

Care Quality Commission

Inspection Evidence Table

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(1-498589835)

Inspection Date: 14 August 2023

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Overall rating: Good

Following this inspection we rated the practice as good overall. We found that the practice had made significant improvement in all areas previously regarded as requires improvement. The practice had reviewed its governance arrangements and reviewed its systems and processes to support effective clinical oversight. The concerns related to the practice triage process assessment of patients, clinical record keeping and management of medicines identified at the previous inspections in December 2020 and March 2022 had all been addressed.

Safe

Rating: Good

At the last inspection in March 2022, we rated the practice as requires improvement for providing safe services because, there was no system in place to demonstrate that all patients received an appropriate consultation and clinical assessment including a rationale for diagnosis, clinical care and treatment.

At this inspection, we found that the areas previously regarded as requires improvement were embedded throughout the practice. The practice is now rated good for providing safe services.

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes

Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had systems in place to safeguard children and vulnerable adults from abuse. This included updated policies and procedures, which were easily accessible to all staff on the practice shared drive. • The practice designated safeguarding lead was the GP and to support them in this role they had completed safeguarding level 4 training. • Staff we spoke with knew what to do if they had any concerns about a patient and all staff had completed safeguarding training at a level appropriate to their role. • The practice maintained safeguarding registers. Patient records we reviewed showed that they had been appropriately coded where safeguarding concerns had been identified. • Alerts were put on the records of patients identified as being at risk from abuse. This included children on the child protection register, children of concern and looked after children. Families of patients identified as at risk were linked and had alerts on their records. • Chaperoning was undertaken mainly by the practice nurse. Reception staff had completed chaperone training so they could undertake this role when required. All staff had been DBS checked. Our review of a sample of 4 staff records confirmed a DBS check had been carried out for the 4 staff. • The practice had identified that it was a low risk area for Female Genital Mutilation (FGM). Discussions with clinical staff demonstrated a good understanding of the risks and a process was in place to take appropriate action to safeguard those at risk. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • We reviewed the recruitment files for 4 members of staff (both clinical and non-clinical). We noted they were organised for ease of access and found that appropriate recruitment checks had been carried out. • The practice manager had systems in place to ensure the current registration status for clinical staff was routinely checked online through the respective professional websites. • Staff records showed staff were up to date with immunisations such as tetanus, diphtheria, polio, hepatitis B, measles, mumps and rubella (MMR). 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Yes
Date of last assessment: January 2023	
There was a fire procedure.	Yes
Date of fire risk assessment: January 2023	
Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The overall health and safety of the building and premises were the responsibility of NHS property services. • There was a health and safety policy in place and risk assessments had been completed. • The maintenance, calibration and electrical safety checks of clinical equipment and portable appliances had been carried out annually to ensure they were safe to use. • Training records showed that staff had received training in health and safety which included fire safety training. • The practice had appropriate safety policies in place. The policies were regularly reviewed and communicated to all staff, which included temporary staff. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out.	Yes
Date of last infection prevention and control audit: April 2023	
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had a designated infection and control lead who had completed hand hygiene audits with all staff. • An infection prevention and control (IPC) audit was carried out in the last 12 months and the outcome of this showed an overall score of 99%. Areas identified for action included a review of the cleaning schedule due to a lack of cleaning in some areas for example, under the fridge, were addressed and added to the cleaning schedule. • Staff training records showed that staff had received IPC training. • Staff we spoke with told us the process they followed to ensure clinical specimens were handled safely. • During our inspection we found the premises to be visibly clean and tidy. 	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice management team had reviewed staffing levels. A full time practice nurse had been employed and additional clinical support such as a clinical pharmacist was accessible through the primary care network when needed.• The receptionists and administration staff told us they worked flexibly and worked extra hours to cover staff absences.• Locum staff were rarely used at the practice. In the event of planned long term absence a regular locum would be recruited through an agency. A locum pack and guidance were available. Information included in the pack covered topics such as health and safety and relevant contact details.• The practice management team had obtained a suitable trolley to ensure that emergency equipment and medicines were easily and quickly accessible. Records available showed that the emergency equipment was checked daily to ensure it was in working order and that medicines were within their expiry date.• Training records we looked at showed that staff had completed basic life support training.• Staff spoken with were confident about how they would deal with an emergency in the event of the deterioration of a patient's condition.	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes

There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Our review of patient records in relation to the clinical searches identified that care records were managed in a way to protect patients. • At the inspection in March 2022, we looked at patient clinical records to check the quality of record keeping, types of consultations and appointments. We found that records were not comprehensive or up to date. At this inspection we found that appropriate and significant improvements had been made. • We found that patients' assessments and contact to discuss and communicate planned care and treatment was undertaken by the GP. • Our review of patients' records relating to referrals to other services showed referrals were made in a timely manner. • Test results were reviewed by the GP, records reviewed showed that these were managed in a timely way. Our remote review of test results showed that the practice was up to date with actioning all test results. 	

