

Inspection Evidence Table

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(1-532022409)

Inspection Date: 23 May 2023

Date of data download: 10 May 2023

Overall rating: **Good**

The practice was rated good overall as a result of this inspection. Our findings were as follows:

- The provider had made improvements to the practice's systems, practices and processes to help keep people safe and safeguarded from abuse.
- The provider had taken action and made improvements to systems and processes to help maintain appropriate standards of cleanliness and hygiene.
- Improvements had been made to the way risks to patients, staff and visitors were assessed, monitored and managed.
- Staff had the information they needed to deliver safe care and treatment.
- The provider had made improvements to the arrangements for managing medicines that helped keep patients safe.
- Improvements had been made to the management of safety alerts.
- The provider had made improvements so that patients' needs were assessed, and care as well as treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.
- Improvements had been made to the practice's performance relating to cancer indicators.
- The provider continued to deliver care and treatment in a way that was accessible to patients.
- Improvements had been made that supported good governance and management.
- The provider had made improvements to the management of risks, issues and performance.
- Patients had been recruited to an active Patient Participation Group.

Safe

Rating: Good

The practice was rated good for providing safe services as a result of this inspection. Our findings were as follows:

- The provider had made improvements to the practice's systems, practices and processes to help keep people safe and safeguarded from abuse.
- The provider had taken action and made improvements to systems and processes to help maintain appropriate standards of cleanliness and hygiene.
- Improvements had been made to the way risks to patients, staff and visitors were assessed, monitored and managed.
- Staff had the information they needed to deliver safe care and treatment.
- The provider had made improvements to the arrangements for managing medicines that helped keep patients safe.
- Improvements had been made to the management of safety alerts.

Safety systems and processes

The provider had made improvements to the practice's systems, practices and processes to help keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
At our inspection in July 2022, we found the practice's computer system alerted staff of children that were on the risk register. We looked at the records of 4 such children and found the practice's computer system did not alert staff to all family and other household members of these children. However, after our inspection the provider wrote to us and told us that alerts had now been added to all family and other household members of these children.	
During our inspection in May 2023, we found the practice's computer system continued to alert staff of children that were on the risk register. We looked at the records of 5 such children and found the practice's computer system also alerted staff to all family and other household members of these children.	

Safety systems and records	Y/N/Partial
There were up to date fire risk assessments that incorporated an action plan to address issues identified.	Y
Records showed fire extinguishers were maintained in working order.	Y
At our inspection in July 2022, we asked to see the practice's fire risk assessment. The fire risk assessment we were given was incomplete and not dated so we could not be sure if it was up to date or not. Staff told us that an external company had been booked to carry out a fire risk assessment on 21 July 2022 and we saw records that confirmed this.	
During our inspection in May 2023, records showed a fire risk assessment had been carried out on 21 July 2022. This incorporated an action plan to address issues identified.	

At our inspection in July 2022, we looked at fire extinguishers in the practice and found that they were overdue servicing. All were last serviced in November 2020. However, when we told the provider about this, they arranged for all fire extinguishers in the practice to be serviced on 14 July 2022 by an external company. After our inspection the provider wrote to us with evidence to show that fire extinguishers in the practice had been serviced as arranged on 14 July 2022.

During our inspection in May 2023, we found all fire extinguishers in the practice were now up to date with servicing.

Infection prevention and control

The provider had taken action and made improvements to systems and processes to help maintain appropriate standards of hygiene and cleanliness.

	Y/N/Partial
There was an up to date infection prevention and control policy.	Y
There was an up to date infection prevention and control audit that incorporated an action plan to address issues identified.	Y
At our inspection in July 2022, we found the infection prevention and control (IPC) policy was not up to date. During our inspection in May 2023, we found the IPC policy had been revised by the provider and was now up to date. At our inspection in July 2022, we found there was an IPC audit dated 7 July 2022. However, it was incomplete. For example, there was no answer recorded against question 10 regarding the cleanliness and condition of furniture in the practice. It was also inaccurate. For example, the audit recorded that hand hygiene technique posters were displayed at all clinical wash-hand basins in the practice. However, we found that no such poster was displayed at the clinical wash-hand basin in the nurse's room. After our inspection the provider wrote to us with evidence to show that a hand hygiene technique poster was now on display at the clinical wash-hand basin in the nurse's room. During our inspection in May 2023, we found the IPC audit had been revised by the provider and was now complete. It contained an action plan to address issues identified.	

