

# Care Quality Commission

## Inspection Evidence Table

### Evergreen Surgery Limited (1-510954802)

Inspection date: 8 August 2022 (on site), 9 August 2022 (Remote) 24 August 2022 (Interviews)

Date of data download: 04 August 2022

## Overall rating: Good

### Safe

### Rating: Good

#### 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
Explanation of any answers and additional evidence:	

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.	Y

Explanation of any answers and additional evidence:
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Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 7.6.22	Y
There was a fire procedure. Date of fire risk assessment: 11.1.22	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence:	

## 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.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 1.7.22	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: Records confirmed that quarterly Infection Prevention and Control (IPC) audits took place. We were advised that the latest IPC audit had identified damaged flooring in four consultation rooms which presented an infection risk. We were told that the flooring would shortly be replaced.	

## 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
Explanation of any answers and additional evidence:	

Managers explained the protocol regarding encountering deteriorating or acutely unwell patients in reception. When we spoke with a receptionist, they were able to confirm their understanding of this protocol.

**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.	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
Explanation of any answers and additional evidence:	

## Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHS Business Service Authority - NHSBSA)	0.52	0.56	0.79	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). (01/04/2021 to 31/03/2022) (NHSBSA)	6.7%	10.2%	8.8%	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 (01/10/2021 to 31/03/2022) (NHSBSA)	5.30	5.74	5.29	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	69.4‰	60.0‰	128.2‰	Tending towards variation (positive)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHSBSA)	0.23	0.58	0.60	Variation (positive)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	6.7‰	5.9‰	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.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y

Medicines management	Y/N/Partial
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured 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 high risk medicines (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.	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.	N/A
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	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:	

## 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:	1
Number of events that required action:	1
<p>Explanation of any answers and additional evidence:</p> <p>We invited comment from Leaders regarding the low level of significant incident reporting. They told us that the practice's threshold for logging incidents relating to patients' challenging behaviour was higher than in other more affluent localities but accepted that this should be reviewed.</p> <p>We noted the provider's Significant Incident Policy included definitions of significant incidents such as child protection cases and new cancer diagnoses. Although we saw evidence of discussion of these matters in clinical meetings, we noted they had not been logged as individual significant incidents.</p>	

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

Event	Specific action taken
Stock control error resulted in 62 patients being administered Covid 19 vaccine that had expired approximately 8 weeks previously.	Advice sought from vaccine manufacturer who fed back that as the vaccine had been stored in accordance with guidance, they did not anticipate harm coming to patients. Letters were sent to all 62 patients explaining the error and the proposed actions to be taken. Dual checking of expiry dates was also introduced.

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:	

We saw examples of actions taken on recent safety alerts regarding, for example, skin cancer risks associated with a medication called Hydrochlorothiazide and regarding risks associated with co-prescribing an anti-blood clotting medication called Clopidogrel with a heartburn medication called Omeprazole (due to Omeprazole reducing the blood clotting properties of Clopidogrel).

Records confirmed that alerts were routinely discussed at team meetings. We were assured the practice had processes in place to act on safety alerts.

## Effective

## Rating: Good

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

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	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
Explanation of any answers and additional evidence:	

### Effective care for the practice population

Findings
<ul style="list-style-type: none"><li>• The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.</li><li>• Health checks, including frailty assessments, were offered to patients over 75 years of age.</li><li>• Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.</li><li>• The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.</li></ul>

- 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.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder
- Patients with poor mental health, including dementia, were referred to appropriate services.

## Management of people with long term conditions

### Findings

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

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus,	216	261	82.8%	Below 90% minimum

Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England and Improvement)				
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	198	282	70.2%	Below 80% uptake
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	195	282	69.1%	Below 80% uptake
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	199	282	70.6%	Below 80% uptake
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	230	350	65.7%	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

We invited comment on the practice's child immunisation rates. Leaders told us the practice served one of the most diverse and disadvantaged areas in England; with a high number of patients with English as a second language and also significant cultural barriers. They reflected that one consequence of this demographic was below average child immunisation rates - often driven by significant vaccine hesitancy.