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) (01/04/2022 to 31/03/2023) (NHSBSA)	0.76	0.92	0.91	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2022 to 31/03/2023) (NHSBSA)	3.7%	5.6%	7.8%	Variation (positive)
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 (01/10/2022 to 31/03/2023) (NHSBSA)	3.88	5.22	5.23	Tending towards variation (positive)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2022 to 31/03/2023) (NHSBSA)	178.1‰	142.3‰	129.9‰	No statistical variation

Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2022 to 31/03/2023) (NHSBSA)	1.40	0.63	0.55	Variation (negative)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2022 to 31/03/2023) (NHSBSA)	8.2‰	9.0‰	6.8‰	No statistical variation

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

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

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

- National prescribing data showed practice prescribing was in line with other practices locally and nationally. The data showed that the practice was performing well in relation to reducing antibiotic prescribing. However, the practice prescribing of psychotropics, medicines to manage a patient's behaviour, mood or thoughts showed a negative variation. Data showed that the number of patients prescribed multiple psychotropics was higher than other practices locally and nationally. The GP was aware of the data and was taking action to reduce this by reviewing and monitoring prescribing practices.
- As part of our inspection, we looked at the practice management of medicines through clinical searches and reviews of a sample of patient records. We found that the GP was monitoring patients prescribed medicines and undertaking reviews.
- We looked at the records for 5 patients prescribed Disease-modifying antirheumatic drugs (DMARDs) which have the potential for serious side effects and found all had received the required monitoring and blood tests. DMARDs are commonly used to treat inflammatory conditions.
- We reviewed the records for 5 patients on two high risk medicines used to treat heart conditions and high blood pressure. These medicines require regular monitoring due to the risk of side effects. We found all the patients had received the required monitoring and review.
- At our visit to the practice we saw that there were systems in place to ensure the safe management of prescription stationery, emergency medicines and vaccinations to ensure they were fit for use, when needed.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	2
Number of events that required action:	2
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • There were systems in place for reporting and managing incidents and significant events. Staff we spoke with were aware of the process in place. • The practice had a policy for raising and investigating significant events. • Minutes of meetings and significant event reporting forms showed that systems in place demonstrated how learning was recorded, shared and audited within the practice. 	

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

Event	Specific action taken
<p>An error in booking and cancelling appointments resulted in 2 patients attending for the same appointment time.</p>	<ul style="list-style-type: none"> • Appointments for both patients were rearranged and formal apologies provided. • Discussions were held with reception staff. The importance of effective communication was shared as learning. • Action to be taken to mitigate the risk of the incident occurring again included: <ul style="list-style-type: none"> ○ Staff should update patient's records immediately. ○ Communicate any changes with relevant staff which includes the clinical staff with whom the appointment is booked so that they are aware of the change in appointment. ○ Patient to be notified of the change in appointment by text message.

Safety alerts	Y/N/Partial
<p>There was a system for recording and acting on safety alerts.</p>	<p>Yes</p>
<p>Staff understood how to deal with alerts.</p>	<p>Yes</p>
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • We found that the practice had a system in place to act on alerts which may affect patient safety. All alerts received at the practice were organised and stored in the practice computerised information system. • We carried out a random review of patient records relating to medicine safety and Medicines and Healthcare products Regulatory Agency (MHRA) alerts. Records showed that appropriate action and follow up had been taken to support safe prescribing practices. • We carried out a random review of patient records relating to medicine safety and MHRA alerts. We saw examples of actions taken on alerts that required ongoing monitoring. Our searches identified that patients had been advised of the risks related to medicines that could increase the risk of abnormalities in pregnancy. • We saw good practice in that all the safety alerts received at the practice had been addressed. Records we examined showed that the GP carried out regular audits of MHRA alerts to ensure prescribing practices were in line with the guidance. 	

