

Care Quality Commission

The Greyswood Practice (1-544399741)

Inspection Evidence Table

Inspection Date: 9 And 12 October 2023

Date of data download: 12/09/2023

Context

The practice is based in Streatham and has a patient list of approximately 10,200. Information published by the Office for Health Improvement and Disparities shows that deprivation within the population group is the 7 (7 out of 10) The higher the decile the less deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 20.5% Asian, 51.9% White, 19.3% Black, and 6.2% Mixed, and 7% other. The practice has 22% of patients under the age of 18 years, 665 of patients from 18 to 65 years and 13% over the age of 65 years.

Safe

Rating: Good

At the last inspection in March 2015 the safe key question was rated good. The practice continues to be rated good for providing safe services following this inspection.

Safety systems and processes

The practice had 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 children's and adults' safeguarding policies were last reviewed in January and September 2023. These included the necessary local authority contacts. • The safeguarding leads for children and adults had deputies to cover whilst they were away. • The safeguarding lead attended six weekly meetings with the health visitor and the midwife, where children under five years and antenatal patients who required extra support were discussed. • All safeguarding concerns were discussed in the daily huddle of the clinicians and practice manager. • A review of patient records found the practice had a system to highlight vulnerable adults and children to staff. • The out of hours service had access to the online patients records to ensure continuity and identify any concerns. • Where parents/guardians applied to register a child who were unknown to the practice, the practice manager explained that the receptionist would check for the authenticity of the children's guardians. • Staff told us that multi-agency risk assessment conference reports requested by the safeguarding team, were completed promptly by the on-call GP. • Staff told us any children who were not brought in were followed up by administration and clinical staff. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • We reviewed three staff files and found the practice had carried out recruitment in accordance with the regulations. • The practice had recently put a system in place to ensure that staff vaccinations were maintained in line with current Public Health England (PHE) guidance relevant to their role. However, at the time of the inspection this had not been fully completed. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Y
Date of last assessment: 1 August 2023	Y

There was a fire procedure.	Y
Date of fire risk assessment: 1 August 2023	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice leased the building from NHS property services and had oversight of the necessary risk assessments. • The practice had carried out portable appliance checks in August 2023 and calibration checks in January 2023. • The practice manager told us electrical fixed wiring test was due to be carried out the week following the inspection. • The practice submitted an action plan for any issues picked up by the risk assessments to demonstrate that they were taking action. • The practice had four fire wardens, the fire equipment was checked in August 2023 and the most recent fire drill was August 2023. • The practice submitted evidence of testing water for legionella, in August 2023 but at the time of the inspection did not have a copy of the risk assessment to demonstrate when it was carried out. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Partial
Infection prevention and control audits were carried out.	Y
Date of last infection prevention and control audit: 31/08/2023	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice nurse was the lead for the management and prevention of infectious diseases. • We observed the practice was visibly clean and tidy. The practice was cleaned daily by an independent contractor and staff were aware they had to clean their rooms and equipment prior to use. The staff would inform the manager if there was an issue with the cleaning. The operational manager explained they were trying to obtain regular oversight of cleaning schedules carried out by the independent contractor to check when curtain or deep cleaning was previously carried out. • Most staff had completed their infection prevention and control training, and the practice manager had made plans for the ones who had not. 	

Risks to patients

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

	Y/N/Partial
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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"> • The practice manager explained they had sufficient GPs to manage patient's needs and used two locum doctors who had previously worked at the practice and were familiar with the systems at the practice. • The practice lead explained reception staff had received sepsis training and sepsis escalation posters were on display. • The staff explained any patients they were concerned about would be immediately flagged to the on-call GP. However, the reception team did not have an escalation prompt in place to follow. 	

Information to deliver safe care and treatment.

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation. 1	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
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.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • As part of the referral management programme, the practice was required to audit secondary care referrals in three target areas: dermatology, gynaecology and urology. A review of 103 patient referrals found that over 95% were appropriate. • The practice carried out regular auditing of their workflow management to ensure that letters received in the computer system were processed by the workflow manager and seen by the doctor. • The practice had carried out an audit to check that patients with possible kidney disease had been correctly coded in the computer patient record system to enable them to be effectively monitored. 	