To address this challenge, the practice's 2022 Quality Improvement Plan identified named clinical leads with oversight responsibility of a regularly monitored performance dashboard. This highlighted performance changes, non-responders and coverage gaps. Leaders added that additional support was provided by the local Primary Care Network's call and recall teams. Unverified data provided by the practice indicated that child immunisation rates ranged from between 43% to 78% as of 31 July 2022.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 31/03/2022) (UK Health and Security Agency)	61.6%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	53.0%	47.4%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	51.9%	57.2%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	39.1%	54.6%	55.4%	No statistical variation

Any additional evidence or comments
<p>When we invited comment on the practice's cervical screening uptake rate, Leaders reflected that language and cultural barriers often resulted in patients seeking healthcare reactively rather than proactively.</p> <p>To improve performance, cancer screening had been identified as a priority area in the practice's 2022 Quality Improvement Plan and designated clinical leads had been identified to monitor performance, non-responders and coverage gaps. Additional support was also provided by the local Primary Care Network's call and recall teams. The practice had also introduced a platform allowing patients to request a screening appointment and to provide information on when this would be most convenient. Unverified data provided by the practice indicated that cervical cancer screening uptake was at 66% as of as of 31 July 2022.</p> <p>The practice had also recently introduced a platform that allowed patients to self-book cervical screening appointments (specifically 25-49-year old because manual calling for this cohort would prove time consuming). The platform detected the number of available appointments for the predefined appointment slot type and, once the list of eligible patients had been uploaded by the practice, a proportion of these hose patients would be invited in staggered manner to book themselves in to those appointment slots. We were advised that the process was entirely via text messaging and did not require patients to own a smartphone; therefore, minimising digital exclusion. Unverified data provided by the practice indicated that cervical cancer screening uptake was at 66% as of 31 July 2022.</p>

## Monitoring care and treatment

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

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

### Diabetes Three T's Project

As part of the national agenda to improve outcomes in diabetes, the local GP Federation worked with practices to deliver improvements in the care of diabetic patients. The emphasis was on ensuring a greater proportion of patients simultaneously achieve three key targets covering blood sugar, cholesterol and blood pressure control [3Ts]

This was seen as one of the practice's main health improvement programmes. Leaders explained this was due to the relatively high proportion of patients with Type 2 diabetes and the prevalence of south Indian, African and Afro-Caribbean communities (whom research indicated were five times more likely to develop maturity onset Type 2 diabetes at a younger age).

The programme aimed to simultaneously control patients' blood sugar, cholesterol and blood pressure and entailed dedicated staff training offering high risk patient testing for diabetes; and reviewing performance to determine impact and drive improvements.

Impact on health outcomes:

Leaders spoke positively about how the number of patients meeting their control targets had increased from 39% to 44% between 2020/21 and 2021/22.

### First Contact Practitioner Project

We were advised that a high percentage of GP consultations related to Musculoskeletal (MSK) problems such as low back pain, neck, hip, and knee pain. However, time constraints meant that patients often received relatively limited assessments which contributed to requests for further appointments, further prescribing and referral to secondary care.

In response, in 2018 the practice piloted a First Contact Practitioner (FCP) service in partnership with the Royal Free Hospital and which entailed experienced spinal Physiotherapists being based at the

practice two sessions per week. Patients presenting with back or neck pain were referred into FCP sessions either by staff or GPs for a 30-minute appointment to allow sufficient time for a comprehensive assessment of the presentation, an explanation of the problem and formulation of a management plan. Leaders spoke positively about the positive impacts of the pilot. These included a reduction in MSK presentations to GPs, rapid access to an experienced physiotherapist, reduced prescribing and imaging requests and a reduction in the number of patients being referred on to secondary care and requiring time off work.

