

Care Quality Commission

Inspection Evidence Table

Shenley Green Surgery (1-572429266)

Inspection date: 4 March 2020

Date of data download: 18 February 2020

Overall rating: Good

The overall rating has moved to Good from a previous rating of requires improvement. This was because:

The practice had taken action to meet the legal requirements in relation to the requirement notices served on the provider following our March 2019 inspection. In particular, systems and processes had been strengthened which supported effective management of risk and Quality Outcomes Framework (QoF) indicators. The non-clinical management team had been strengthened, we saw effective monitoring of staff training; ongoing support for staff and the provider had carried out a successful recruitment campaign which resulted in an increase of non-clinical and clinical staff.

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

Safe

Rating: Good

The rating has moved to Good from a previous rating of requires improvement; this was because:

Safety systems and processes had been strengthened, the provider held records which showed environmental risk assessments had been carried out; staff had received training in areas such as safeguarding and infection prevention and control. Recruitment checks were carried out in line with practice policy and procedures.

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y

Safeguarding	Y/N/Partial
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Since our March 2019 inspection, the practice took steps to ensure all staff including those who carried out chaperoning duties had received a DBS check. Systems for monitoring and evidencing training completed had been strengthened and we saw evidence which showed all staff had completed safeguarding training to the appropriate levels for their role.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Oversight of the practice recruitment procedures, including how they ensured staff remained suitable for the role had been reviewed and strengthened following our previous inspection. Staff employment records viewed during our inspection, showed recruitment was carried out in line with the practice recruitment policy and protocol. The practice provided evidence which demonstrated that staff had received vaccinations in line with Public Health England (PHE) guidelines and clinical staff had appropriate indemnity insurance in place.</p>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 07/11/2018	Y
There was a record of equipment calibration. Date of last calibration: 02/10/2019	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: 09/10/2019	Y
There was a log of fire drills. Date of last drill: 02/10/2019	Y
There was a record of fire alarm checks. Date of last check: 26/02/2020	Y
There was a record of fire training for staff. Date of last training: All staff completed in the last 12 months	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 29/12/2019	Y
Actions from fire risk assessment were identified and completed.	N/A
<p>Explanation of any answers and additional evidence:</p> <p>Staff explained since our previous inspection, logs were created to evidence and monitor safety systems. In particular, the practice kept a log of weekly fire alarm, safety equipment and escape route checks. There were five fire marshals and records showed that all fire marshals had received additional fire safety training to support them in this role.</p> <p>The practice had carried out a fire safety risk assessment in line with practice policy and procedures.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 13/02/2020	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 4 th September 2019	Y
Explanation of any answers and additional evidence:	

Since our previous inspection, the practice had carried out a health and safety risk assessment. Actions had been identified as a result of the risk assessment and the practice had established systems and processes for ensuring actions were completed and safety of the premises was monitored and maintained. Completed actions included, replacement of trolley wheels and removal of loop cords. Ongoing actions included taking action to ensure electrical safety checks were carried out.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 28/03/2019	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence:	
The practice scored 95% in their last infection prevention and control (IPC) audit; this demonstrated a 5% improvement in the management of cleanliness and hygiene since their April 2018 IPC audit. Members of the management team monitored actions as a result of audit outcomes to ensure compliance with recommendations were met. Records showed all staff received IPC training.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence:	

Staff we spoke with demonstrated clear understanding of how to respond to medical emergencies. Following our previous inspection, the practice took action to ensure staff received appropriate training in line with Resuscitation Council (UK) recommendations.

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers and additional evidence:	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) (NHS Business Service Authority - NHSBSA)	0.86	0.84	0.87	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). (01/10/2018 to 30/09/2019) (NHSBSA)	10.5%	7.4%	8.5%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2019 to 30/09/2019) (NHSBSA)	5.20	5.13	5.60	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2019 to 30/09/2019) (NHSBSA)	2.46	1.77	2.08	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	N/A
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y

Medicines management	Y/N/Partial
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>In the absence of some emergency medicines recommended in national guidance; the practice had carried out a formal risk assessment which highlighted the emergency medicines were not required to be stocked. The risk assessment outlined emergency conditions which were better managed in secondary care as well as close proximity to accident and emergency department. The risk assessment also detailed alternative medicines stocked which would be used to respond to specific medical emergencies.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information. – Discussed during practice meetings	Y
Number of events recorded in last 12 months:	18
Number of events that required action:	18
Explanation of any answers and additional evidence: Non-clinical management explained the system used for recording and disseminating significant events. Staff we spoke with demonstrated how they accessed electronic significant event logs and explained how they were informed of learning as well as changes made to improve patient safety.	

