

Care Quality Commission

Inspection Evidence Table

Pound House Surgery (1-550807410)

Inspection date: 09 August to

Date of data download: 05 August 2021

Overall rating: Good

Please note: Any Quality and Outcomes Framework (QOF) data relates to 2019/20.

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: Policies relating to safeguarding children and vulnerable adults were stored on the practice's document management system and readily available for reference. All staff we spoke with knew the lead member of staff for safeguarding and understood the procedures for raising concerns. We asked staff to complete	

Safeguarding	Y/N/Partial
<p>a questionnaire and the seven responses showed all staff had received appropriate training and knew the name of the practice safeguarding lead.</p> <p>The safeguarding lead shared resources with staff on a range of issues including homelessness and women's aid and provided an annual update on safeguarding local issues. (The recent annual update had been postponed due to the impact of the COVID-19 pandemic)</p> <p>Only nurses acted as chaperones and they were trained for this role. The chaperoning policy was available on the practice intranet and we saw posters displayed in the surgeries that invited patients to request a chaperone.</p> <p>The practice had a lead administration staff who carried out checks to ensure the care of vulnerable children was reviewed when they turned 18 years of age.</p> <p>The policies did not state the level of training staff needed to complete, depending on their roles. All clinical staff were trained to level 3 for children and vulnerable adult safeguarding and other staff to at least level 1. The fourth edition of the Intercollegiate document relating to Safeguarding Children and Young People, dated January 2019, states that non-clinical staff with even a small or limited contact with children, should have safeguarding children training to level 2. For example, staff responsible for coding of safeguarding information, reception staff and reception managers. The practice was working towards this with the support of their safeguarding lead to provide additional training.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We reviewed the recruitment files for three staff members who had started working at the practice within the last 18 months. These showed checks had been made to ensure the staff were recruited safely. We also saw that the practice kept a log of professional registration checks.</p> <p>The practice manager had commissioned an external audit of recruitment and this had identified some gaps in earlier recruitment procedures. For example, interview notes had not been retained. Where the audit showed gaps, the practice manager had requested and completed further checks, if this was possible and relevant, and the recruitment policy and process had been updated.</p>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person.	Yes
Date of last inspection/test: November 2020 for all three sites	
Electrical safety inspection	Yes
Date of last inspection/test: 6 August 2021	
There was a record of equipment calibration.	Yes

Date of last calibration: 14 October 2020	
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
A fire risk assessment had been completed. Date of completion: 10 August 2021	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: The practice manager had identified that the fire risk assessment was overdue, before our inspection, and this had been booked and completed by the time of the inspection. There were weekly fire alarm checks and the last fire drill was in August 2021.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 21 July 2021	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 10 August 2021 (Hawthornden). Scheduled for Pound House and Orchard surgeries on 7 September 2021	Yes

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 18 March 2021	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: The infection prevention and control (IPC) policy reflected Buckinghamshire CCG guidance and included the name of the practice's new IPC lead and their role. The IPC lead had completed the IPC self-audit tool, recommended by the CCG, in March 2021, and the overall score was 98%. Action had been taken in response to the audit, for example to remove under-used sharps bins from clinical rooms. The site in Hawthornden was an older building, and there was carpet in one of the GP consulting rooms. There were proposals for the practice to relocate to refurbished premises, with suitable floor coverings, in liaison with the CCG. This had been risk assessed by the practice and the room was used for consultations only and the carpet was regularly cleaned.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had created induction packs specifically for locum staff and for new clinical staff. There was also a named lead GP to provide support for salaried GPs and a staff handbook for all staff. Staff told us during interviews and via our staff questionnaires that they felt supported in their roles and received role-specific training. The partners provided cover for GPs during absences or busy periods. The practice had also relied on locum staff in the past year.</p> <p>Administration staff provided cover between them.</p> <p>Workload pressures had been identified as a risk in the past year, exacerbated by staff turnover, sickness and the impact of the pandemic. Additional staff had been recruited into both clinical and non-clinical roles, with four GPs due to start during Autumn 2021. A range of changes had been implemented to help alleviate workload pressures and staff told us these were starting to have a positive impact.</p> <p>Staff were trained to respond to medical emergencies. During interviews, staff summarised how they had worked effectively as a team to support a patient during a medical emergency. All staff knew where to find emergency equipment and what actions to take.</p> <p>The practice displayed guidance for assessing sepsis and all staff were trained to recognise and to respond to signs of sepsis during their basic life support training. Sepsis training was provided as an e-learning course, and a face to face basic life support training was booked for 15 September 2021, for clinical and administration staff.</p>	