#### Impact on health outcomes:

We noted the success of the pilot had resulted in it being expanded across the Enfield locality. Data for April 2022 indicated that 125 (63%) of the 199 patient appointments conducted had resulted in no further appointment being required.

#### Healthy Lifestyle advisors

Leaders told us that high levels of deprivation in the locality meant that patients tended to seek healthcare reactively (for example the need to attend work at short notice often taking priority over a pre booked appointment). High deprivation levels also meant however that patients were more likely to smoke, have poorer diets, exercise less and be overweight. To address these health inequalities, the practice had partnered with the Local Authority to recruit and train a team of Healthy Lifestyle advisors.

Five Healthy Lifestyle Advisors had been recruited since the program started in November 2021 (initially with a focus on smoking cessation). The program had entailed establishing the prevalence of smoking via batch text messaging and the confirmed smokers being offered a tailored support package (including tailored Nicotine Replacement Therapy (NRT), cessation planning and advice on electronic vaping devices as a method to quit smoking cigarettes). A maximum of six weeks of NRT is also prescribed.

#### Impact on health outcomes:

- 3,106 patients offered a smoking cessation consultation with a Health and Wellbeing Advisor
- 301 patients have accepted the offer and engaged with the service
- 58 patients had quit tobacco of which 21 have switched to vaping

We were advised that the service would over time deliver a more holistic and comprehensive service promoting better nutrition, exercise, weight management and cardiovascular risk assessment.

#### Fellowship Program

Finally, we noted the practice had introduced a Fellowship Program aimed at supporting newly recruited GPs and with a quality improvement focus on increasing the uptake of breast, bowel, and cervical screening among patients. We noted the program had also held a series of lectures and presentations covering different aspects of General Practice including child protection, maternal medicine and local authority partnership working.

#### Impact:

Leaders spoke positively about how the programme had been instrumental in enabling the practice to recruit 5 new GPs - in a time of extreme workforce challenge.

## 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.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence:	

## Coordinating care and treatment

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

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

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	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:	

### Any additional evidence or comments

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## Consent to care and treatment

### The practice demonstrated that it 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:	

## Caring

**Rating: Good**

### 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:	

### National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2022 to 30/04/2022)	77.0%	83.4%	84.7%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2022 to 30/04/2022)	74.1%	81.0%	83.5%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2022 to 30/04/2022)	86.3%	91.5%	93.1%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	56.2%	70.0%	72.4%	No statistical variation

Any additional evidence or comments
The practice had undertaken a review of the results of the national GP survey and were aware that patients rated their overall experience of the practice as lower than others. We saw evidence of how the service had sought to explore innovative and ways of ensuring patients' confidence in their healthcare professional.

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

### 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: Easy read and pictorial materials were available.	

### National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2022 to 30/04/2022)	79.6%	87.9%	89.9%	Tending towards variation (negative)

Any additional evidence or comments
The practice had undertaken a review of the results of the national GP survey and was aware that patients rated their overall experience of the practice as lower than others. We saw evidence of how the service had sought to explore innovative and ways of ensuring that patients were actively involved in decisions about their care and treatment.

	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:	

Carers	Narrative
Percentage and number of carers identified.	1.5% (306)
How the practice supported carers (including young carers).	The practice has printed literature available which it used to signpost carers to local support organisations.
How the practice supported recently bereaved patients.	The practice manager sends a sympathy cards to families and will phone them to offer condolences. Families were offered an appointment if needed or directed to supportive services.

## 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:	

# Responsive

Rating: Good

## Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	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:	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8:00am – 6:30pm
Tuesday	8:00am – 6:30pm
Wednesday	8:00am – 6:30pm
Thursday	8:00am – 6:30pm
Friday	8:00am – 6:30pm
Appointments available:	
Monday to Friday	8:30am-6:00pm
Extended Hours	
Monday to Friday	6:30pm–8:00pm
Saturday and Sunday	8:00am-8:00pm

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

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- In recognition of the religious and cultural observances of some patients, GPs 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.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Appointments were available until 7:45pm Monday to Friday.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