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

Event	Specific action taken
Filling test results	Staff received training and reminded of the importance of accurate scanning. Learning outcome shared during practice meeting.
Error when actioning medication requests received from secondary care providers.	Patient informed and actions taken to ensure appropriate checks have been carried out by all staff involved in the handling of requests for medicines prior to authorising prescription requests.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: We reviewed the system for receiving and sharing safety alerts within the practice and saw examples of actions taken to ensure patient safety. The practice was signed up with Central Alerting System (CAS is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance). Staff explained that they were aware that updates and guidance regarding disease outbreaks would be communicated by CAS.	

Members of the management team explained alerts were discussed during clinical meetings as a standing agenda item and then were added as a batch report which was carried out monthly.

Effective

Rating: Requires Improvement

The rating has moved to requires improvement from a previous rating of good; this was because:

The uptake of childhood immunisation did not meet the minimum target for all four indicators and the uptake of cervical screening was below local and national averages.

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
Explanation of any answers and additional evidence:	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) <small>(NHSBSA)</small>	0.89	0.73	0.74	No statistical variation

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: **Good**

Findings

- 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 atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	73.6%	79.8%	79.3%	No statistical variation
Exception rate (number of exceptions).	13.1% (49)	13.2%	12.8%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	56.8%	78.1%	78.1%	Variation (negative)
Exception rate (number of exceptions).	17.9% (67)	10.1%	9.4%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	81.4%	81.1%	81.3%	No statistical variation
Exception rate (number of exceptions).	17.1% (64)	11.2%	12.7%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	80.0%	76.5%	75.9%	No statistical variation
Exception rate (number of exceptions).	4.4% (19)	5.7%	7.4%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	93.8%	91.2%	89.6%	No statistical variation
Exception rate (number of exceptions).	6.8% (7)	11.0%	11.2%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to 31/03/2019) (QoF)	81.0%	83.2%	83.0%	No statistical variation
Exception rate (number of exceptions).	4.4% (37)	3.8%	4.0%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2018 to 31/03/2019) (QoF)	92.0%	88.3%	91.1%	No statistical variation
Exception rate (number of exceptions).	5.0% (6)	7.2%	5.9%	N/A

Any additional evidence or comments

The practice identified the need to increase clinical staffing levels; in particular, the practice nursing team. The practice carried out a successful recruitment campaign which resulted in the recruitment of clinical staff with specialist skills in diabetes management. Staff explained that the recruitment would enable the practice to improve Quality outcomes Framework (QoF) diabetes indicators which were below local and national averages.

QoF data showed that actions carried out by the practice, such as staff's awareness regarding QoF exception reporting guidelines and ensuring patients were coded correctly had a positive impact on exception reporting rates. Data from the 2018/19 QoF year showed exception reporting rates were either below or in line with local and national averages.

Families, children and young people

Population group rating: Requires improvement.

Findings

- The practice has not met the minimum 90% for four of four childhood immunisation uptake indicators. The practice has not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for four of four childhood immunisation uptake indicators.
- The practice demonstrated awareness of data which showed a downward uptake of childhood immunization. Clinical staff explained they had worked through child lists received from Child Health Department and identified immunisations had been carried out; however, were not being recorded.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.

- Midwives attended the surgery weekly which allowed close liaison with practice staff.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	43	58	74.1%	Below 80% uptake
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	43	67	64.2%	Below 80% uptake
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	44	67	65.7%	Below 80% uptake
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	43	67	64.2%	Below 80% uptake

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

Any additional evidence or comments

Staff demonstrated awareness of data which showed a decline in the uptake of childhood immunisations. The practice explored this and identified immunisations were not routinely being recorded and as a result carried out actions to cleanse the practice childhood immunization records. The practice had contacted Child Health Information Service (CHIS) to ensure records they held were correct. Evaluation period data provided by CHIS between April 2018 and March 2019 showed uptake for all indicators was above 80%; however, remained below the minimum uptake of 90%.

Staff explained the system in place allowed prompt recall of children who failed to present for their immunization appointment. The practice held regular meetings with health visitors and midwives to discuss any concerns.

Working age people (including those recently retired and students)

Population group rating: Requires improvement.

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- The practice demonstrated awareness of national screening data which was below local and national averages; in particular the uptake of cervical screening. The practice developed an action plan to improve the uptake of screening. Data overtime showed a 2% increase in the uptake of cervical screening over the past 12 months; from 66% in March 2018 to 68% March 2019.