Information to deliver safe care and treatment

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

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

Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice used a recognised records management system. We reviewed 35 care records and this showed care tasks were completed in line with current guidance.</p> <p>We found there was a small backlog of test results to review at the time of the inspection and there were systems to ensure these were reviewed promptly. On Monday 9 August 2021 there were six correspondence documents outstanding and 124 laboratory results outstanding, and of these the earliest one was dated Friday 8 August 2021. The practice had allocated a member of the administration team to ensure there was medical oversight of test results.</p> <p>The process for reviewing test results had been revised to reflect the part-time working arrangements of most of the GPs and to improve efficiency. There were at least two duty doctors each working day. The duty doctors reviewed all abnormal results on the day they were received and normal results were assigned to the patient's named doctor for them to review on their next working day. The medical records showed when the test result was reviewed and any actions taken or required.</p>	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2020 to 31/03/2021) (NHS Business Service Authority - NHSBSA)	0.75	0.68	0.70	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2020 to 31/03/2021) (NHSBSA)	9.1%	10.4%	10.2%	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	5.88	5.43	5.37	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
infection (01/10/2020 to 31/03/2021) (NHSBSA)				
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2020 to 31/03/2021) (NHSBSA)	38.9‰	61.8‰	126.9‰	Variation (positive)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2020 to 31/03/2021) (NHSBSA)	0.32	0.48	0.66	Tending towards variation (positive)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2020 to 31/12/2020) (NHSBSA)	3.6‰	4.7‰	6.7‰	Tending towards variation (positive)

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

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

Medicines management	Y/N/Partial
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice performed better than the national average, and than other practices in the CCG, for optimising the prescribing of hypnotics and medicines for anxiety and depression.</p> <p>The practice had a system of carrying out monthly searches on all patients prescribed high risk medicines, and to patients for monitoring tests at the planned frequency rates.</p> <p>As a result of an incident in the Buckinghamshire CCG, the practice had previously reviewed all patients prescribed the high-risk medicine methotrexate (an immunosuppressant used to treat conditions such as rheumatoid arthritis), to review their dosage levels and prescriptions, in line with guidance.</p> <p>The practice had carried out a review of patients prescribed disease-modifying anti-rheumatic drugs (DMARDs) to ensure the monitoring tests aligned with National Institute of Health and Care Excellence (NICE) recommendations. In August 2021, they had started to review patients prescribed novel oral anticoagulants (NOACs), as part of the practice's Excellence in Atrial Fibrillation project and so were aware they had not completed the full range of tests when we alerted them to this finding.</p> <p>We undertook standardised searches of a range of patient records including those relating to high risk medicines. These searches showed some safety tests had been omitted. We shared this information with the registered manager, who investigated the highlighted cases and searches. They also held a full medicines review within three weeks of the inspection, based on the searches, to plan a full review of their monitoring activity to ensure it aligned to NICE recommended practices.</p> <p>The key areas from our searches, that indicated that patients might potentially have been at harm, were as follows:</p> <ul style="list-style-type: none"> • Leflunomide, prescribed to patients with arthritis, regular monitoring is required until the dose is stable, as there is a risk to liver function. We identified 11 patients prescribed this medicine, and a review of their records showed all had the appropriate alert on their record and shared-care protocol with their consultant. For three patients, we found they had not had their blood pressure and/or weight monitored as part of their last review. The practice acknowledged this and called the patients in for these checks. • Lithium, prescribed as a mood stabilizer and used to treat bipolar disorder. The search showed 15 patients were prescribed lithium and we reviewed the records of five. All had been reviewed for lithium levels and urea and electrolytes within the past three to six months, however, they had not had their calcium levels checked as part of this routine monitoring. This is required as a side effect of lithium treatment is hypercalcaemia. The practice identified that their prompts for nursing staff had not included this and they rectified this by applying an alert on the patient record and carrying out bone profile checks on patients prescribed lithium. • Novel oral anticoagulants (NOACs), prescribed to prevent strokes in patients. The search showed of 382 patients prescribed NOACs, 208 had not had all the required monitoring tests as recommended by NICE. A search of records for five patients showed all but one had been 	

Medicines management	Y/N/Partial
<p>reviewed in the last year, however they had not had their creatinine clearance level monitored which helps inform the correct medicine dosage. This presented a potential risk of harm to renal function. The practice was aware that GP practices will be responsible for initiating the prescribing of NOACs from April 2021 and two GPs had already completed the CCG-provided training in this topic. They had planned a review of NOAC monitoring between August and September 2021 to ensure patients were invited to the full range of monitoring tests.</p> <ul style="list-style-type: none"> • Spironolactone, prescribed for high blood pressure and heart failure. A national drug safety alert had been raised as there are potential health risks when this is prescribed in combination with other specific medicines. Our search showed 14 patients were prescribed this medicine in combination and three of the five patient records we reviewed showed their urea and electrolytes had not been adequately monitored. The practice immediately called these patients in for further tests. <p>We saw the practice had emergency medicines available, based on a risk assessment of the medicines required in stock. These were held securely and checked. The nursing team checked emergency equipment, included the defibrillator and oxygen and these checks were logged, showing action taken if required. They also monitored the medicine fridges including the temperatures.</p> <p>All vaccines we saw were in date and stored safely and there was a clear cold-chain protocol.</p> <p>There was a written protocol for the management of prescription stationery, including prescription security. The practice primarily used electronic prescriptions.</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.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	26
Number of events that required action:	17
<p>Explanation of any answers and additional evidence:</p> <p>The practice kept a log of significant events and coded them for severity and likelihood of reoccurrence. The log included a summary of each incident, the name of the lead reviewer and any changes that were made as a result of learning. Incidents were discussed at relevant meetings. All staff we spoke with or who had completed questionnaires were confident they knew how to report incidents and there was learning, or changes made as a result.</p>	