## Access to the service

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

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	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	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:	

## National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2022 to 30/04/2022)	23.3%	N/A	52.7%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	37.2%	54.3%	56.2%	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 (01/01/2022 to 30/04/2022)	50.6%	54.9%	55.2%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	53.3%	68.5%	71.9%	Variation (negative)

### Any additional evidence or comments

We invited comment on the practice's low patient satisfaction regarding phone access. Leaders were aware of performance and cited factors such as staff shortages due to illness and self-isolation; language barriers resulting in longer call handling times and staff time taken up with having to redirect callers who had erroneously been given the practice's phone number as a contact number for another co-located NHS service. They accepted however, that phone access continued to be a major area of patient dissatisfaction and outlined actual or proposed activity intended to improve phone access.

#### Call Handling

An assessment of the current telephone system had determined that limited monitoring and reporting functionality constrained an understanding of call volumes, activity patterns, and the call handling performance of individual staff members. Records confirmed that the provider was in the early stages of commissioning a new phone system with bespoke primary care functionality and analytics which would inform performance monitoring and staffing allocation. Records also confirmed that in March 2022 managers began a dialogue with the local NHS Hospital Trust to address the issue of service users using the practice telephone lines in error. As of our 8 August 2022 inspection, the matter had not been resolved.

#### Staffing

As a result of language barriers routinely increasing call handling times, the service had recently signed up for a desk top based interpreting service which offered faster response times. Leaders told us that the practice continued to try and recruit staff whose language skills reflected the needs of the local

population. In addition, work was being undertaken to ensure that shift patterns and staff allocations reflected peak call times.

### **Digital Solutions**

Leaders told us that a key element of improving phone access entailed diverting digitally engaged patients to alternative methods of communicating with the Practice. These included:

- E-Consult online consultations
- Online appointment booking
- Promoting the use of electronic prescribing and pharmacy ordering for repeat medicines
- Promoting online registration
- Promoting the use of our interactive practice website allowing patients to submit queries and information
- Reconfiguring call/recall processes to enable patients to request appointments and indicate preferred appointment times for screening and vaccinations. This was undertaken via the website rather than by calling the practice
- Enabling patients to book directly into specific clinics such as cervical screening clinics
- Using SMS based surveys to gather patient responses (for example to collect patients' blood pressure data recorded at home)
- Enabling patients to respond by text if they are willing to be contacted by the surgery's Lifestyle Advisors for services such as smoking cessation

Leaders told us that they would continue to monitor patient satisfaction and were confident that the practice strategy would significantly improve patient satisfaction. They expressed a commitment to investing time and financial resources in improving phone access.

Shortly after our inspection we were advised that a new phone system had been commissioned and that this would be operational by December 2022. We noted the system had increased functionality to allow staff to more efficiently manage incoming phone calls.

## 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.	13
Number of complaints we examined.	1
Number of complaints we examined that were satisfactorily handled in a timely way.	1
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: Records showed clear evidence of how individual complaints were used to drive continuous improvement although the provider's annual complaints summary did not identify any overall complaints trends. Leaders told us that as complaints were a standing agenda item, staff were aware of trends as they developed over the duration of the year.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient felt that the treatment provided did not reflect their specific medical condition.	Leaders accepted there were lack of knowledge in this specific clinical area. Consequently, a consultant specialising in this clinical area was contacted and agreed to deliver an online educational training seminar for clinicians.