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). (01/07/2019 to 30/09/2019) (Public Health England)	68.2%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	73.9%	64.3%	71.6%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2018 to 31/03/2019) (PHE)	51.9%	44.8%	58.0%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2018 to 31/03/2019) (PHE)	76.7%	73.1%	68.1%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) (PHE)	64.0%	53.2%	53.8%	No statistical variation

Any additional evidence or comments

Staff explained cervical screening coverage was routinely discussed during practice meetings. The practice used promotional literature and TV monitors within patient waiting areas to raise awareness of the national screening programme. The practice followed up patients who had missed their screening appointment and rebooked appointments. Alerts were placed on the patient records for non-attenders so that the screening tests could be discussed opportunistically during appointments. Clinicians actively discussed screening during new patient health checks as well as routine consultations. The practice operated a failsafe system which was managed by the clinical team to monitor whether results were received for every sample sent as well as ensuring abnormal results were followed up appropriately. The practice obtained visual aids for the bowel screening process and the practice carried out promotional campaigns around cervical screening.

To improve the uptake of cervical screening the practice developed an action plan which included offering Saturday appointments which would be available quarterly for women who found it difficult to attend during normal working hours. Patients were signposted to access the extended hours Hub where nurse appointments were available after 6.30pm every evening as well as Saturday and Sunday mornings.

The surgery had participated in a national cancer audit and sent patients who had not attended screening appointments, a personalised letter approved by Cancer Research UK to encourage patients to attend screening. The surgery has also acquired a certificate as a Cancer Champion, with the aim of getting more involved in the local communities, talking openly about cancer and sharing key important messages with patients.

The practice reviewed the process for recording cervical screening results and introduced a process which included result being sent to the practice cervical cytology admin lead once signed off by clinicians. Results were then added to patients' clinical records as well as added to the cytology template which would support the practice monthly call and recall system.

The practice action plan to increase cervical screening uptake included; offering extended hours appointments on Tuesday mornings between 7.30am and 8am, the surgery aims to become a cancer Champion. The surgery had planned to review progress with their action plan during March 2021.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- 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.
- Staff from the local nursing homes as well as Macmillan nurses attended gold standard framework (GSF) meetings which were held at the practice. Staff explained this enabled the practice to plan and manage the care and treatment of this population group.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- Clinicians carried out longer appointments when needed for patients with a learning disability (LD).

- The practice demonstrated that they had a system to identify people who misused substances. Substance misuse workers from the local addiction service carried out clinics weekly and each patient was seen by a GP every 12 weeks at a minimum.
- The practice reviewed young patients at local residential homes.

**People experiencing poor mental health
(including people with dementia)**

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	90.7%	92.1%	89.4%	No statistical variation
Exception rate (number of exceptions).	10.0% (6)	9.3%	12.3%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	92.7%	92.0%	90.2%	No statistical variation
Exception rate (number of exceptions).	8.3% (5)	7.2%	10.1%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	87.5%	86.3%	83.6%	No statistical variation
Exception rate (number of exceptions).	5.9% (3)	5.8%	6.7%	N/A

Any additional evidence or comments

The practice continued their involvement in the local Northfield Alliance scheme aimed at improving the identification and care of patients diagnosed with dementia. Staff explained there was a lead GP for dementia care within the practice who attended quarterly meetings as part of the Northfield Alliance scheme. Longer appointments were available to enable clinicians to carry out dementia reviews and staff explained the practice were more proactive with dementia reviews being carried out during home visits. Published data from the 2018/19 QoF year showed a significant reduction (15%) in exception reporting rates since our last inspection.

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.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	529.6	546.7	539.2
Overall QOF score (as a percentage of maximum)	94.7%	97.9%	96.7%
Overall QOF exception reporting (all domains)	6.9%	6.4%	5.9%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y

The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y
Quality improvement activity was targeted at the areas where there were concerns.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

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

In response to a MHRA alert received regarding Hormone Replacement Therapy (HRT) and breast cancer risk; the practice carried out an audit in October 2019 and repeated the audit February 2020. The audit was aimed at ensuring safety information relating to breast cancer risk was discussed with patients during their next annual HRT review. The practice devised an action plan which included identifying all patients who were due a review; for patients who failed to attend there were notes placed on the clinical system limiting the number of repeat prescriptions issued and non-clinical staff operated the call and recall system. Data provided by the practice showed that when the practice revisited the audit question; changes made had resulted in an increase in the number of patients who had received safety information to enable them to make an informed decision as to whether to continue with HRT or not.