Effective

Rating: Good

We rated the practice as requires improvement for providing effective services at the last inspection in March 2022, because we found there was an absence of recorded information to demonstrate that the GP consistently fully assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance. Patients care and treatment was not followed up in a timely and appropriate way.

At this inspection we found that the areas previously regarded as requires improvement were now improved and embedded throughout the practice. The practice is now rated good for providing effective services

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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic.	Yes
The practice prioritised care for their most clinically vulnerable patients.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">Clinical staff and training records we examined for example, certificates showed that they accessed training and updates relevant to their roles to keep them up to date. They could	

access clinical guidance through the National Institute for Health and Care Excellence (NICE).

- Clinical issues were regularly discussed between the practice nurse and GP at practice meetings for example, reviews of safeguarding issues, recent deaths and the care of patients with long term conditions.
- Our clinical searches found patient's care and treatment was regularly reviewed and monitored for example, in relation to high risk medicines and long term conditions. There was evidence to demonstrate that a patient's current condition was discussed with them, medicine monitoring had taken place, a physical examination was carried out and the patient's wishes considered.
- Patient care plans had been shared with other organisations when appropriate and there was no evidence of potential harm to patients.

Effective care for the practice population

Findings

- Patients received a full assessment of their physical, mental and social needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- 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. For example, support with administering medicines.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- 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 clinical system reviews showed that the follow up of individual patients care and treatment was provided to patients with or at risk of long term conditions.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- A review of patients with the potential of a missed diagnosis of diabetes based on blood test results identified that there were no patients at risk.
- The GP worked with other health and social care professionals to deliver a coordinated package of care for patients with the most complex needs.

- Patients with asthma were offered an asthma management plan. The GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. Our clinical searches identified 15 patients on the practice asthma register who were issued with rescue packs. We found that the details of the reviews had been recorded, the patients were issued with rescue packs and a steroid warning card in line with guidelines.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. Patients with COPD were offered rescue packs.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.

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)	23	24	95.8%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	25	29	86.2%	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)	25	29	86.2%	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)	24	29	82.8%	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)	37	43	86.0%	Below 90% minimum

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

Any additional evidence or comments

- Data showed that the practice had exceeded the World Health Organisation (WHO) target for the uptake of children aged 1 who had completed a primary course of immunisation. This was an improvement on the previous year.
- Data for the remaining 4 indicators showed that the uptake was below the 90% minimum uptake for children aged 2 and 5 years. This was a decrease on the previous year's uptake where the practice had achieved 100% in all 4 indicators.
- The practice staff had attributed the decline in the uptake of childhood immunisations to a shortage of staff to administer the vaccines. Both the practice nurse and healthcare assistant had left their employment at the practice.
- The practice had a recall system in place to follow up children not brought for their appointment. Staff followed the practice policy to identify and contact the parents or guardian of the child and worked with the health visitors and school nurses to improve uptake where necessary. If parents attended the practice with their child for other appointments, practice staff took the opportunity to offer childhood immunisations.

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)	61.1%	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)	55.5%	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). (12/31/2022 to 12/31/2022) (UKHSA)	72.8%	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)	50.0%	48.3%	54.9%	No statistical variation

Any additional evidence or comments

- Published data showed the practice was below the national target of 80% for cervical cancer screening. However, the practice had achieved the 70% England uptake. The data showed that the practice uptake had increased by 4% when compared with the previous year and that uptake had gradually been increasing since December 2020.
- The practice had employed a full time practice nurse, which was supporting the practice to continue to increase the uptake of cervical screening. The importance of cervical screening was discussed with patients at every opportunity. Written information was available to

support and educate patients in making informed choices. There were systems in place for recalling patients to attend for their appointment.

- The uptake of other national cancer screening programmes varied. The uptake of breast cancer screening and cancer cases treated as a result of the two week wait were comparable to the England averages.
- The uptake for bowel cancer screening at the practice although below the England average showed an improvement on the practice's previous figures.

Monitoring care and treatment

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

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes
Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years: <ul style="list-style-type: none"> • The provider had a structured programme of audits, these were mainly related to medicine prescribing, particularly relating to antibiotics, hypnotics, NICE guidance and MHRA alerts. • One of the audits completed for example, looked at the prescribing of Dual antiplatelet therapy (DAPT). A treatment, which combines 2 medicines to prevent blood clots that could cause a heart attack or stroke. The audit was carried out to identify any patient prescribed dual antiplatelet past the intended stop date. Seven patients were identified and reviewed against the audit criteria. The analysis of the audit showed that 5 of the 7 patients did not require any further action. The remaining 2 patients required a follow up to review the planned stop date. This practice intended to repeat the audit every 3 months. 	