- There was a system in place to manage patient test results, the practice lead had oversight and ensured clinical staff reviewed results daily.
- The practice manager explained a member of staff was responsible for ensuring patient records were summarised.
- The practice deputy reception manager was allocated to monitor urgent patient referrals to ensure follow up.
- A review of patient records in relation to the clinical searches identified that care records were managed in a way to protect patients.

Appropriate and safe use of medicines

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

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

Indicator	Practice	SICBL average	England	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)	0.68	0.79	0.91	Tending towards variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2022 to 30/06/2023) (NHSBSA)	10.4%	7.8%	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)	4.31	5.48	5.24	Tending towards variation (positive)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	47.3‰	59.9‰	129.5‰	Variation (positive)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2022 to 30/06/2023) (NHSBSA)	0.18	0.50	0.54	Variation (positive)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	3.8‰	4.7‰	6.8‰	Tending towards variation (positive)

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y

Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	N/A
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	Y
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.	Y
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.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <p>As part of our inspection several sets of clinical record searches were undertaken by a CQC GP specialist advisor. These searches were visible to the practice. We found that monitoring was appropriate overall. For example:</p> <ul style="list-style-type: none"> • The clinical searches found patients receiving high-risk medicines, such as azathioprine were put on repeat prescriptions, recalled for tests as required by guidance, and the GP was responsible for checking the necessary tests were carried out prior to prescribing. • The clinical searches identified 808 patients taking a medicine or group of medicines which may be used to treat high blood pressure. We sampled 5 of 13 patients identified as possibly not having the correct monitoring and found one patient had recently commenced on the medication, three had not attended appointments and one was being managed by the hospital. • We sampled patients' annual medicines reviews and found no concerns. • We sampled 5 patients over 70 years who were prescribed nonsteroidal anti-inflammatory drugs and found no concerns. • The practice did not have an independent prescriber. 	

- The practice did not have any controlled drugs on the premises.
- There was a system in place to ensure vaccines were appropriately stored.
- The practice nurse was responsible for checking the emergency medicines monthly.
- The health care assistant checked the oxygen, and defibrillator daily.
- A monthly audit was undertaken of antipsychotic drugs (incl. depot injections) prescriptions which were not issued when the prescription was due. The information was reviewed by a GP who followed up the patients and informs the practice mental health practitioner/community mental health team as appropriate.
- The practice had carried out an annual audit of the antibiotic prescribing. This found over a 5-year period, doctors' documentation and following prescribing guidelines for antibiotic prescribing had significantly improved.

Track record on safety and lessons learned and improvements made.

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	15
Number of events that required action:	15
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice manager explained significant events were investigated and cascaded to staff dependent upon the type of event at practice and clinical meetings. In addition, all the significant event learning was reviewed, and actions taken annually. 	

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

Event	Specific action taken
<ul style="list-style-type: none"> • A patient who had an allergy to penicillin was prescribed penicillin and developed a rash. 	<ul style="list-style-type: none"> • The practice reviewed the patients records and found no mention of the allergy, although the patient stated it had been on their previous records. The practice realised that the patient record summariser may have missed this. In response, the summarisers were offered further

	training and all clinicians were reminded to ask about allergies prior to prescribing medicines.
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Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice used a prescribing software which alerted them to any safety alerts and was checked by the primary care network pharmacist weekly. Any alerts that required follow up were flagged to the practice who followed them up and identified any patients that may be affected. As part of the clinical searches, we reviewed five patient safety alerts, and we found four patients had recently been sent a text to inform them of the risks. The GP explained this was because they did not have a system in place to recheck the safety alerts for any new patients. Following the inspection the GP explained a system was now in place. Safety alerts were received, reviewed, and acted upon by the pharmacist, who disseminated them to staff. We saw safety alerts were an agenda item at clinical meetings. 	

Effective

Rating: Good

At the last inspection in March 2015 the effective key question was rated good. The practice continues to be rated good for providing effective services following this inspection.

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

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y

Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had prioritised care for their most clinically vulnerable patients during the pandemic.	Y
The practice prioritised care for their most clinically vulnerable patients.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had access to an online system of evidenced based guidelines and local pathways for clinical staff to follow. • The practice held morning clinical staff huddles which enabled staff to discuss new guidelines and review individual cases. 	