Risks to patients

The provider had made improvements so that risks to patients, staff and visitors were assessed, monitored or managed effectively.

	Y/N/Partial
Emergency equipment and emergency medicines were available in the practice including medical oxygen and an automated external defibrillator (AED)	Y

Records showed that emergency equipment and emergency medicines were checked regularly.	Y
Staff were up to date with training in how to identify and manage patients with severe infections such as sepsis.	Y
There were a variety of health and safety risk assessments that incorporated action plans to address issues identified.	Y
There was an up to date health and safety policy available with a poster in the practice which identified local health and safety representatives.	Y
<p>At our inspection in July 2022, we looked at the emergency equipment and emergency medicines held by the practice. There was no inventory of the emergency equipment held and, with the exception of the automated external defibrillator (AED), there were no records to show that the emergency equipment was being checked on a regular basis. There was an inventory of emergency medicines held by the practice and there were records to demonstrate emergency medicines were checked regularly. However, the practice did not have all emergency equipment and emergency medicines that were required to be kept. For example: a paediatric pulse oximeter; a second set of AED pads; glucagon or glucogel; and midazolam or rectal diazepam. After our inspection the provider wrote to us with evidence to show that an inventory of emergency equipment held, together with checking records had been introduced at the practice.</p> <p>During our inspection in May 2023, we found the provider held all emergency equipment and emergency medicines required in the practice. There was an inventory of emergency equipment held and records showed emergency equipment and emergency medicines were being checked on a regular basis.</p> <p>At our inspection in July 2022, we looked at the training records of 3 members of staff. We found that the 2 clinical members of staff whose records we looked at were up to date with recognition and management of patients with severe infections such as sepsis training but the 1 non-clinical member of staff whose records we looked at was not. After our inspection the provider wrote to us with evidence to show that the non-clinical member of staff was now up to date with this training.</p> <p>During our inspection in May 2023, we looked at the training records of 3 members of staff and found they were all up to date with recognition and management of patients with severe infections such as sepsis training.</p> <p>At our inspection in July 2022, we found there was a health and safety risk assessment dated 11 May 2022. However, this was insufficient as it only assessed the risks to staff and visitors from clutter in the general office.</p> <p>During our inspection in May 2023, we found a comprehensive health and safety risk assessment had been carried out by an external company on 18 October 2022. The risk assessment contained an action plan to address issues identified.</p> <p>At our inspection in July 2022, we found the practice's health and safety policy contained minimal information and was limited to a one-page document. It failed to contain sufficient detail in order to effectively guide staff and others in the maintenance of health and safety. For example, it did not stipulate the frequency of any risk assessments and failed to detail what training inadequacies were to be monitored, including how frequently, in order to ensure employees were competent to carry out their work.</p> <p>During our inspection in May 2023, we found the health and safety policy had been revised by the provider and was now up to date as well as comprehensive in its content.</p> <p>At our inspection in July 2022, we found the legionella risk assessment was not up to date (dated 8 May 2019) and was insufficient. It comprised of a one-page document that did not contain sufficient detail or consideration of risks to patients, staff and visitors from legionella in the building's water system. For example,</p>	

it did not consider if there were any dead leg runs of pipework in the practice. It stated that water temperatures should be above 50 degrees centigrade for hot water. Staff told us that water from hot and cold outlets in the practice were monitored regularly. However, records showed that hot water was recorded as being below 50 degrees on several occasions in April, May and June 2022. Other records showed that water samples had been sent for testing on 28 September 2021 and showed that the building's water system had not been colonised by legionella at that time.