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes

The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Staff had access to and completed training identified as mandatory by the provider. • Clinical staff had opportunities to attend local networks and online events to help maintain skills and development. • The practice staff had access to allied health professionals through their Primary Care Network (PCN). Professionals who supported the practice included pharmacists and physiotherapists. • The practice also had support from pharmacists employed by the integrated care board (ICB) based pharmacists who carried out monitoring of medicines prescribed at the practice such as antibiotics. 	

Coordinating care and treatment

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

	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice held meetings with a multidisciplinary team (MDT) of professionals at which patients with complex needs and palliative care needs were discussed. • The practice used the services of the Royal Wolverhampton NHS Trust community 'Rapid Intervention Team'. A multidisciplinary team skilled to provide urgent access to assess, diagnose and treat patients safely in their own home and avoid unnecessary admissions to hospital. 	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes

The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice identified patients who needed support to meet their health needs. This included patients with long term conditions and those requiring advice on lifestyle practices such as healthy eating, exercise and smoking habits. Patients were referred to prevention programmes to help support long term care needs such as diabetes. 	

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
<p>Explanation of any answers and additional evidence</p> <ul style="list-style-type: none"> Staff had access to consent policies including those relating to the Mental Capacity Act. There was a formal consent form in place and verbal consent was recorded directly in the patient notes. The practice clinician used both Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) and ReSPECT forms. We saw that information had been shared with relevant agencies, which included the out of hours service and relevant community services. Copies of the completed and signed forms were given to patients and a copy was available in the patient's electronic records. We looked at the outcome of 3 DNACPR decisions. Our clinical searches identified that where DNACPR decisions had been recorded they identified where possible that the patients' views had been sought and respected. 	

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.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff understood patients' personal, cultural, social and religious needs. Feedback received indicated that staff displayed an understanding and non-judgemental attitude to patients. Practice staff mostly represented the diverse cultures registered at the practice and some staff spoke a number of different languages. 	

Patient feedback	
Source	Feedback
Patients	Comments received from patients described staff as understanding and helpful. Patients said that they were treated with respect.
Friends and Family	Comments by patients in completed friends and family forms about care were mostly positive. There were 56 responses 50 were good or very good. Comments made included staff were kind, cooperative and helpful and the doctor was understanding and listened.

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)	71.7%	78.8%	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)	64.4%	77.2%	83.8%	Tending towards variation (negative)

The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2023 to 30/04/2023)	87.1%	89.5%	93.0%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2023 to 30/04/2023)	64.0%	61.1%	71.3%	No statistical variation

Any additional evidence or comments

- The outcomes of the National GP Patient Survey results were mostly comparative to the local and England averages. The practice management team had reviewed the outcome of their national patient survey results. This involved noting any trends, areas where they were doing well and areas for improvement. These were shared with members of the Patient Participation Group (PPG) and other patients.
- The practice had put together an action plan of improvements that would be made, which included suggestions made by patients and members of the PPG

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

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had access to interpreter services if needed. Feedback from patients indicated that they were mostly happy with their involvement in decisions about their care and treatment. 	

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)	82.0%	85.3%	90.3%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified.	At the time of the inspection the practice provided a service to a population of 2,800. There were 86 patients registered as carers at the practice. This represented approximately 3% of the practice population. Carers were encouraged to register as a carer with the practice.
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> • Carers were offered an annual health check. • Carers were offered an annual flu vaccine.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> • The practice maintained a register of patients who received end of life care. • Patients were signposted to support services based in the community.

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.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff recognised the importance of and took measures to ensure people's dignity and respect when using the service. • Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs. There was information at reception alerting patients to this. • Confidentiality was covered as part of new staff induction and staff signed a confidentiality as part of their employment. 	

Responsive

Rating: Requires Improvement

At this inspection we have rated the practice as requires improvement for providing responsive services. Patients had concerns about being able to access the practice easily. The results of the National GP Patient Survey outcome were comparable to other local practices. However, the percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered was higher than both the local and England averages.