Effective care for the practice population

Findings

- Health checks, including frailty assessments, were offered to patients over 75 years of age through PACT (Planning All Care Together) programme. This was a partnership approach by the Integrated Care Board and secondary care to help patients live healthier and more independent lives and reduce secondary care admissions. PACT targeted the most complex patients, most of whom were older to provide annual proactive, coordinated and systematic longer annual appointments with a follow up review. This was overseen by the South West London PACT coordinator who monitored compliance with targets.
- The practice manager explained they had difficulty in recruiting a health care assistant (HCA) and this had affected the number of health assessments and checks including NHS checks for patients aged 40 to 74. At the time of the inspection, they had completed 111 assessments but hoped this would improve once the HCA was recruited.
- The practice carried out a regular check to ensure all patients over 75 years had been in contact with the practice annually and contacted those who had not.
- Flu, shingles, and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Staff explained end of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. The practice had a rag rating system to help them identify patients' needs and frequency of visits.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- All patients with a learning disability were offered an annual health check. The practice submitted unverified data to demonstrate they had identified 66 patients with a learning disability and in the last 12 months had carried out 86% of their annual reviews.
- The clinical staff carried out weekly ward rounds either telephone or face to face for two local residential care homes for people with a learning disability.

- The practice assessed and monitored the physical health of people with severe mental illness. The practice submitted unverified data to demonstrate they had identified 105 patients with severe mental illness and in the last 12 months had carried out 90% of their annual reviews.
- Patients with poor mental health, including dementia, were referred to appropriate services.
- The primary care network had employed two paramedics whose roles included offering regular patient checks to housebound patients and older people, they would respond within two hours of the request.
- The practice collaborated with the community diabetic, heart failure and respiratory nurse teams to maximise clinical care.
- The practice held a monthly 'Together Clinic'. There was a consultant paediatrician who worked with the GP for more complex children's clinical cases. This consisted of a mix of face-to-face consultations and case discussion/learning.
- The practice had access to the Ethnicity and Mental Health Improvement Project (EMHIP) which had a centre in Tooting which aimed to reduce ethnic inequalities in access, experience, and outcome of mental health care.
- Patients had access to the man van project which specifically targeted the black and Asian communities.
- The practice had a primary care mental health worker who made regular contact with all patients on severe mental health register.

Management of people with long term conditions

Findings

- Patients with long-term conditions were offered an effective annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The practice used a computer patient record software programme and allocated a member of staff to identify patients who required annual health checks for long term health conditions.
- As part of this inspection a number of set clinical record searches were undertaken by a CQC GP specialist advisor. A sample of the records of patients with long term conditions were checked to ensure the required monitoring was taking place. We also reviewed a sample record of patients who may have an undiagnosed long-term condition. These searches were visible to the practice. The samples found:
 - We sampled 5 patients with the possible diagnosis of kidney disease following a blood test result and we found they had been responded to, and one required the correct coding on the patient record system so that they could be identified.
 - We found patients who had hypothyroidism had evidence of appropriate monitoring.
 - We sampled 5 patients who had retinopathy with a blood result which may indicate a risk and found clinical staff had completed the monitoring with the exception of one patient who had moved overseas.
 - We sampled 10 patients who were prescribed steroids for asthma and found no concerns, as the practice had recently carried out a clinical audit.
 - We sampled 5 patients who were over 70 years, prescribed non-steroidal anti-inflammatory drugs (NSAIDs) or antiplatelet and no proton pump Inhibitors (PPIs) and found no concerns.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- The practice referred diabetic patients to the education programme at the local hospital.

- The GP survey taken from January to March 2023, where 412 patient surveys were sent out and 122 patients responded, found 77% of patients said they have had enough support from local services or organisations in the last 12 months to help manage their long-term condition(s) compared with the integrated care system area average of 67%.