## Well-led

## Rating: Good

- Leaders had an inspiring shared purpose to tackle health inequality and we saw that clinical performance was monitored through the practice's 2022 Quality Improvement Plan. Data provided by the practice indicated that cervical cancer screening uptake had improved and that patients with diabetes had seen a reduction in blood glucose, blood pressure and cholesterol levels.
- The practice had a systematic approach to working with other organisations to improve healthcare outcomes and obtain best value for money. For example, projects had been developed with local NHS Hospital Trusts to reduce hospital referrals and manage backlogs of activity.
- We saw evidence of a proactive approach to seeking out and embedding new ways of providing care and treatment. For example, use of innovative appointment booking technology to improve cervical screening uptake rates.
- Mechanisms were in place to support GPs and promote their positive wellbeing. For example, the practice had reduced GPs' workload through increased use of clinical pharmacists in the care of patients with long-term conditions. We were told that practice's Fellowship programme had also received positive feedback for its additional mentoring support to new GPs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. For example, we saw evidence that learning points from complaints and significant incidents had been discussed and used to improve the service.
- Practice management governance arrangements supported the delivery of high-quality person-centred care.

### 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
<p>Explanation of any answers and additional evidence:</p> <p>Leaders viewed recruiting and retaining GPs as an ongoing challenge. They told us that factors such as high levels of local deprivation, workload and the stress of working through the COVID-19 pandemic had hindered GP recruitment and retention. They also spoke of work force related factors such as early retirement and GPs' moving away from substantive roles into sessional (locum) roles.</p> <p>In response to these challenges, a recruitment strategy had been introduced which included a focus on offering a competitive salary, mentoring support and reducing GPs' workload. Leaders told us that the strategy had resulted in five new GPs being recruited in the past 12 months.</p>	

## 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: We saw evidence of collaborative work with staff, patients and external partners aimed at tackling health inequalities for patients at the practice. We also saw evidence of how the practice had developed action plans to improve patient access.	

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	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: Leaders told us that staff and GPs in particular were operating in a work environment of unprecedented challenge. As such there was a strong emphasis on the safety and well-being of staff. For example, the practice had sought to reduce GPs' workload in a number of ways: <ul style="list-style-type: none"> <li>Clinical pharmacists increasingly assuming the care of long-term conditions and medicines management;</li> </ul>	

- As lead Practice for the local PCN, specifically targeting Independent Prescribers for recruitment who can take on the review and issuing of routine medication, therefore reducing the burden on GPs;
- Employing a team of supervised clinical coders to process all incoming correspondence, resulting in only a small proportion of the correspondence received being sent to the GPs and releasing time for GPs to focus on more complex patients;
- Partnering GPs with other GPs for mutual support and an experienced GP serving as a mentor supporting new GPs joining the team.

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

Source	Feedback
Receptionist	Spoke positively about the supportive working environment.

## Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	
Records confirmed that regular staff team meetings took place. We reviewed a selection of meeting minutes and noted that safety alerts, complaints and significant incidents were routinely discussed, (although not always listed as standing agenda items).	
We saw evidence that governance and reporting arrangements were in place for projects involving third parties such as the local authority and NHS Hospital Trusts.	

## Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	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:	
We saw evidence of programmes targeting quality improvement in, for example, cervical screening uptake rates, smoking cessation rates and in how the practice supported patients with Musculoskeletal conditions.	

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

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

We noted the practice was part of a project led by the local Integrated Care Partnership and aimed at reducing hospitals' outpatient backlog. An initial review of a sample of patients highlighted that a significant proportion of patients no longer required hospital assessment (for example due to improvement, obtaining treatment privately or treatment following presentation to the Emergency Department). We were advised that the practice was currently awaiting input from the local NHS Hospital Trust regarding the process for removing those patients from outpatient waiting lists who no longer required an appointment.

We saw evidence that the needs of digitally excluded people had been considered in relation to access. For example, the practice's cervical screening appointments platform simply required a text response from a patient's phone; as opposed to having to click on a weblink. This meant that access to a smart phone (and mobile data) was not needed in order to make an appointment.

## Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	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:	

## 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
Explanation of any answers and additional evidence:	

### 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:	

### Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	

### Examples of continuous learning and improvement

We saw evidence of a strong focus on continuous learning and improvement (for example activity aimed at improving local health outcomes for diabetes and cervical screening uptake).

We also saw clear evidence of how learning was shared effectively and used to make improvements (for example where learning points from a complaint had been discussed and used to improve the service).

## Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

## Glossary of terms used in the data.

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