The practice carried out an audit to establish whether secondary care and clinical letters were actioned appropriately by prescription clerks. The practice carried out an audit in September 2019 and repeated the audit in February 2020. The first audit showed 71% clinical correspondence was actioned within nine days and 24% between 14 and 16 days. The practice devised an action plan which included setting a timeframe for when letters need to be actioned by; updating practice protocol of when prescription clerks should check actions with GPs. Data provided by the practice showed that when the practice revisited the audit question; changes made had resulted in 100% of clinical correspondence being actioned within seven days.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Discussions with the management team demonstrated that the use of a training matrix to monitor training needs had been strengthened and we saw records which showed that all staff had completed training identified by the practice as mandatory training. Staff we spoke with explained their understanding in areas such as fire safety, information governance and Infection Prevention and Control (IPC).</p> <p>Members of the management team explained an improved process for managing and monitoring staff appraisals was introduced following our previous inspection. Records we viewed showed during our inspection, that staff had received an annual appraisal and newly recruited staff had received review meetings as part of their induction.</p>	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2018 to 31/03/2019) (QOF)	Y

We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
Explanation of any answers and additional evidence:	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence:	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	94.9%	95.8%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.6% (9)	0.7%	0.8%	N/A

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.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	Y
Explanation of any answers and additional evidence: The practice used a range of clinical templates developed by health informatics services to ensure standardised processes within the practice for obtaining consent to care and treatment.	

Caring

Rating: Good

The rating has moved to Good from a previous rating of Requires improvement; this was because:

The provider demonstrated clear awareness of the the 2019 national GP patient survey data; in particular areas where patient satisfaction was trending towards negative variation and identified root causes. The practice were taking action to improve patient satisfaction as well as respond to less positive feedback.

Kindness, respect and compassion

Data from the 2019 national GP patient survey showed patients satisfaction with questions relating to providing a caring service was below local and national averages. Feedback from other sources showed mixed views regarding satisfaction with being treated with kindness, respect and compassion.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: Although the national GP patient survey results showed patient satisfaction was below local and national averages for questions relating to caring; the practice demonstrated awareness of this and developed an action plan to improve patient satisfaction. This included raising patients awareness of the practice clinical team to improve patients satisfaction with continuity of care. Staff we spoke with explained they had received care navigation training which enabled them to effectively signpost patients to services aimed at supporting patients as well as their carers to cope emotionally with their care, treatment and diagnosis. In particular, the practice had access to social prescribers and staff demonstrated awareness of this provision.	

CQC comments cards	
Total comments cards received.	Five
Number of CQC comments received which were positive about the service.	Three
Number of comments cards received which were mixed about the service.	Two
Number of CQC comments received which were negative about the service.	Nil

Source	Feedback
CQC comment cards	Patients who completed CQC comment cards felt that staff were friendly and helpful. Patients felt clinical and non-clinical staff provided good advice.
NHS Choices	Patients feedback recorded on NHS Choices web page since our March 2019 inspection were mainly less positive regarding their experience. Comments showed

	a theme relating to continuity of care; staff attitude and patients felt that they were passed around to different clinical staff such as GPs and nurses. There were some comments where patients said that they received a call back when requested and there were times when staff were pleasant and helpful.
PPG Feedback	Members of the PPG felt the practice listened to their concerns and staff treated patients with care and concern. PPG also explained the practice kept them up to date with any proposed changes.
Friends and Family Test (FFT)	FFT data provided by the practice showed the number of patients who would recommend the practice increased from 60% in January 2019 to 80% in January 2020. Patients who completed the January 2020 FFT felt lead GPs were very helpful, made them feel at ease and provided straight forward and confident clinical answers. Patients felt they were treated with care and respect; GPs were referred to as being engaging and supportive.

National GP 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 (01/01/2019 to 31/03/2019)	78.1%	86.8%	88.9%	Tending towards variation (negative)
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 (01/01/2019 to 31/03/2019)	76.8%	85.5%	87.4%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	88.3%	94.4%	95.5%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	60.4%	80.1%	82.9%	Variation (negative)

Any additional evidence or comments

The practice demonstrated awareness of the survey results and understood some of the root causes. For example, clinical leads explained patients referred to some clinicians as locums despite clinicians being directly employed by the practice. The management team demonstrated awareness of the need to recruit additional staff to reduce the reliance on locums as well as a permanent member to join the nursing team. As a result, the practice carried out a successful recruitment campaign. The practice also took action to raise patient's awareness of the practice clinical staff which included placing staff pictures and roles on boards in patient waiting areas.

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

Any additional evidence

Members of the management team explained the practice monitored patients feedback received by text message following their consultations as well as completed friends and family tests forms (FFT). Comments from patients during January 2020 showed patients felt GPs made them feel at ease; provided straight forward and confident answers. December 2019 FFT data provided by the practice showed; 78% of patients experienced a positive experience; this increased to 80% in January 2020.

Involvement in decisions about care and treatment

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

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

Source	Feedback
CQC comment cards	Patients who completed CQC comment cards felt they did not routinely receive continuity of care. However; comments showed patients received information in a way which enabled them to understand their conditions and treatment options.
NHS Choices	Comments showed patients felt they did not routinely receive continuity of care.