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)	111	132	84.1%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	129	147	87.8%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	127	147	86.4%	Below 90% minimum
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)	130	147	88.4%	Below 90% minimum
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)	101	128	78.9%	Below 80% uptake

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

Any additional evidence or comments

- The staff sent birth cards to all children inviting them to all routine screening appointments, for example 8-week baby checks and 1-year immunisations.
- The practice checked monthly for children who were due immunisations and actively contacted the parents using text and phone to bring children to their appointments. Where there was hesitancy the practice nurse would call to discuss parents concerns.
- The practice provided unverified childhood immunisation uptake data from 1 April 2022 to 31 March 2023, this showed: -
 - The percentage of children aged 1 who had completed a primary course of immunisations for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b(Hib), Hepatitis B (Hep B) (i.e three doses of DTaP/IPV/Hib/HepB) was 94%.

- The percentage of children aged 2 who had received their booster immunisation for Pneumococcal infection (Received Pneumococcal booster) was 84%.
- The percentage of children aged 2 who had received their immunisation for Haemophilus influenza type b (Hib) and meningitis c (MenC) (i.e received Hib/Menc booster) was 83%
- The percentage of children aged 2 who had received immunisation for measles, mumps and rubella (one dose of MMR) was 83%.
- The percentage of children aged 5 who had received immunisation for measles, mumps and rubella (two doses of MMR) was 73%.
- The practice manager explained children who were not brought to appointment were followed up and if appropriate referred to the health visitors.

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)	22.2%	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)	70.7%	N/A	70.3%	N/A
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (3/31/2023 to 3/31/2023) (UKHSA)	70.2%	N/A	80.0%	Below 80% target
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)	58.3%	53.7%	54.9%	No statistical variation

Any additional evidence or comments

- The practice carried out monthly searches of the patient record system to identify patients who were eligible for cervical screening and sent text messages and called them to encourage the uptake.
- The primary care network offered access to Saturday cervical screening clinics to increase uptake.
- The practice provided unverified cervical screening uptake data from 1 April 2022 to 31 March 2023, this showed: -
 - For patients aged 25- to 49-year-olds the uptake was 86%.
 - For patients aged 50- to 64-year-olds the uptake was 93%.
- The practice had a system in place to follow up abnormal and inadequate cervical screening tests.

Monitoring care and treatment

The practice had a programme of quality improvement activity and 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> <ul style="list-style-type: none"> • The practice submitted a series of audits to demonstrate how they targeted quality improvement. For example: - <ul style="list-style-type: none"> ➤ The practice had conducted an annual audit of the broad-spectrum antibiotic prescribing. This found over a 5-year period, doctors' documentation and following prescribing guidelines for antibiotic prescribing had significantly improved. ➤ The practice conducted a monthly audit of antipsychotic medicine not issued in the last two months. This was commenced following a national significant event regarding a patient with psychosis becoming unwell after not collecting their antipsychotic medication. The audit could identify patients who had not collected their antipsychotic medication at the appropriate time which could indicate a sign of non-concordance and relapse and prompt a clinical review. ➤ The practice had conducted audits for other medicines such as Donepezil, vitamin D, steroids in acute asthma and short-acting beta agonists to ensure patients had received the correct monitoring and treatments. ➤ The practice conducted an audit to review patients on hormone replacement therapy (HRT) which recommended the practice conduct a 3-month review after initiation and then an annual review. Also, to discuss with the patients the change from oral HRT to transdermal form. ➤ An audit of patients who had sick cell disease to ensure they were appropriately treated, this looked at whether children aged 3 months to 5 years were offered penicillin prophylactically and lifelong prophylactic antibiotics were offered to people considered at continued high risk of pneumococcal infection. ➤ The practice had also conducted regular workflow and referral audits to ensure good governance. ➤ A gestational diabetes second audit conducted January 2023, this looked at staff adherence to The National Institute for Health and Care Excellence (NICE) guidelines in ensuring all women diagnosed with gestational diabetes have annual HbA1C screening. This second audit found that there had been a 11% improvement in the uptake of blood tests by patients. However, 29% had not taken up the offer of a blood test. Texts were sent to these patients. 	