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence:	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.00am – 6.30pm
Tuesday	8.00am – 6.30pm
Wednesday	8.00am - 1pm
Thursday	8.00am – 6.30pm
Friday	8.00am – 6.30pm
Appointments available:	
Monday	8.50am – 10.30am and 3pm – 4.30pm
Tuesday	8.50am – 10.30am and 3pm – 4.30pm
Wednesday	8.50am – 10.30am
Thursday	8.50am – 10.30am and 3pm – 4.30pm
Friday	8.50am – 10.30am and 3pm – 4.30pm

- Patients had access to health services when the practice was closed on Wednesday afternoons.
- Patients had access to appointments through the Primary Care Network (PCN) practices, collectively known as 'The Unity Hub' between 6.30pm and 8pm weekdays and 8am until 2pm on Saturdays.
- Appointments were available with the practice nurse between 9am and 5.30pm Monday, Tuesday, Thursday and Friday and Wednesday morning between 9am and 1pm.

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.
- 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.
- Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was part of a PCN. Appointments were available on Saturdays between 8am until 2pm.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- 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.

	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.	Partial
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Yes
Patients were able to make appointments in a way which met their needs.	Yes
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Yes
Patients with most urgent needs had their care and treatment prioritised.	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Results from the GP National Patient Survey (published in July 2023) showed responses to questions about access were below the local and England averages in 3 of the 4 indicators. There was, however, a significant higher level of satisfaction in the number of respondents who were satisfied with the appointment (or appointments) they were offered, 81.2% compared to the local (65.9%) and England (72%) averages. • Following the inspection in March 2022 the practice staff carried out audits of the practice appointment system and patient access to the practice. 	

- Changes implemented following the audits included access to same day appointments and an increase in face to face appointments, the number of which were similar to the pre-COVID-19 period.

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)	33.8%	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)	39.8%	44.4%	54.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2023 to 30/04/2023)	44.2%	46.6%	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)	81.2%	65.9%	72.0%	No statistical variation

Any additional evidence or comments

- The practice was supported by its local Integrated Care Board to take part in a project to improve access for patients across the Wolverhampton Primary Care Network (PCN). The practice had completed a self-assessment to identify priority areas on which they needed to focus. The process involved the practice completing a self-assessment on topics related to access for example, capacity, appointments, patient feedback and the practice plans for monitoring and improvement.
- Following the self-assessment, the practice had identified actions to improve patient access. These included updating its telephone system and the practice website, employing a healthcare assistant and utilising the Additional Roles Reimbursement Scheme (ARRS), which would increase the practice capacity to offer appointments to patients. The scheme supports PCNs by providing funding for 12 identified health care roles. For example, Clinical Pharmacists, Health and Well-being Coaches, Dieticians, First-contact Physiotherapists, and Physician Associates.

Source	Feedback
NHS.uk website (formerly NHS Choices)	There were 3 reviews on the NHS UK website which were posted in the last 12 months. All were anonymous and rated between 1 and 2 stars and all were anonymous. All 3 provided negative feedback about access to the practice. Concerns raised related to not being able to access the practice by phone and unable to get an appointment.

Listening and learning from concerns and complaints

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

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

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

Examples of learning from complaints

Complaint	Specific action taken
Patient raised concerns about changes to their medicines and having to wait to get repeat prescription	<ul style="list-style-type: none"> Practice manager spoke with patient and offered an apology. The patients' concerns were addressed. Clinical records were updated and repeat prescription issued.

Well-led

Rating: Good

At the last inspection in March 2022 we rated the practice as requires improvement for providing well led services because:

- There were gaps in the practice's governance arrangements.
- Effective management oversight of systems to confirm ongoing monitoring, continuous learning and improved processes was not evident.
- Leadership arrangements did not support an open culture in which staff felt engaged and enabled to raise concerns.
- There was no reassurance that effective arrangements for ensuring patients received effective care and treatment that met their needs was in place. We found examples of concern relating to record keeping.

At this inspection, we found that the areas previously regarded as requires improvement were improved and embedded throughout the GP practice. The practice is therefore now rated good for providing well led services.