After our inspection the provider wrote to us and told us that the hot water boiler thermostat had been increased and the temperature of water from hot outlets in the kitchen, staff toilet and patient toilet was now reaching the minimum temperature. They also sent us evidence to confirm this. They further told us that the reason the temperature of water from other hot outlets in the practice was not reaching the minimum temperature was because they were fitted with blending valves.

During our inspection in May 2023, we found a comprehensive legionella risk assessment had been carried out by an external company on 18 October 2022. The risk assessment contained an action plan to address issues identified. Records also showed:

- The temperature of water from hot and cold outlets was being monitored and recorded on a regular basis. Results show hot water was reaching the required temperature and cold water was not exceeding the maximum temperature required to help reduce the risk of legionella colonising the building's water system.
- Little used water outlets were being flushed on a regular basis.
- Water samples had been sent and results received on 11 November 2022 showed the building's water system had not been colonised by legionella.

Information to deliver safe care and treatment

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

	Y/N/Partial
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results, and this was managed in a timely manner.	Y
The practice demonstrated that when patients used multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
<p>At our inspection in July 2022, we found patient referrals to other services under the 2 week wait referral system for suspected cancer were monitored to help ensure patients received appointments within the necessary timescales. However, the practice did not formally record this monitoring activity.</p> <p>During our inspection in May 2023, we found patient referrals to other services under the 2 week wait system continued to be monitored to help ensure patients received appointments within the necessary timescales. We also found the practice was now formally recording this monitoring activity.</p>	

Appropriate and safe use of medicines

The provider had made improvements to arrangements for managing medicines to help keep patients safe.

Medicines management	Y/N/Partial
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines with appropriate monitoring and clinical review prior to prescribing.	Y
<p>At our inspection in July 2022, we looked at the records of:</p> <ul style="list-style-type: none"> Five patients who were prescribed warfarin. Relevant blood tests were being carried out prior to the prescribing of this high-risk medicines. However, we looked but could not find evidence to show that these blood test results were being recorded in the patients' records. Staff had to look in another computerised system in order to see these results. This was not in line with best practice guidance. After our inspection the provider wrote to us and told us that blood test results for all these patients had now been added directly to their records. One patient who was prescribed lithium. We looked but could not find evidence to show that an up to date body mass index (BMI) had been recorded in their records. This was not in line with best practice guidance for this high-risk medicine. After our inspection the provider wrote to us and told us that this patient had an appointment on 14 July 2022 during which their BMI would be calculated and added to their records. Four patients who were prescribed zopiclone. We looked but could not find evidence to show that 3 of these patients had been advised of the risks of taking this high-risk medicine which was not in line with best practice guidance. After our inspection the provider wrote to us and told us that the prescribing of zopiclone would be reviewed to ensure patients were advised of the risks of taking this high-risk medicine. <p>During our inspection in May 2023, we looked at the records of:</p> <ul style="list-style-type: none"> Five patients who were prescribed warfarin and found that best practice guidance was being followed for the prescription of this high-risk medicine. We searched the practice's patient records system and found there were no patients currently being prescribed lithium. Five patients who were prescribed either zopiclone, morphine or clonazepam and found that best practice guidance was being followed for the prescription of these high-risk medicines. 	

Track record on safety and lessons learned and improvements made

The provider had made improvements to their management of safety alerts.

Safety alerts	Y/N/Partial
The practice acted on and learned from safety alerts.	Y
<p>At our inspection in July 2022, we reviewed 2 safety alerts and found that 1 had been managed well. An alert regarding the simultaneous prescribing of the medicines clopidogrel and omeprazole had not been acted upon effectively. We looked at patients' records and found that 1 was being prescribed both medicines despite this being contraindicated by the safety alert. After our inspection the provider wrote to us and told us that this</p>	

patient was now being prescribed an acceptable alternative to omeprazole that was safe for the patient to take in combination with clopidogrel.

During our inspection in May 2023, we reviewed 4 safety alerts (including the alert regarding the simultaneous prescribing of the medicines clopidogrel and omeprazole) and found that all 4 had been managed well.

