

Care Quality Commission

Inspection Evidence Table

Nuffield House Doctors Surgery (1-551423915)

Inspection date: 15 November 2020

Date of data download: 26 October 2021

Overall rating: **Good**

Following our inspection on 12 October 2020, we rated the practice as requires improvement overall, and for safe and, caring care. Effective, responsive and well-led care was rated good.

This inspection was carried out to follow up on breaches of regulation identified at our previous inspection and to re-rate the practice. A requirement notice had been issued for the breach of regulation 17(1) Good governance.

At this inspection we found:

- Diabetic patients were identified, and their treatment and monitoring was well managed.
- Patients prescribed high risk medicines had been reviewed regularly and monitoring was well documented.
- Prescribing guidelines were being followed and processes to monitor prescribing had been improved throughout the practice.

Safe **Rating: Good**

At our last inspection we rated this practice as requires improvement for providing safe care.

We found:

- Issues were identified in relation to monitoring of patients prescribed some high-risk medicines and medication reviews.

At this inspection we found:

- Issues identified in relation to monitoring of patients prescribed some high-risk medicines and medication reviews had been addressed and the remote searches of the practice clinical system assured us patient's medicines were well managed.

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

Safeguarding	Y/N/Partial
Partners and 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The safeguarding adults and children policies had been updated to reflect the changes and lead roles within the practice to manage safeguarding. • Multi-disciplinary meetings discussions between other health and social care professionals such as health visitors, school nurses, community midwives, mental health professionals and social workers took place every month. • Representatives from care homes told us sharing information was effective and had even improved during the pandemic. • Monday morning meetings with district nurses supported identification and discussions about vulnerable people. 	

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 Public Health England (PHE) guidance if relevant to role.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice provided us evidence on a spreadsheet showing recruitment checks undertaken. 	

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:	Oct 2020
There was a fire procedure.	Yes
Date of fire risk assessment:	Yes
Actions from fire risk assessment were identified and completed.	Oct 2020
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Fire and health and safety risk assessments had been reviewed with actions identified and carried out. This included regular fire drills. • Fire training was seen to be up to date for all staff and fire marshals had received the training needed for their role. 	

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. Date of last infection prevention and control audit:	Yes
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">Although the practice had remained open to patients throughout the pandemic, they had continued to mitigate and monitor risks for staff and patients, safely and effectively.Evidence seen showed the practice followed national guidance to ensure effective infection control measures were followed throughout the pandemic.	

Risks to patients

There were adequate 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">We were provided evidence of the reception triage training and procedures to support people access services safely and effectively at the practice.The induction for new and temporary staff ensured they were updated regarding the practice pandemic procedures.All staff had received training on sepsis awareness, and there were visual aide memoires in reception and clinical rooms to support staff.	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Referrals were discussed and reviewed at every Monday meeting. Staff at the practice had a safe and effective process to follow-up and confirm patients had received their appointment. 	

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) (01/07/2020 to 30/06/2021) (NHS Business Service Authority - NHSBSA)	0.79	0.79	0.69	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2020 to 30/06/2021) (NHSBSA)	4.8%	11.8%	10.0%	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 (01/01/2021 to 30/06/2021) (NHSBSA)	4.19	6.04	5.38	Variation (positive)

Indicator	Practice	CCG average	England average	England comparison
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2021 to 30/06/2021) <small>(NHSBSA)</small>	109.4‰	85.7‰	126.1‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2020 to 30/06/2021) <small>(NHSBSA)</small>	0.87	0.48	0.65	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2021 to 30/06/2021) <small>(NHSBSA)</small>	8.2‰	6.3‰	6.7‰	No statistical variation

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
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).	N/A
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	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

Medicines management	Y/N/Partial
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Prescribing indicators were either above or in line with CCG and England averages. • Clinicians had signed up as antibiotic guardians and were adhering to strict local antimicrobial prescribing guidelines for common infections. • Prescribing was regularly reviewed and monitored in prescribing meetings, where clinicians were advised when they had prescribed outside the guidance. Clear information was given to all staff, which enabled a consistent message to be delivered to patients. • Remote searches of the clinical system showed patient monitoring and diagnosis, was well managed. 	

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:	14
Number of events that required action:	14
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw in meeting minutes regular discussions with all levels of staff regarding significant events at the practice. Staff told us there was a no-blame culture at the practice and they felt confident raising a significant event. They also explained that learning from events was seen as a practice wide experience. 	

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

Event	Specific action taken
Possible exposure to Covid at the practice	Patients were stopped from entering the practice whilst a deep clean was undertaken.
Urology two week wait appointment delayed	As this issue was due to the urology not being able to find the referral at the appointment, the practice has added this check to the appointment follow-up process to ensure this doesn't happen again.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice shared evidence of their safety alert database with all staff. Alerts were well managed and actions taken to keep people safe that had been affected by the alert details. 	