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"> The practice lead provided evidence that all clinical and not clinical staff had completed their mandatory training. However, at the time of the inspection the practice did not have a system in place to seek assurance that the practices nurses had completed their role specific training. For example, updates regarding diabetes, and chronic obstructive air disease The practice conducted annual appraisals in October and November. Staff told us the GPs were provided with two weeks study leave to carryout training and internal audits. There were no independent prescribers working at the practice. Two paramedics worked for the primary care network (PCN) they conducted home visits for the practice. The practice had a letter of assurance from the PCN dated April 2022 regarding recruitment and training. This did not provide the names of the paramedics it was referring to and was over 12 months old. The practice manager agreed to review this with the PCN. The two paramedics were supervised by a GP at the practice and by the patient consultation records were reviewed by the on-call doctor. 	

Coordinating care and treatment

Staff worked together and with other organisations to deliver 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"> The practice was informed of discharges from secondary care, A&E and urgent care visits and safeguarding concerns. The practice held multidisciplinary meetings for patients with complex needs. 	

Helping patients to live healthier lives.

Staff were proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff explained end of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. The practice had a rag rating system to help them identify the patients' needs and frequency of visits. • The practice had offered a smoking cessation clinic. • The practice had access to a health and well-being coach. 	

Consent to care and treatment

The practice obtained to demonstrate that it 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, including from clinical searches: <ul style="list-style-type: none"> • Our clinical review of notes where a DNACPR decision had been recorded, this identified where possible the patients' views had been sought and respected and information had been shared with relevant agencies. 	

Caring

Rating: Good

At the last inspection in March 2015 the caring key question was rated good. The practice continues to be rated good for providing caring services following this inspection.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The National GP survey taken from January to March 2023, where 412 patient surveys were sent out and 122 patients responded found 89% of respondents found the receptionists at the GP practice helpful.	

Patient feedback	
Source	Feedback
<ul style="list-style-type: none">NHS choices and reviews	<ul style="list-style-type: none">The three reviews about the practice were rated five stars and very positive.

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)	92.1%	87.1%	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)	90.3%	85.2%	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	93.0%	93.8%	93.0%	No statistical variation

healthcare professional they saw or spoke to (01/01/2023 to 30/04/2023)				
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)	82.4%	76.5%	71.3%	No statistical variation

	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Partial
<ul style="list-style-type: none"> Although, the practice did not conduct their own survey they reviewed the GP survey and the friends and family feedback and responded to them. 	

Any additional evidence

Involvement in decisions about care and treatment

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

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

Source	Feedback
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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)	91.7%	91.3%	90.3%	No statistical variation

Any additional evidence or comments

	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"> Staff explained they would print information in other languages for patient who did not have English as their first language. The practice used a telephone line interpretation service. 	

Carers	Narrative
<ul style="list-style-type: none"> Percentage and number of carers identified. 	<ul style="list-style-type: none"> The practice had identified 118 carers from a practice population of 10,200 (Approximately 1 %)
<ul style="list-style-type: none"> How the practice supported carers (including young carers). 	<ul style="list-style-type: none"> The staff conducted carers checks to identify any issues they could support with. At the time of the inspection, they had completed 76%.
<ul style="list-style-type: none"> How the practice supported recently bereaved patients. 	<ul style="list-style-type: none"> The practice provided information to patients both before and following a bereavement. The practice would offer GP appointments to support the families of patients

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Patients were offered the option of having a chaperone. 	

Responsive

Rating: Good

At this inspection, we found that those areas previously regarded as outstanding practice were now embedded throughout the majority of GP practices. While the provider had maintained this good practise, the threshold to achieve an outstanding rating had not been reached. The practice is therefore now rated good for providing responsive services.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The service had disability access on the ground floor and a lift to enable access to the first floor.• The toilets had disability access and a baby changing facilities.• The practice population boundary was small which meant most patients lived near the practice and were able to walk or there was a bus service. The streets around the practice had free parking. In addition, a local community organisation provided transport to the practice for older people.• Patients could book appointments, in person, online, and on the telephone.• All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. Parents who used the online service regarding a child were prioritised.• Patients with urgent needs and on palliative care were prioritised for an appointment.• The practice offered longer appointments for patients with a learning disability.• Appointments were available with a GP, clinical pharmacist, practice nurse, physiotherapist, and mental health worker.• The practice had agreed to provide covid vaccinations to both vulnerable and elderly patients at the practice.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6:30pm
Tuesday	8am to 6:30pm