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• At this inspection we found that governance arrangements had improved. For example, systems and processes related to triage and access had been reviewed. A new practice manager had been appointed who with the support of the GP was carrying out a review of the systems and governance arrangements at the practice.• To support staffing levels at the practice the GP had appointed a new full time practice nurse. Further plans to increase staffing was to access regular clinical support for example, a clinical pharmacist, advanced nurse practitioner and / or physiotherapist through the primary care network.• We found that the practice management and clinical team had worked hard to make improvements and develop a resilient and sustainable service over the past 12 months. This included building a stable staff team and making operational changes relating to medicine management, patient care and treatment and the culture within the practice.• We saw evidence of a clear and identified leadership structure and staff expressed a confidence in the leadership team.• Staff we spoke with told us of the opportunities they had been given to develop in their roles.	

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had developed a practice wide mission statement which incorporated its vision and values. • Staff were able to tell us about the vision for the practice, which related to improving care for the local population, working closely with their other practice and through working with the PCN. The vision set by the practice included providing holistic and consistent care, improving access and offering patient choices. • The provider had developed and implemented plans with the support and guidance of the integrated care board to support their recovery from the pandemic, manage sustainability and improve patient satisfaction. 	

Culture

The practice had a culture which drove high quality sustainable care

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Partial
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff were positive about the culture of the practice and told us that there was a supportive staff team in place. • Staff felt able to raise concerns, give feedback or make suggestions and told us that there was a no blame culture if they wanted to raise anything. • Staff understood 'duty of candour' and were able to give examples such as responding and learning from complaints and how changes had been implemented when things had gone wrong. 	

- The practice had whistleblowing and duty of candour policies. Staff showed an understanding of the role of a freedom to speak up guardian but were not aware of a nominated freedom to speak up guardian for the practice.

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

Source	Feedback
Staff Interviews	The feedback we received from staff was complimentary about the practice as a place to work. They told us that they were happy with their roles and were aware of their responsibilities. Staff felt that there was more support from the management and leadership team following the previous inspections.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff had access to policies and procedures that were regularly updated. • There were comprehensive meeting structures in place that were inclusive of all staff and ensured important information was shared throughout the practice team. • Minutes of meetings were available for those who were unable to attend the meetings. • There was a clear staffing structure and staff were happy in their roles. • Practice specific policies were implemented and were available to all staff. • The practice held regular formal meetings. 	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Arrangements were in place for identifying, recording and managing risks including risks to patient safety. Our inspection in March 2022 identified gaps in patient consultation records to demonstrate that full and comprehensive assessments and consultations had taken place. At this inspection we found significant improvements had been made. The risks associated with incomplete record keeping was being effectively managed and audited through the practice's own quality assurance system.• The practice clinicians continued to monitor the management of high risk medicines.	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• At our previous inspection in March 2022 we found there were gaps in the recording of information to support decisions specific to patient care and treatment. At this inspection our remote searches of the practice clinical system identified that the availability and quality of documentation had improved.• Data was used to monitor and improve performance. Systems were in place to enable regular clinical searches in areas such as long term conditions and medicine management to take place.• Our remote searches of the practice clinical system identified no concerns relating to the use of data and information to support decisions specific to patient care and treatment.• The information used to monitor performance and the delivery of quality care was accurate and useful.	

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
Staff are supported to work remotely where applicable.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice used NHS approved software when consulting with patients remotely. • Staff had received training and had access to guidance when undertaking remote consultations. Training included related legislation and guidance that needed to be followed in respect of privacy and confidentiality. 	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had a patient participation group (PPG), which was active prior to the COVID-19 period. The practice had restarted the meetings which were being held using video conference calls. • The practice continued to encourage patients to provide feedback through the suggestion boxes and internal patient survey. • The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. • Staff told us they would give feedback and discuss any concerns or issues with the practice manager. 	

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice took part in a number of university linked research projects.• The practice had completed reviews of significant events and other incidents. We saw records to confirm this.• The provider worked with the primary care network to discuss challenges, peer reviews and benchmark for progress.• The GP told us that clinically related incidents for example, misdiagnosis was discussed at Primary Care Network (PCN) led peer reviews and learning was shared.	

Examples of continuous learning and improvement

- The practice participated in their local Integrated Care Board (ICB) antibiotic prescribing audits and were able to show improvements in prescribing.
- We found that arrangements were in place to support learning and improvement through clinical incidents, clinical updates and audits, and clinical supervision.
- Ongoing monitoring was implemented to ensure the standard of medicine management was maintained.
- Where changes were made as a result of the outcome of audits these were shared and discussed with practice staff as a process of learning.
- The practice nurse had monthly clinical supervision sessions with the GP.

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 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.