National GP 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 (01/01/2019 to 31/03/2019)	85.6%	91.9%	93.4%	Tending towards variation (negative)

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

Carers	Narrative
Percentage and number of carers identified.	The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 134 patients as carers (2% of the practice list).
How the practice supported carers (including young carers).	<p>Information leaflets and posters regarding support services were available in the reception area. Staff we spoke with explained that carers were provided with advice, offered flu vaccinations and stress level reviews. Those carers who were not registered patients were also able to access general health care as a temporary patient. Unpublished data provided by the practice showed 71% of carers received a flu vaccination in the last 12 months, 15% received a health check and 11% had their stress levels reviewed.</p> <p>Staff explained a carers hub representative attended the surgery on a monthly basis and liaised with patients in the waiting area providing. The practice were involved with the Alzheimer's Society; workers attended the practice to provide patients and carers with information as well as support for those who may have concerns.</p>
How the practice supported recently bereaved patients.	<p>If families had suffered bereavement, their usual GP contacted them, and they were invited in to speak with the GPs or sent a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.</p> <p>The practice had bereavement packs which included information and details of support services available for the family. Information to support families during times of bereavement was also available by accessing the practice website.</p>

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence:	

Responsive

Rating: Good

The rating has moved to Good from a previous rating of Requires improvement; this was because:

The 2019 national patient survey mainly showed no statistical variation in patients satisfaction compared to local and national averages. The practice were able to demonstrate various actions taken to improve patient satisfaction in areas where data showed negative variation in particular making changes to their appointment system as well as updating the information technology infrastructure to support upgrade to the telephone system.

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence: Patients had access to physiotherapy, Musculoskeletal (MSK) and respiratory clinics and since our previous inspection access to a MIND worker as well as Back to Work scheme was introduced. Members of the management team explained that the practice was exploring ways of improving patient satisfaction and providing flexibility through the introduction of Electronic Repeat Dispensing (ERD is a process that allows patients to obtain repeated supplies of their medication or appliances without the	

need for the prescriber to hand sign authorised repeat prescriptions each time). The management team explained the practice was trialing ERD with a selection of patients and feedback had been positive. As part of the practice action plan staff explained meetings with clinical pharmacists employed through the Primary Care Network (PCN) was planned.

Members of the clinical and non-clinical team explained to support delivery of the practice strategy the practice was exploring options such as recruiting a team of clinical pharmacists and social prescriber link workers through joint working with PCNs. The practice was exploring and evaluating the benefits of recruiting advanced nurse practitioners (ANPs) as well as physician associates. For example, the practice accessed ANPs through a recruitment agency and trialed offering ANP appointments. Members of the clinical and non-clinical management team felt this was a positive move forward to manage minor ailments as well as improve access.

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am - 6.30pm
Tuesday	7.30am - 7.30pm
Wednesday	8am – 4.30pm
Thursday	8am - 6.30pm
Friday	8am - 6.30pm
Appointments available:	
Monday	9am to 12:00 and 3pm to 6.20pm On call GP 3pm – 6.30pm
Tuesday	9am to 12:00 and 3pm to 7.30pm (Nurse – 7.30am – 5pm HCA 7.30am to 2.30pm)
Wednesday	9am to 1.30pm
Thursday	9am to 12:00 and 3pm to 6pm On call GP 2pm – 6.30pm
Friday	9am to 12:00 and 3pm to 6pm On call GP 2pm – 6.30pm

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2019 to 31/03/2019)	81.0%	93.1%	94.5%	Variation (negative)

Any additional evidence or comments

Staff explained since our previous inspection, access to evening and weekend appointments as part of MyHealthcare Federation had commenced. Staff explained extended access appointments were available Monday to Friday from 6pm to 8pm, Saturdays from 7.30am to 8.30pm and Sundays from 8am to 4pm.

In response to survey results, the practice placed staff on training such as customer service and signposting.

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- 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.
- There was a medicines delivery service for housebound patients through local chemists.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- Staff in lead roles attended meetings with case managers and hospice nurses to discuss patients on the palliative care register.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Staff explained as part of their membership with My Healthcare the practice were able to offer specialist virtual clinics for patients diagnosed with diabetes, Chronic kidney disease (CKD) and frailty.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

- Staff had completed the Gold Standard Framework training called Going for Gold and had continued using this to improve end of life care; taking a holistic approach to ensure patients receive the right care at the right time in the right place. Staff were using this knowledge to support open conversations with patients and their families at an early stage about their advanced end of life care planning.