Wednesday	8am to 6:30pm
Thursday	8am to 6:30pm
Friday	8am to 6:30pm
Appointments available:	
Monday	8:30am to 11:30am and 2pm to 5pm
Tuesday	8:30am to 11:30am and 1:30pm to 5:30pm
Wednesday	8:30am to 11:30am and 3pm to 5:30pm
Thursday	8:30am to 11:30am and 1:30pm to 5 :30pm
Friday	8:30am to 11:30am and 1:30pm to 5:30pm
<p>Other appointments:</p> <ul style="list-style-type: none"> Extended hours prebooked face to face appointment every Monday and alternate Wednesdays 5:30pm to 8:30pm. Saturday morning prebooked face to face appointments with a GP from 8am to 11:30pm offered one to three times a month. Practice nurse appointments were available: Monday 9am to 4:30pm Tuesday 8:30am to 1pm. Wednesday 9am to 4:30pm Thursday 8:30am to 6pm Friday 8:30 to 6pm. 	

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

Explanation of any answers and additional evidence:

- A mental health practitioner employed by secondary care held appointments at the practice on a Tuesday from 9am to 4pm, for people with long-term and severe mental health illness.
- Two first contact physiotherapists held appointments on Tuesday from 8:30am to 4:35pm and Friday 8am to 3pm.
- Health and wellbeing coach appointments were available on a Wednesday morning and all-day Friday.
- Two paramedics employed by the primary care network carried out home visits for the practice from 9am to 4pm.
- The practice had access to a social prescriber.
- The practice carried out weekly ward rounds by telephone or in person at two local residential homes for people with a learning disability.
- There was a medicines delivery service for housebound patients.
- The reception team highlighted older frail patients to the duty doctor on call, so they could provide a rapid response for urgent issues, such as home visits by the paramedics which were conducted within two hours.
- Planning All Care Together (PACT) targeted the most complex patients, most of whom were older and provided annual proactive, coordinated, and systematic longer annual appointment with a follow up review.

- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- People in vulnerable circumstances were able to register with the practice, including those with no fixed abode such as homeless people and travellers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- Housebound patients were seen on a regular basis throughout the year either by a GP, clinical pharmacist, or paramedic.
- The practice has instigated a preferred calling name alert for patients' gender identity and expression.
- The practice was registered as Safer Surgery through Doctors of the World to provide improved access to primary care for refugees/asylum seekers and homeless patients.

Access to the service

People were 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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • In response to the new GP contract access requirements that patients should be offered an assessment of need or signposted to an appropriate service at first contact with the practice and the slow decline of patient satisfaction in the GP survey. The practice had reorganised the access to appointments. • The practice had promoted the trial online service to patients, where they completed a form which were reviewed and responded to on the day of the initial contact by a duty doctor, who would direct the patient to the appropriate response. Such as an urgent or routine face to face or telephone appointment with a GP, an appointment with a physiotherapist, practice nurse, social prescriber. This was to be reviewed each month with a final review in March 2024. • Staff would assist patients who were unable or reluctant to complete the form and would contact the patient in their preferred means to provide the response. • The practice manager explained the system was at present being trialled and would be reviewed. At present they had found that patients had less time to wait for a telephone call to be answered in the mornings. • Patients were also able to telephone or walk in to arrange an appointment. • During the reorganisation the practice had engaged with the patient participation group and with a local forum to discuss the changes and alleviate concerns. They had also provided information on their website and some frequently asked questions. • The practice manager had also been in contact with an organisation that offered digital training to those excluded and asked if they could include how to use the practice online form. 	

- In response to patient feedback, the practice manager explained the practice were planning to improve their telephone system so that it included call back and queue facilities.
- The practice allowed the 111 service to book appointments for patients from the practice who contacted them.
- Primary care network hub GP and cervical screening appointments were available on a Saturday morning.
- In the previous twelve months the practice had offered 49,810 face to face, 7468 telephone appointments and 452 home visits.

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)	60.8%	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)	63.6%	61.9%	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)	61.4%	59.6%	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)	70.5%	73.4%	72.0%	No statistical variation

Any additional evidence or comments

Explanation of any answers and additional evidence:

Other GP survey information for (01/01/2023 to 30/04/2023) was: -

- 61% find it easy to get through to this GP practice by phone compared to 60% average for the integrated care system area.
- 89% find the receptionists at this GP practice helpful compared to 51% average for the integrated care system area.
- 64% describe their overall experience of this GP practice as good compared to 62% average for the integrated care system area.
- 100% were given a time for their last general practice appointment compared to 95% average for the integrated care system area.