Effective

Rating: Good

QOF requirements were modified by NHS England 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.	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
Explanation of any answers and additional evidence: A clinical meeting took place every Friday between 1.30pm – 2.30pm to ensure that clinicians were up to date with current evidence-based practice. The subject of discussion rotated, for example significant events were discussed every four weeks, rotating with audits, complaints and educational sessions.	

Effective care for the practice population

Findings
<ul style="list-style-type: none">• The practice held a register of older patients who were living with moderate or severe frailty. Those identified 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. These had been continued throughout the pandemic period.• Flu, shingles and pneumonia vaccinations were offered to relevant patients.

- The practice informed 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.
- We were shown evidence that 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 procedure for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated the procedure 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

- Clinical searches of patient records showed people were well monitored, managed and medicines were regularly reviewed.
- We found examples in meeting minutes that clinicians were regularly applying a multidisciplinary approach to care and treatment.
- 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, Polio, Pertussis, Haemophilus influenza	136	152	89.5%	Below 90% minimum

type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2019 to 31/03/2020) (NHS England)				
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2019 to 31/03/2020) (NHS England)	156	170	91.8%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2019 to 31/03/2020) (NHS England)	158	170	92.9%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)	158	170	92.9%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)	175	190	92.1%	Met 90% minimum

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

Any additional evidence or comments

- The practice continued to recall children to have their vaccinations throughout the pandemic. Data shows one indicator just 0.5% below the minimum target however, this data was eighteen months old and they were currently consistently achieving above 90% in the unverified practice data. Historical data showed the practice had consistently achieved the minimum target.
- An effective recall process was seen during the inspection site visit.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (Snapshot date: 31/03/2021) (Public Health England)	80.3%	N/A	80% Target	Met 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	66.4%	72.3%	70.1%	N/A

Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2019 to 31/03/2020) <small>(PHE)</small>	59.3%	62.7%	63.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2019 to 31/03/2020) <small>(PHE)</small>	29.8%	49.3%	54.2%	Tending towards variation (negative)

Any additional evidence or comments

- At previous inspections, the practice was below target for cervical screening for eligible women. At this and the last inspection, we found that the practice has improved recall systems and now met the target.
- Although the two week wait historical data in the table above showed a negative variation compared with local and national averages, the practice had reviewed and improved their systems for two-week wait referrals. These included an effective follow-up procedure carried out by the secretaries for assurance that people had received and attended their appointments. This follow-up process was audited on a weekly basis and discussed in clinical meetings.

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

An example of improvements demonstrated because of clinical audit or other improvement activity in past two years.

Any additional evidence or comments

The practice was able to share with us quality improvement audit activities carried out during the pandemic.

An audit was undertaken to reduce antibiotic resistance.

- A second cycle identified they had not reached the NICE guidance for less than 4% of courses for those patients less than 65 years old to receive a three day course of antibiotics. The learning gained was:
 - All patients to be prescribed a three day course of antibiotics.
 - All prescribers should document indications for antimicrobial prescriptions as well as indications to not prescribe antimicrobials.
 - If laboratory test results show contamination a repeat test should be done and documented with follow-up.

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| 4. A specific coding process to standardise information for auditing purposes had been initiated for prescribers. |
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Effective staffing

The practice was able to demonstrate 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The lead nurse was being supported to become an advanced nurse prescriber. • All staff had received an appraisal. 	

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.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Multi-disciplinary meetings took place regularly. • We saw communication with local care homes during multi-disciplinary meetings in the minutes shared with us. • Comments from a healthcare professional providing a specialist service to patients within the practice shared with us, all their administrative and clinical needs were supported to provide their service safely and effectively. 	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice had improved their communication and monitoring arrangements to manage patients at the end of their lives. Relevant patients were maintained and reviewed in accordance with Gold Standard Framework requirements.• The primary healthcare meeting every Monday minutes showed patients were discussed and changes in health needs were recorded in the patient records in real-time during the meeting.	

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Clinical records searched during the remote access to the practice clinical system showed consent was obtained. Clinicians told us about the process used at the practice to obtain consent.	

Caring

Rating: Good

At our last inspection we rated this practice as requires improvement for providing caring services.

We found:

- Although there had been an overall improvement in GP Patient Survey data there were still responses for example; confidence in healthcare professionals, and involving patients in their care that had a negative variation in comparison to local and national averages.

At this inspection we found:

- There had been some improvement over all of the indicators in the latest GP Patient Survey data however, one indicator remained significantly lower than local and national averages.
- The practice had implemented processes to gather patient feedback. The outcome of surveys carried out at the practice were positive. Discussions at the practice regarding confidence and engagement with patients had led to a number of new actions to improve the practice survey questions to gather specific responses.