Families, children and young people

Population group rating: Good

Findings

- Additional nurse appointments were available until 6pm for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice provided long acting reversible contraception. Leaflets within the practice as well as a display monitor promoted self-care and signposting to community sexual health services.
- The practice was successful in their tender for the Umbrella sexual health contract and launched the family planning services offering a comprehensive range of services for both registered and non-registered patients in November 2019.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 7.30pm on Tuesdays. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Evening appointments were available Monday to Friday between 6pm and 8pm, Saturdays from 7.30am to 8.30pm and Sunday from 8am until 4pm.
- Patients had access to on-line appointments and prescription ordering service. The practice was able to send electronic prescriptions to any pharmacy signed up to the service.
- The practice actively used the electronic prescribing service (EPS) so that prescriptions could be electronically sent to a pharmacy chosen by patients.
- The practice continued facilitating Pilates session within the practice once a week where registered patients and non-patients were welcome to attend as a way of engaging patients in social prescribing (Pilates aims to strengthen the body in an even way, with particular emphasis on core strength to improve general fitness and wellbeing). Staff explained that this was delivered by an external qualified Pilates instructor.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including 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 provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice had processes in place which enabled staff to refer patients to social prescribers. There were information leaflets in patient waiting areas advising them of this.
- The practice facilitated a weekly substance misuse clinic once a week in conjunction with a local substance misuse service. Staff explained a recovery worker from the local service attended the practice and lead GPs had allocated time to work jointly with the recovery worker in order to review patients care and treatment.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly. Staff had received training in signposting and the practice had developed a directory which included details of local services and support groups.
- The practice had a lead person for dementia care within the practice. Staff explained the dementia lead attended quarterly meetings and they were involved with the Northfield Alliance scheme to improve the care of people with dementia. We were told that external speakers attended the meetings and best practice was shared between GPs.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- We saw that patients on the mental health register and those with dementia had a care plan and an annual health check.
- The practice maintained a carer register and the practice used this information to target and offer annual flu vaccinations.

Timely access to the service

National GP survey results showed no statistical variation; however, satisfaction with people's ability to access care and treatment in a timely way was below local and national averages. Feedback received from internal surveys and patient feedback forms showed a mixed view regarding access.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Staff explained the practice adopted a flexible approach to appointments such as offering patients a call back service at times which suited them best, face to face appointments in extended hours with either a GP or a member of the nursing team. Patients were also offered the option of being seen at a neighboring practice as part of hub arrangements.</p> <p>Following our inspection, members of the management team explained the surgery had launched a video call facility as a further assessment tool as part of clinics.</p>	

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 (01/01/2019 to 31/03/2019)	65.4%	N/A	68.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	52.1%	61.4%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	42.6%	61.3%	64.7%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	63.8%	69.0%	73.6%	No statistical variation

Any additional evidence or comments

The practice was aware of survey results and patients' feedback regarding their difficulties in accessing appointments in a timely manner. The clinical management team explained to further establish the root causes which impacted on access, the practice engaged in a project to specifically look at the appointment booking experience and access. Staff explained the practice developed an action plan with the aim of achieving a 25% reduction in complaints received regarding access; a 25% increase in the number of patients registered for online access and improved clinical and non-clinical staff knowledge around care navigation.

The management team explained actions had been taken to make the appointment system fit patient demand and made a number of changes to the appointment booking and triage system. Analysis of available information such as a triage audit carried out by the practice in January 2020 as well as patient feedback indicated that 96% of patients would like to be seen within 5 days and not two weeks in advance. The management team also identified that despite having salaried GPs; patients were under the impression that clinicians other than the partners were all locums. To address all the identified areas the practice increased the volume of triage appointments, reduced the number of pre book appointments which increased the availability of next day appointments and each GP was allocated two routine telephone appointment slots. The practice also created a board which included staff pictures and their role.

Clinical and non-clinical staff received training around the use of Birmingham and Solihull Clinical Commissioning Group (BSoL CCG) GP App to increase the number of patients registered to use the app (a mobile phone app which enables patients to book appointments at the practice or Hub, symptom checker, order medicines, self care advice as well as book telephone and video consultations). Data from July 2019 showed 100 patients had registered and after staff received training the number of patients who were registered to use the GP App went up to 135.

The providers had carried out plans to upgrade the practice information technology (IT) infrastructure which enabled the introduction of a new and more interactive website and were reviewing suitable telephone service providers in order to upgrade the practice phone system.

The successful recruitment campaign carried out by the practice expanded the clinical and non-clinical team which increased the capacity to respond to patients needs. Data from the 2019 National GP survey showed the percentage of respondents who were satisfied with the type of appointment had improved by 10% since the 2018 survey.