Effective

Rating: Good

The practice was rated good for providing effective services as a result of this inspection. Our findings were as follows:

- The provider had made improvements so that patients' needs were assessed, and care as well as treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.
- Improvements had been made to the practice's performance relating to cancer indicators.

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

The provider had made improvements so that patients' needs were assessed, and care as well as treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
Patients' treatment was regularly reviewed and updated.	Y
At our inspection in July 2023, we found patients with some long-term conditions, such as asthma, diabetes, hypertension, atrial fibrillation (AF) and patients receiving palliative care were receiving relevant reviews. However, we found that improvements were required to some reviews of patients with chronic obstructive pulmonary disease (COPD), mental health conditions and dementia. During our inspection in May 2023, we found patients with long-term conditions continued to receive relevant reviews. Improvements had been made to reviews of patients with COPD, mental health conditions and dementia.	

Management of people with long term conditions

Findings

At our inspection in July 2022, we looked at the records of:

- Five patients who were diagnosed with chronic obstructive pulmonary disease (COPD). We looked but could not find any evidence to show that any of these patients' reviews followed best practice guidance (Global Initiative for Chronic Obstructive Lung Disease – GOLD guidance).
- Five patients who were diagnosed with mental health conditions. Four of these patients' records showed that the patients were overdue a review. Two of these patients' last reviews took place over a year ago and another of these patients' last review was over 2 years ago. We looked but could not find evidence to show that another of these patients had ever received a review. This was not in line with best practice guidance.
- Five patients who were diagnosed with dementia. Three of these patients' records did not contain evidence that they had received a review carried out by practice staff. This was not in line with best practice guidance.

After our inspection the provider wrote to us and told us that:

- The nurse planned to review patients diagnosed with COPD by 22 July 2022 to ensure reviews followed best practice (GOLD) guidance.
- Reception staff were in the process of contacting relevant patients with mental health conditions and dementia in order to book them an appointment for relevant reviews to be carried out.

During our inspection in May 2023, we looked at the records of:

- Five patients who were diagnosed with COPD. Records showed that all of these patients had received a review in line with best practice guidance.
- Five patients who were diagnosed with mental health conditions. Records showed that all of these patients had received a review in line with best practice guidance.
- Five patients who were diagnosed with dementia. Records showed that all of these patients had received a review in line with best practice guidance.

At our inspection in July 2022, we completed a series of searches on the practice's clinical record system. These searches were completed to review if the practice was assessing and delivering care and treatment in line with current legislation, standards and evidence-based guidance. Our searches showed that the practice identified patients with commonly undiagnosed conditions. For example, diabetes. However, five of these patients' records showed that the practice had not yet followed up their potential diagnosis of diabetes. After our inspection the provider wrote to us and told us that the GP was to follow up these patients by 22 July 2022.

During our inspection in May 2023, we completed searches on the practice's clinical record system to establish if we could identify any patients with the commonly undiagnosed conditions or diabetes or chronic kidney disease (CKD). Our searches did not identify any patients with the potential undiagnosed conditions of diabetes or CKD.

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)	55%	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)	68.5%	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). (31/12/2022 to 31/12/2022) (UKHSA)	66.6%	N/A	80.0%	Below 70% uptake
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2021 to 31/03/2022) (UKHSA)	44.4%	57.4%	54.9%	No statistical variation

Any additional evidence or comments

At our inspection in July 2022, published results showed that the practice's uptake for cervical screening as at March 2021 was below the 80% coverage target for the national screening programme. However, unverified data showed that uptake rates had improved since then to an average of 75%. Specifically:

- 80% of eligible patients aged 50 to 64 years registered at the practice had received cervical screening.
- 70% of eligible patients aged 25 to 49 years registered at the practice had received cervical screening.

After our inspection the provider wrote to us and told us that reception staff were in the process of contacting all patients eligible for cervical screening by telephone or text message as well as the practice nurse looking into coding issues.