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

Patient feedback	
Source	Feedback
Five patients on site at the practice	All the patients that provided feedback about the practice told us access to services at the practice was the best in the town. They told us the staff were always helpful and supportive. Patients felt included, listened to, and had confidence in the healthcare professional they saw. They also told us they felt confidence in their safety and protected from infection when they attended the practice.

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 (01/01/2021 to 31/03/2021)	78.0%	87.5%	89.4%	Variation (negative)

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 treating them with care and concern (01/01/2021 to 31/03/2021)	77.4%	86.9%	88.4%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	83.0%	95.1%	95.6%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	75.7%	80.5%	83.0%	No statistical variation

Any additional evidence or comments

The practice had carried out their own practice surveys during their flu clinics and on their website, monitoring this on a weekly basis. The results, of these surveys did not reflect the feedback from patients within the national survey.

For example:

- Healthcare professional was good or very good at listening was 90%.
- Were your needs met during your last general practice appointment 93%.
- Positive response to the overall experience of their GP practice 83%.

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

Any additional evidence

As a result of the lower survey indicators the practice had developed an action plan and had implemented improvements. For example;

- Conflict resolution and communication with patients training completed.
- Training in customer care for clinicians had been sourced.
- Care co-ordinator call to patients.
- Changes to AccRux (a text facility used to gain patient feedback after care and treatment) to gather responses relating to the lower survey questions.

We were satisfied that the practice had an action plan to address patient satisfaction and that they were working towards improvement.

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"> Easy read and pictorial materials were available to support staff with explanations of treatment when needed. 	

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 (01/01/2021 to 31/03/2021)	86.1%	92.2%	92.9%	Tending towards variation (negative)

Any additional evidence or comments

In response to the lower indicator's percentages in the GP survey; <ul style="list-style-type: none"> The practice had promoted online access to patient records via the information screen in the waiting room. This allowed patients to view their records, enabling them to be more involved with their care and treatment. Changes had been made to the practice own survey questions asked on their website to ensure they gathered opinions from patients that had attended the practice regarding the negative responses.
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	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> A dedicated carer's support was seen at an easily accessible table just inside the front door at the practice. 	

Carers	Narrative
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Percentage and number of carers identified.	<ul style="list-style-type: none"> The practice had identified 286 informal and occupational carers which equates to 2.2% of the practice population. The number of informal adult and young carers was 221 which equates to 1.7% of the practice population.
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> The practice offered health checks to patients who were carers. Although the practice currently have no young carers identified at the practice, they had promotional leaflets on their carers table and a young carers identification form with specialised support had been developed. The practice social prescriber was monitoring the practice
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> A pack of information was sent to bereaved patients, this included a sympathy card, a MacMillan booklet and details of support 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.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
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: <ul style="list-style-type: none"> Comments received from a member of the patient participation group spoke about the support during the pandemic provided by the practice staff, and the fact that they were able to access the practice during the pandemic. Information had been provided to members to keep them updated with regard to any changes or improvements being made. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday	8.30am – 9am Telephone triage 9am – 12pm Morning surgery 3pm – 5.20pm Afternoon surgery
Tuesday	
Wednesday	
Thursday	
Friday	
Extended access appointments and Out of Hours availability for patients:	
Monday	6:30pm – 11:00pm
Tuesday	6:30pm – 11:00pm
Wednesday	6:30pm – 11:00pm
Thursday	6:30pm – 11:00pm
Friday	6:30pm – 11:00pm
Weekends	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, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- The practice liaised weekly 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 triage and or an appointment when necessary.
- Extended hours pre-bookable appointments were available to all patients at the practice and additional locations within the area, as the practice was a member of a GP network. Weekend out of hours appointments were available Saturday and Sunday from 8am until 8pm.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travelers 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 Travelers.
- 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 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
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Yes
Patients were able to make appointments in a way which met their needs.	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Yes
There were systems in place to support patients who face communication barriers to access treatment.	Yes
Patients with urgent needs had their care prioritised.	Yes
The practice had systems to ensure patients were directed to the most appropriate person to respond to their immediate needs.	Yes
Explanation of any answers and additional evidence:	

- The staff at the practice told us they were proud to have kept the practice open throughout the pandemic, and had worked tirelessly to provide access to services at the practice.

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 (01/01/2021 to 31/03/2021)	65.4%	N/A	67.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	71.9%	65.5%	70.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	61.2%	62.7%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	75.1%	78.2%	81.7%	No statistical variation

Source	Feedback
NHS overview of comments	<ul style="list-style-type: none"> • The five comments left in the last 12 months had received a response from the practice manager. • Two comments were positive and received a five star rating for staff being supportive caring. • Three comments were negative and received a one star rating. These were mixed concerns regarding access, staff responses, and perceived delay of treatment.