The practice provided unverified data from an internal survey carried out during February 2020 to assess patients experience of appointments and access. The practice received 64 completed questionnaires. Data showed:

- 75% of patients who responded preferred to book their appointment by phone, 27% preferred to attend the practice and book at the reception desk, 22% preferred booking online and 17% preferred booking using the mobile phone app.
- 61% of patients who responded were satisfied with their experience of booking an appointment.
- 97% of patients who responded would be satisfied with receiving an appointment either within the same day or within five days following their initial contact.
- 43% of patients were satisfied with the general practice appointment times available

Source	Feedback
CQC comment cards	Completed comment cards showed patients were able to access appointments in a timely manner and provided good advice when booking appointments.
Patient Participation Group (PPG) members	PPG members we spoke with as part of our inspection explained patients continued to find it difficult to access appointments as well as get through to the practice by phone. However, they felt the practice was aware of the issues and were taking actions to improve access. PPG members felt the practice was listening to their concerns and were making progress with their action plan. In particular, making plans to install a new phone system, and changes to the appointment system such as introducing more telephone consultations and promoting the Hub arrangements.
Friends and Family Test (FFT)	Patients who completed the January 2020 FFT felt staff were helpful and access had improved. However, there were comments which showed patients were not routinely receiving repeat prescription requests in a timely manner.
Staff interviews	Staff demonstrated clear awareness of a number of actions carried out to improve patient satisfaction. In particular, changing the appointment system in order to increase the number of appointments available. Staff received care navigation training as well as customer service training. However; staff recognised the need to better manage patient expectations as well as raising patients' knowledge of different clinical staff members clinical expertise.

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.	Eight
Number of complaints we examined.	Two
Number of complaints we examined that were satisfactorily handled in a timely way.	Y
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	Nil

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There was a lead person for managing complaints and staff we spoke with were able to describe the process for managing complaints. We saw complaints leaflets and forms were located in patient waiting areas. Complaints we viewed were investigated and completed in a timely manner with clear evidence of a thorough investigation as well as learning points.</p> <p>The practice carried out an analysis of complaints covering the last three years and identified that actions such as active shared learning, actions taken to improve patient satisfaction; working closely with staff to enable them to identify dissatisfaction as well as training had a positive impact. Data provided by the practice showed a 35% reduction in the number of complaints received in 2019 and 2020.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Less positive satisfaction with clinical consultation.	Complainant received an apology and discussions held with clinicians regarding managing consultations and patients' expectations.
Complainant felt they were not taken seriously.	Investigation concluded that all appropriate actions had been carried out and referrals to secondary care made. Complainant seen in secondary care and appropriate clinical investigations carried out in line with referral recommendations.
Delays in actioning repeat prescription requests.	Complainant informed of the system for actioning repeat prescription requests. Practice strengthened the process. In particular, staff were advised to ensure medicine repeat dates were in line with clinical review dates and the set number of repeats clearly documented.

Well-led

Rating: Good

The rating has moved to Good from a previous rating of Requires improvement; this was because:

Actions carried out since our previous inspection, demonstrated that the way the practice was led and managed promoted the delivery of high-quality, person-centre care. Oversight of the governance framework in areas, such as monitoring of training, recruitment checks, and management of environmental risks had been strengthened and were carried out effectively.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels. Leaders demonstrated that they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence:	
<p>The providers were aware of the challenges faced within the local community as well as actions required to improve service delivery. The providers had a realistic strategy and supporting objectives to respond to these challenges, and we found actions had been taken since our previous inspection. For example, the practice carried out successful recruitment campaigns which enabled the provider to increase the non-clinical management team.</p> <p>The provider was aware of areas such as low patient satisfaction with access to appointments and had implemented changes to the appointment system. The practice was able to demonstrate audits and projects carried out to better understand the root causes and made a number of changes to improve patient satisfaction with regards to access. For example, the provider carried out a project looking at appointment booking experience and access. Changes as a result of the findings included providing staff with care navigation and signposting training, the practice created a directory of local support services, increase of GP triage slots by five per session and increased the number of routine telephone slots for all GPs to review their patients.</p> <p>Since our previous inspection, the providers took action to strengthen areas of their governance framework such as the management of environmental risks, recruitment checks and monitoring of training needs which we found were managed more effectively.</p> <p>Staff we spoke with explained that the partners and management team were visible and approachable. Staff described the practice team as very supportive. There was a systematic approach which supported leaders when working with stakeholders to improve care outcomes. The practice was actively involved in a Primary Care Network (PCN) and we saw there were clear lines of communication in particular when sharing learning as well as discussions around developing services to support the local population.</p> <p>The partners explained that the practice was successful in their application to become a Tier sponsored employer and supporting the NHS England programme to retain GPs. Members of the management team explained there were active discussions being held with local Universities regarding students on their final year which the practice were exploring the option of recruiting.</p>	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: Staff we spoke with demonstrated clear understanding of the practice vision, value and strategy which they applied to their role.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Staff we spoke with explained they felt a valued member of the practice team. Members of the practice management team demonstrated how they used meetings to involve and actively engage staff in discussions regarding changes within the practice.</p> <p>Incident records we viewed showed that patients who were affected by an incident received an apology.</p>	

