater management capacity. • There had been a high level of staff turnover over the last year. This had led to a focus on recruitment and other human resources related issues, alongside the financial sustainability of the practice. This had been time consuming and deflected from some other key work areas in terms of the management capacity available 12 months previously. • Feedback from staff was that managers were not visible, and it was not always easy to access them for support. This was not helped by the lay-out of the practice over 3 distinct but adjacent buildings. • As a relatively new management team to the practice, there had been some reflection on the composition of the management team and partnership. The use of a recognised tool to assess personality types had been one means the team had used to consider their strengths and potential opportunities for improvement. At the time of our inspection, the new management structure was still becoming fully embedded and were open to learn. For example, we discussed that there had been concerns raised by the practice team about the way that the practice was being managed, but managers explained they were looking at areas to improve and had already contacted training providers to look at external facilitation to plan moving forwards. • The practice had been successful in recruiting GPs directly from training schemes, indicating that they felt the practice was a good place to work. 	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care. However, some staff were not aware of the vision or felt that they able to contribute to future developments.

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	N
Staff knew and understood the vision, values and strategy and their role in achieving them.	Partial
Progress against delivery of the strategy was monitored.	Y

Explanation of any answers and additional evidence:

- There was a forward strategy to ensure longer-term sustainability. Staff told us they did not feel that they were asked to participate on forward planning.
- We saw that the mission statement 'for excellent individual care at all stages of life' and practice vision was displayed in the reception area, and on the practice website. However, returned staff questionnaires indicated that staff were not aware of these, and they were not embedded through systems such as the staff appraisal process.

Culture

The practice culture did not effectively support high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	N
There was a strong emphasis on the safety and well-being of staff.	Partial
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Managers told us that well-being was being incorporated into staff appraisals and included as a regular topic at protected learning event sessions. There were plans to ask staff to complete a stress risk assessment from January 2024 to obtain a baseline assessment of well-being to help develop a plan for improvement. This was part of an aim to reduce the levels of staff sickness which also included supported return to work, and self-referral programmes, and the use of occupational health services. • Some staff raised concerns about their pay and conditions in returned staff questionnaires. Managers told us that they were aware of this and planned to implement a framework for staff to develop with incremental payments. • The practice had a whistle-blowing policy. This required some minor updates to include details of regulated professional bodies such as the General Medical Council and General Nursing Council, and also include the details of the CQC as an organisation where concerns could be reported. The policy also indicated that concerns must be reported internally, and this needed an amendment to ensure that a closed culture was not deemed to be in place. • There was an identified staff member on site who acted as the practice Freedom to Speak Up Champion. There was also an external named Freedom to Speak Up Guardian who staff could contact 	

directly. Staff could access information about the freedom to speak up roles via a practice policy and information displayed on the intranet, and a poster displayed in the staff room. The Freedom to Speak Up Guardian attended a protected learning time event in October 2023 to talk with non-clinical staff.

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

Source	Feedback
Staff interviews	<ul style="list-style-type: none"> • Staff told us that they were supported by their colleagues. • New starters said they had received structured and helpful inductions with opportunities to shadow other members of the team. • Professional development was encouraged and staff spoke of how their roles had evolved with support from the practice. • There was some disengagement with managers, and staff did not always feel listened to. • There was an over-reliance on cascading information electronically and a loss of direct communication.
Staff questionnaires	<p>As part of our inspection, we asked for a staff questionnaire to be circulated to all members of the practice team, to be returned directly to the inspector.</p> <p>We received 28 responses (9 clinical staff and 19 non-clinical staff).</p> <ul style="list-style-type: none"> • Staff felt there was a good working relationship with other members of the team. However, we asked if there was a good relationship between staff and managers and the majority of respondents said that they were not sure, or answered no. Only 6 staff (21%) of those who responded, said that there was a good relationship between managers and the team. • Managers were felt to lack visibility within the practice and many staff did not feel they were approachable. • Most non-clinical staff felt that they were given the appropriate time to undertake training. However, clinical staff mostly felt they were not allocated time to complete their training during working hours. • 21 respondents (75%) said they had not been involved in planning for the future. In addition, 16 (57%) staff who responded said they were not sure or did not know what the practice's vision or values were. • 15 staff who responded (53%) said they were not sure that concerns raised by members of the practice team would be taken seriously, or that these would be acted upon. • 16 (57%) respondents said there was poor communication. Some acknowledged that the practice's IT system was used to cascade information; however, staff said they would appreciate direct communication. • Some staff said they did not have the opportunity to attend meetings. Whilst there was an opportunity for staff to meet in a monthly protected learning time session, some did not feel involved in meetings which focused directly on their work or needs. • There was some lack of clarity around roles and responsibilities felt by some employees. • Whilst staff mostly felt they received good support from their line manager, some felt that they did not get clear direction on their role, felt valued, or had