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.	14
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Complaints were recorded and documentation was maintained to assure practice patients received an appropriate and timely response. Meetings took place twice a year to review all complaints and identify any learning from trends or themes. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient complained that GP would not give regular injection more frequently than regime standard.	<ul style="list-style-type: none"> Correspondence acknowledged and complainant informed of specific regime standard. Complainant referred to Clinical Commissioning Group Medicines management team for confirmation that their request was inappropriate.
Patient noticed another patient's documentation on their e-record.	<ul style="list-style-type: none"> Apology sent to patient with an explanation of the practice investigation. The investigation showed the record had been placed on the patients record by the community provider and not the practice. This was conveyed to the complainant for information.

Well-led

Rating: Good

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">• The practice had committed to working with external partners to improve quality and sustainability. This was seen in the way they had worked with the Clinical Commissioning Group (CCG), community care providers and local care homes.• The practice held a succession plan to expand the practice which included training GPs.	

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">• In the last year the practice had embedded lead roles at the practice to ensure their vision for quality care was achieved.• Time was set aside each week to allow staff in lead roles to commit to the work needed and share the learning with the whole team.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behavior 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.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The way information was cascaded at the practice ensured staff were well informed through regular staff meetings about complaints and significant events. 	

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

Source	Feedback
Staff feedback forms	<ul style="list-style-type: none"> We received 20 forms in response to our request for staff feedback. One of the most prevalent themes was the pride staff felt about all the work they had undertaken to improve quality and services at the practice. Staff spoke with pride about keeping the practice doors open during the pandemic to allow access for patients. They also mentioned their educational support and the confidence they had to raise concerns and incidents.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Well-led governance structures within the practice ensured the effective cascade of information to the clinical and non-clinical teams. Quality improvement sessions held each week enabled development within the area of responsibility and prepare and share learning. Lead roles were allocated to the clinical and non-clinical teams. There were regular non-clinical leads meetings to assure oversight and transparency across the practice. 	

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">• The practice had a philosophy to identify, manage and mitigate risks through effective audit.• Remote searches carried out as part of this inspection showed the issues identified at previous inspections with medicines management and identifying patients with diabetes had been addressed.	

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

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes
The practice actively monitored the quality of access and made improvements in response to findings.	Yes
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice was nominated and awarded a 'Hidden Heroes' award for outstanding performance during the Covid 19 pandemic. This award was one of 48 presented to GP practices nationally.	

- During the pandemic the leads at the practice proactively sought to provide continuous accessibility to services at the practice.
- Communication with care homes, domiciliary and social care continued on a weekly basis. This ensured high quality patient care was not interrupted during the pandemic period.

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice shared the monitoring and auditing schedule they used to mitigate risk, improve quality and performance. 	

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

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 Friends of Nuffield House group raised funds for the practice.• Staff and external partners including the clinical commissioning group (CCG) and primary care network (PCN) were involved with sustaining improvements made at the practice.	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none">• A member of the PPG spoke with us about the continued improvements made to access.

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">• Staff gave us examples of how the practice supported them to learn specialist skills, to improve the services they could offer to patients.	

Examples of continuous learning and improvement

<p>The practice has had a variable inspection history over a number of years. At the previous inspections, we found risks that had not been addressed. However, at this inspection we found:</p> <ul style="list-style-type: none">• Innovation was celebrated and there was a clear proactive approach to seeking out new ways of providing improved care and treatment.• The practice was now committed to continuous learning and improvement. This was evidenced through shared learning with community care, primary care networks, audit, and improvements seen of previous underperformance.• There was work with external stakeholders to implement change, which had been embedded into the day to day business as usual at the practice. For example, weekly meetings to ensure records were updated. <p>Learning from the recent national GP patient satisfaction survey, had made the provider review and make changes to their practices.</p>
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- Following a recent review of appointments, more face to face appointments were being delivered. This was supported with recruitment of a new advanced nurse practitioner and of the GPs looking to increase the number of sessions they work.
- They promoted online access to patient records via the information screen in the waiting room. This allowed patients to view their records, enabling them to be more involved with their care and treatment.
- Changes had been made to the practice own survey questions asked on their website to ensure they gathered information from patients that attended the practice their opinions regarding the negative responses to:
 - Patients stated during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment
 - During their last GP appointment, they had confidence and trust in the healthcare professional.
- An addition was made to the weekly leaders meeting to discuss how staff felt patient appointments had been received.
- Recent Primary Care Network employed 'health and well-being' coordinators were working with the 'social prescriber' to provide patients with continuity and a coordinated experience of care.

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.
- **PHE:** Public Health England.
- **QOF:** Quality and Outcomes Framework.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
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- % = per thousand.