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

Source	Feedback
Staff	Non-clinical staff explained the practice was supportive and promoted equality and diversity for all staff members. Staff explained the management team arranged team building events. The practice listened and acted on staff feedback. For example, staff had received additional training in areas such as signposting and care navigation. Staff also received customer service training.
Policies	Practice policies were in place which supported leaders to act on behaviors and performance inconsistent with the vision and values of the practice. The process for managing staff appraisals had been strengthened since our previous inspection. The practice had a structured plan for supervision or appraisals, and from the records we viewed we saw staff had received a formal appraisal in the last 12 months and staff who were within their probationary period had received formal reviews.
Policies and staff interviews	The practice had processes which enabled the management team to take action to promote equality and diversity. For example, flexible working options were available, managers were aware of options available to ensure staff maintained a

	work life balance and staff were confident that they would receive support if they needed time off to care for a child or family member.
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Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	
<p>During our inspection, we saw actions carried out since our March 2019 inspection had a positive impact, to ensure oversight of governance arrangements were carried out effectively. For example, records we viewed showed the practice had carried out fire and health and safety risk assessments to enable the practice to identify or mitigate potential risks. Staff we spoke with demonstrated competencies to carry out their role effectively; and we saw that oversight of training updates were managed effectively. Records we viewed showed all training updates identified by the practice as mandatory training had been completed.</p> <p>Governance arrangements for managing staff performance had been strengthened and we saw arrangements in place for the appropriate management and oversight of staff appraisals were in place to ensure competence, performance and training requirement were reviewed. Management of the recruitment process was carried out in line with the practice recruitment policy and protocol. For example, records we viewed showed that references were obtained, and the practice operated a system for checking clinical registration.</p>	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
<p>Oversight of processes for managing risks, issues and performance had been strengthened since our previous inspection. For example, during this inspection, we found that the practice disaster recovery and business continuity plan had been reviewed and staff were aware of where to access the plan.</p> <p>Following our previous inspection, the clinical and non-clinical management team explored risks surrounding recruitment and a decision had been made to carry out DBS checks for all non-clinical staff. We saw that actions had been carried out and all staff had received a DBS check.</p> <p>The practice operated a system for monitoring and reviewing clinical performance; and, systems in place to manage staff performance and monitor training needs were managed effectively. The practice carried out environmental risk assessments to enable them to identify and establish arrangements to manage as well as mitigate risks. Staff were aware of arrangements in the event of a major incident such as fire; and received training to support them in this role. There were nominated fire marshals who received additional fire safety training.</p>	

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 adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y

Explanation of any answers and additional evidence:

The practice used an e-learning platform to manage staff training and we found staff completed training which the provider had identified as mandatory training. The management team established arrangements for identifying, managing and mitigating environmental risks.

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence:	

Feedback from Patient Participation Group.

Feedback
Members of the PPG we spoke with during our inspection process, felt involved in the running of the practice and were included in discussions regarding proposed changes. The PPG explained the practice responded to feedback. For example, the practice further reviewed and improved their appointment system in order to improve patients' satisfaction.

Any additional evidence
Staff we spoke with felt that the clinical team was accessible and explained that their opinions regarding the running of the practice were valued and had been taken seriously. The management team had an open-door policy which encouraged timely interaction with clinical and non-clinical staff.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	
Oversight of systems for managing significant events, complaints and patient feedback showed that these were investigated and responded to in a timely manner with clear evidence of shared learning as well as actions to improve identified areas.	

Examples of continuous learning and improvement

The management team explained the surgery was in the process of being recognised as a research site by the National Institute for Health Research (NIHR), and upon accreditation would be recognised as an active research site. The management team explained that there were plans in place to enable the practice to fulfil their requirements by participating in two research studies annually. During our previous inspection, the practice was participating in the PIMMS study managed by the Birmingham Women's Hospital, which was looking at weight loss in new mothers. This involved members of the management team weighing mothers and giving advice when they attended for their babies' vaccinations. At the time of our inspection, the practice was awaiting analysis and results from this study.

The partners were involved in the GP Connect Scheme which was funded by the local CCG where partners were able to allocate two sessions per month to carry out a project on a chosen area which the providers decided to explore appointment booking experience and access.

The practice held discussions with their PCN around Dementia Connect which staff explained is an innovative service, aiming to reach and support more people affected by Dementia. The service aimed to offer support directly to patients either by telephone, face to face, with a Dementia Advisor or by online resources.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -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.