During our inspection in May 2023, published results showed that the practice's uptake for cervical screening as at December 2022 was below the 80% coverage target for the national screening programme. However, unverified data showed that uptake rates had improved since then to an average of 79%. Specifically:

- 82% of eligible patients aged 50 to 64 years registered at the practice had received cervical screening.
- 76% of eligible patients aged 25 to 49 years registered at the practice had received cervical screening.

The provider was aware of the practice's performance in relation to cervical screening and had taken action to make improvements and also had plans to take ongoing improvement actions. For example:

- An alert had been placed on the computer records of patient who were eligible and due for cervical screening. Staff were encouraging these patients at every contact to attend for screening.
- Patients booked in for cervical screening were telephoned on the day of the appointment to remind them to attend.
- Eligible patients were contacted by text message, telephone and letter to encourage attendance for cervical screening. A fact sheet on the importance of cervical screening was being sent with the letter to eligible patients to help encourage uptake.
- The provider was carrying out continuous monitoring of the impact of these measures on uptake rates.

At our inspection in July 2022, published results showed that the number of new cancer cases treated (Detection rate: % of which resulted from a 2 week wait referral) as at March 2021 was below local and England averages.

During our inspection in May 2023, published results showed that the number of new cancer cases treated (Detection rate: % of which resulted from a 2 week wait referral) as at March 2022 had improved from 22.2% to 44.4%. There was now no statistical variation to local and England averages.

Responsive

Rating: Good

The data and evidence we reviewed in relation to the responsive key question as part of this inspection did not suggest we needed to review the rating for responsive at this time. Responsive remains rated as good.

Responding to and meeting people's needs

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

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

Practice Opening Times	
Day	Time
Monday	9.30am to midday and 4.30pm to 6pm
Tuesday	9.30am to midday, 4.30pm to 6pm and 6.30pm to 7.45pm
Wednesday	9.30am to midday
Thursday	9.30am to midday and 4.30pm to 6pm
Friday	9.30am to midday and 4.30pm to 6pm

Further information about how the practice was responding to the needs of their population
<p>Patients had a named GP who supported them in whatever setting they lived.</p> <p>The practice was responsive to the needs of older patients and offered urgent appointments for those with enhanced needs and complex medical issues.</p> <p>The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.</p>

Appointments were available outside of school hours so that school age children did not need to miss school in order to receive care and treatment.

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.

Patient toilets were available that included ones that were suitable for use by people with mobility issues.

Purpose built baby changing facilities were not available. However, people were able to access a clinical room on request in which to carry out baby changing.

A hearing loop was available at the practice reception to assist patients who were hard of hearing or deaf.

Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y
Patients were able to make appointments in a way which met their needs.	Y
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Y
Patients with most urgent needs had their care and treatment prioritised.	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y
<p>Patients were able to book appointments by telephone, online (via eConsult) and in person.</p> <p>The practice had systems to ensure patients were directed to the most appropriate person to respond to their immediate needs.</p> <p>The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.</p> <p>There were arrangements with other providers to deliver home visits as well as services to patients outside of the practice's working hours. Although home visits were also provided by practice staff when necessary.</p>	

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2022 to 30/04/2022)	89.4%	N/A	52.7%	Significant variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	80.1%	48.8%	56.2%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2022 to 30/04/2022)	71.7%	48.5%	55.2%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	88.8%	68.4%	71.9%	Tending towards variation (positive)

Any additional evidence or comments

Feedback about the practice from the national GP patient survey published in July 2022 was positive and in line with local and England averages. Results showed higher than average satisfaction scores in three out of the four indicators.

Complaints

Number of complaints received in the last year.	3
Number of complaints we examined.	1
Number of complaints we examined that were satisfactorily handled in a timely way.	1
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

Additional evidence or comments

At our inspection in July 2022, we found the practice's complaints policy document was not completely in line with recognised guidance and contractual obligations for GPs in England as it did not reference the fact that if patients were unhappy with the outcome of any complaint, they could contact the Ombudsman.

During our inspection in May 2023, we found the complaints policy had been revised by the provider and

was now up to date as well as in line with recognised guidance and contractual obligations for GPs in England.