- 82% describe their overall experience of this GP practice as good compared to 76% average for the integrated care system area.

In response to the patient survey the practice had: -

- Planned to improve the telephone system to enhance the patient experience.
- Plans to improve the information on their website.
- Moved to the online total triage by a duty doctor to work towards right person, right time, and right place.

The practice also monitored the friends and family survey the monthly summary each month during the practice meeting so they could improve patient experience.

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.	12
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	12
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had a complaints policy in place that was last reviewed in August 2023. • The practice manager explained they tried to respond to complaints within 40 days. • The practice manager responded to complaints with the assistance of the provider if the complaints were regarding clinical care. 	

Example of learning from complaints.

Complaint	Specific action taken
<ul style="list-style-type: none"> • A patient's relative complained that their relative should have been referred by a receptionist to urgent and emergency care. 	<ul style="list-style-type: none"> • In response the practice carried out non-clinical staff training regarding identifying patients with urgent needs.

Well-led

Rating: Good

At the last inspection in March 2015 the well-led key question was rated good. The practice continues to be rated good for providing a well-led service following this inspection.

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice team were aware of their challenges. They described their current challenges as recruitment and clinical leadership of the nursing team and lack of clinical rooms.• A partner had recently joined the practice, providing a total of six partners. The recruitment of new partners was to plan for any GP partner retirements.	

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice manager explained the practice had a development plan in place which was reviewed in October, to enable it to be linked back to the staff appraisals.	

Culture

The practice had a culture which drove sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice carried out a staff survey in July 2023, and received 10 responses. The staff were asked to score 1 (strongly disagree) to 5 (strongly agree). The results found an average of 4.2 for whether staff felt they could speak up and 4.2 for their relationship with leaders.	

Governance arrangements

There were responsibilities, roles and systems of accountability to support 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.	Y
There were appropriate governance arrangements with third parties.	Y
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The staff undertook regular clinical audits to review clinical performance and to refine clinical practice and to check systems were effective.The provider had identified and taken action to manage any backlogs of activity and delays to treatment.	

- The practice carried out a daily meeting to review any possible clinical or management issues each day. In addition, they held clinical meetings every six weeks over two days to ensure all staff could attend, monthly practice meetings and weekly partners meetings.

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The provider had a business continuity plan in place, last reviewed August 2023. • The provider had system in place to ensure patient risks were identified and escalated to the partners. • Risks were discussed in the daily staff huddles. • The practice had an action plan that included any premises or fire risks for the building. 	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Clinical audit was used to improve performance. Such as referrals and workflow. 	

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y
Staff are supported to work remotely where applicable.	N/A
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice did not carry out video patient consultations. • Staff did not work remotely. 	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice carried out a staff survey in July 2023, and received 10 responses. The staff were asked to score 1 (strongly disagree) to 5 (strongly agree). This found the overall score was 4.2 for job satisfaction, line management, leadership, health and wellbeing, speaking up and safety and dignity at work. The areas for development were resources and training and development. The leaders responded by implementing a learning needs analysis at the end of annual appraisals and six-monthly reviews. • The practice had a range of meetings to ensure all staff were informed about the practice and any developments. 	

Feedback from Patient Participation Group.(PPG)

Feedback
<ul style="list-style-type: none"> We met with a member of the PPG, they explained the meetings were mostly virtual to enable patient participation. They explained that it was difficult to recruit new members to the group. The practice listed to their concerns and responded, they had regular meetings and were provided with an agenda and minutes following the meeting

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice was looking at expanding the practice by increasing the number of clinical rooms. This was to enable them to expand the area they accepted patients from and to enable them to offer some of the primary care networks additional roles from their premises. The practice had carried out clinical and management audits to support and enable continuous improvements. The practice responded to patient and staff feedback. The practice had recently introduced the total triage access system to improve patients' access. The practice held a Pride in Practice Certificate for care of LGBTQ 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.