	<p>their opinions and suggestions considered by the practice. Some said that decisions about their work were made without any consultation.</p> <ul style="list-style-type: none"> • 10 (36%) of respondents said that they would not recommend the practice as a good place to work. • 10 (36%) of respondents said that they did not receive feedback on incidents. Others said they were unsure if minutes of meetings were available. We were aware that this information was available on the practice IT system, but staff were either unclear, or felt they did not have time to review this. • Staff told us that when there were changes to the service, they were not consulted about this, nor was the impact on them adequately reviewed. • Some expressed dissatisfaction about some optional changes to their terms and conditions of employment, and other changes such as time for breaks, which they felt impacted upon their well-being. However, the practice management told us that that group discussions and meetings had taken place prior to circulating the proposed new terms & conditions to ensure staff had the opportunity to ask questions. • Some staff highlighted a rigid 'chain of command' and thought they were discouraged to go directly to the partners. <p>Managers informed us that they are aware that staff morale was low recognising that there had been a period of significant change over the last 12 months. The changes necessitated some amendments to ways of working and the development of a new culture of the practice. There was a view that the changes now required time for some consolidation before enacting more changes and potential anxieties for the team. However, we saw that managers and partners were mindful of the changed priorities in primary care and the need to adapt for sustainability and they were keen to listen to feedback to help staff become more engaged.</p>
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Governance arrangements

There were mostly 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.	Y
Staff were clear about their roles and responsibilities.	Partial
There were appropriate governance arrangements with third parties.	Y
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The organisational structure provided clear lines of reporting and accountability. Some staff had defined lead areas of responsibility. However, some staff indicated in their returned questionnaires that roles and responsibilities had become more blurred, and some said that they were not allocated sufficient time to undertake their lead area effectively. 	

- Practice policies and procedures were available to staff. Managers were aware that there was still work to do in reviewing all the in-house policies, and work was ongoing to update these at the time of our inspection. A regular partners' meeting acted as a means to approve and sign off processes, including new and updated practice policies, before dissemination to the team.
- There was a network of internal meetings which supported good governance.
- The practice had invested significant time over the preceding months in operationalising a software system to act as the principal means of storing practice information, and to act as a communication resource with the practice team. We saw that this had become well-established and in the main had replaced the need for paper records.

Managing risks, issues and performance

There were clear and effective processes for managing current risks, issues and performance. However, some previous risks identified prior to the new management team being in place had not been identified.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Partial
A major incident plan was in place.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice held a risk register which was kept updated and overseen by managers and partners. • We found that some areas of significant concern arising from a fire risk assessment in 2019 had not been addressed. This had been added to the risk register and actions were in progress to address issues and also to rearrange a new assessment to review the current status. • The Legionella risk assessment was also under review and planned for a new assessment in view of the timescale that had passed since the previous assessment and lack of a completed action plan. • Infection control audits required more focus to act on areas of non-compliance in a timely manner. 	

Appropriate and accurate information

The practice did not always act on appropriate and accurate information.

	Y/N/Partial
Staff used data to monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	N
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice was not registered to deliver the regulated activities of family planning or surgical procedures. However, they were undertaking minor surgery and fitting and removing intra-uterine devices which required registration to be undertaken in line with the CQC's legal requirements. The practice told us they had previously tried to add these regulated activities to their registration without success, but we observed they had never been registered for these services and had provided these over a number of years. The issue had also been highlighted to the practice on 9 August 2023. At the time of our inspection in December 2023, the practice confirmed that the applications to add these regulated activities had been completed. 	

Governance and oversight of remote services

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

Engagement with patients, the public, staff and external partners

The practice involved the public and external partners to sustain high quality and sustainable care. Staff told us that they did not feel involved.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	N

The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice reviewed all feedback provided by patients and used this to consider areas for improvement. The practice told us they were active in their primary care network and were committed to engage and collaborate with other members. We saw that the practice undertook staff surveys. We were provided with an action plan further to the most recently completed survey in 2023. However, in view of the outcomes of our staff questionnaire undertaken for this inspection, the practice needed to review our findings and include these in their overall action plan to respond to staff feedback. A staff survey regarding the new rotas introduced in April 2023 had been completed, and the feedback had been collated and shared with staff. 	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> We spoke with a representative from the Patient Participation Group (PPG). They informed us that the PPG met at the practice quarterly. The membership consisted of 5 core members who attended meetings, but new members were actively being sought and were welcomed to join. The practice manager chaired the meetings, and other members of the practice team might attend meetings to introduce themselves and discuss their role. For example, the operations manager had attended the PPG to discuss the project to review the recall system for patients with a long-term condition. The PPG had attended a Macmillan charity coffee morning and the practice's flu clinic to offer help and to engage with patients. They also helped to distribute patient surveys at the flu clinic. The PPG representative told us that patients had talked positively about the new telephone system and the increased functionality this offered. The PPG said they had an open dialogue with the practice and felt that their views were respected. They felt comfortable to raise issues with the practice, and confident that these would be acted on.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice fostered a learning environment by supporting GP registrars, foundation year doctors, and medical students. 	

- The practice had participated in the GP Improvement Programme focusing on access and capacity.
- We saw that a resource page had been sent up for care navigation staff on the practice software programme. This included signposting information including details of what conditions could be referred to a community pharmacist. Other information included information on telephone call data, practice protocols and guides, and information on how to identify patients presenting with red flags, indicating urgent action was required. This was an example of how the IT software was being used as a resource for staff.
- Menopause care had been developed with nurses proactively discussing symptoms and directing to a lead GP. Clinical and non-clinical staff had received training from the GP to improve patient and staff knowledge and well-being.
- Roles such as the patient care coordinator, nurse associate and health and well-being coach demonstrated a commitment to introduce new approaches to deliver the most effective care 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 practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands. The percentage of practices which show variation depends on the distribution of the data for each indicator but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

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

The following language is used for showing variation:

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

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

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

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

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

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

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

Glossary of terms used in the data.

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