At our inspection in July 2023, we looked at the records of one complaint reported within the last 12 months. Records showed that this complaint had been acknowledged and, after investigation, replied to in writing. However, the written reply to the complainant did not inform them that they could contact the ombudsman if they were not happy with the outcome of their complaint. Records also showed that learning from the complaint had been shared with relevant practice staff. For example, records showed that learning from a complaint where a patient booked an asthma review which was subsequently carried out by a nurse when they were expecting to see a GP.

After our inspection the provider sent us evidence to show that a complaint received after our inspection had received a written response that informed the complainant that they could contact the ombudsman if they were not happy with the outcome of their complaint.

During our inspection in May 2023, we looked at the records of 1 complaint reported within the last 12 months. Records showed that this complaint had been acknowledged and, after investigation, replied to in writing. We saw the written reply to the complainant informed them that they could contact the ombudsman if they were not happy with the outcome of their complaint.

Well-led

Rating: Good

The practice was rated good for providing well-led services as a result of this inspection. Our findings were as follows:

- Improvements had been made that supported good governance and management.
- The provider had made improvements to the management of risks, issues and performance.
- Patients had been recruited to an active Patient Participation Group.

Governance arrangements

Improvements had been made that supported good governance and management.

	Y/N/Partial
There was a clear staffing structure and staff were aware of their own roles and responsibilities.	Y
The provider had systems that helped to keep governance documents up to date.	Y
Governance documents that we looked at were up to date.	Y
At our inspection in July 2022, we looked at 22 governance documents and found that 17 were not up to date. Only one governance document that we looked at contained a future review date. Staff told us that governance documents were updated annually. However, 17 such documents that we looked at were older than 12 months.	
During our inspection in May 2023, we looked at 17 governance documents and found that all were up to date.	

Managing risks, issues and performance

Improvements had been made to the management of risks, issues and performance.

	Y/N/Partial
There were effective arrangements for identifying, recording, managing and mitigating risks.	Y
There were processes to manage performance.	Y
Our inspection in July 2022 identified that improvements were required in relation to the management of risks from: <ul style="list-style-type: none">• The practice's computer system not alerting staff of all family and other household members of children that were on the risk register.• Fire safety management.• Infection prevention and control management.• The lack of availability of some emergency equipment and emergency medicines that were required to	

be held in the practice.

- Health and safety management.
- Legionella management.
- High-risk medicines prescribing.
- Management of safety alerts.

During our inspection in May 2023, we found that improvements had been made in relation to the management of all of these risks.

At our inspection in July 2022, we found that some processes to manage some current and future performance were not sufficiently effective. This was partly due to limitations imposed on services by the pandemic. For example, breast and bowel cancer screening was suspended by Public Health England for a time during the pandemic. The practice also had to adapt the way they delivered services during the pandemic to reduce the risks from COVID-19 to patients and staff. However, improvements to care and treatment were required for some types of patient reviews as well as subsequent follow-up activities. For example, chronic obstructive pulmonary disease (COPD) reviews, mental health reviews, and dementia reviews. Improvements were also required to performance related to some cancer indicators. For example, cervical screening.

During our inspection in May 2023, we found that improvements had been made in relation to the management of all these performance issues.

Engagement with patients, the public, staff and external partners

The provider had recruited patients to an active Patient Participation Group.

	Y/N/Partial
The practice had an active Patient Participation Group.	Y
At our inspection in July 2022, we found the practice did not have an active Patient Participation Group (PPG). Staff told us that they were actively trying to recruit patients to their PPG. We saw that there was an entry on the practice's website asking patients to contact staff if they wished to join the practice's PPG.	
During our inspection in May 2023, we found the practice had recruited patients to an active PPG. Records showed the PPG's first meeting had taken place on 10 May 2023.	
At our inspection in July 2022, we found the practice monitored feedback received from the national GP patient survey. Results published in July 2021 showed that patient satisfaction across all areas was in line with or above local and national averages.	
During our inspection in May 2023, results of the national GP patient survey published in July 2022 showed that patient satisfaction across all areas remained in line with or was above local and national averages.	

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.