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

Event	Specific action taken
A high blood pressure reading was taken by a staff member who was not working that day.	The mistake was identified quickly, and the patient was booked to speak to a GP the same day. Investigation showed a lack of understanding of the protocol and resulted in staff retraining. This was audited a year later.
Failure to log fire alarm tests	This led to a full investigation of fire safety measures including commissioning a fire risk assessment, training of new fire wardens and establishing safe systems for monitoring fire alarm checks.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a system for receiving and recording safety alerts. They kept a log of alerts and noted when action was required and what the practice did in response. For example, that the issue was discussed at a clinical meeting. Many of the relevant alerts over the previous 12 months were COVID-19 or supply related. The log did not highlight whether the practice had plans to audit that actions identified in the alert were maintained.</p>	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice used a web-based compliance platform that provided a range of tools including access to up-to-date NICE guidance. Staff were alerted to any new guidance.</p> <p>The practice also used clinical templates which prompted clinicians to follow recognised pathways based on clinical evidence.</p> <p>During the pandemic, the practice took part in the COVID-19 vaccination programme until June 2021, and the practice manager led on the implementation of this programme.</p>	

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. The practice used a clinical frailty score to identify those who were frail and they received a full assessment of their physical, mental and social needs. Frailty had been a major project during the pandemic in Buckinghamshire. The practice carried out structured annual medicines reviews for older patients. 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. Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. There was staff training and CCG educational packs on the topic of frailty. The practice had appointed a carers lead who proactively searched for carers to offer them support. The practice had received an award for their work for carers in 2019.

- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Each care home had a dedicated clinical lead, to promote continuity of care.
- The practice had access to the PCN-employed paramedic to support housebound patients.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Good

Findings

- We reviewed the care plans of 35 patients with long term conditions and found their care was provided in line with best practice guidance.
- The practice had adopted the 'make every contact count' approach for patients with long term conditions, to help support them with lifestyle changes and their own self-care.
- The practice continued to remain open during the pandemic for routine monitoring tests. In addition, it set up a gazebo in the Pound House site car park, where patients could attend for face to face care, outside of the main building, if appropriate.
- For patients with atrial fibrillation (AF) (a heart condition that causes an irregular heart rate) the practice had been pioneering a remote detection project which has resulted an increased number of patients detected and treated for AF.
- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. The practice achieved the second highest level of checks in the CCG during the 2020/21 year.
- In 2020, the practice had employed an administrator specifically to carry out searches and identify patients for their annual reviews, based on their coding for long term conditions. This was set up initially following a concern that these reviews may not have been carried out properly, but was maintained and revised to set up recall dates based on patients' birth month.
- At the time of our inspection, the practice had contracted external services to help improve their coding and target individual care more effectively.
- Our searches of patients for missed diagnoses indicated that two patients had potentially not been coded correctly, which could mean they might not be followed up. The practice reviewed these findings and found there were reasons for these and followed up any patients where there could have been an omission.
- The practice referred patients with pre-diabetes at risk of developing Type 2 diabetes, to the National Diabetes Prevention programme, to help them understand and reduce the risks. The practice ran monthly searches of patients coded as pre-diabetic and undertook monitoring checks. Although our searches found 25 patients who had potentially been missed from diagnoses, the practice reviewed our list and provided clear reasons for their care plans.
- There was a system to call patients with diabetes for annual reviews. They offered patients access to remote testing (ie in their homes) for raised protein levels in their urine, which is indicative of kidney disease. They were the first practice in SE England to offer this remote service.
- The diabetic nurse was aware of those patients who needed additional support and repeatedly contacted them for their tests. The practice had external support from specialist diabetes nurses.
- There was a high prevalence of hypertension at this practice. The practice had developed a hypertension strategy, based on 'make every contact count', which included texting reminders and

asking patients if they were able to measure their own blood pressure. They had also received blood pressure monitors to distribute to high risk patients in the community.

- For patients with the most complex needs, the GP worked with other health and care professionals, such as specialists in the acute sector, 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.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- Patients with asthma were offered an asthma management plan. They were supported by a trained respiratory nurse.
- Nursing staff commented they identified patients who failed to attend to monitoring tests and they often called these patients themselves and failing this, asked their GP to contact the patient. This approach continued during the pandemic and the practice offered routine blood tests in a gazebo in the car park.

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. (01/04/2019 to 31/03/2020) (QOF)	78.7%	73.8%	76.6%	No statistical variation
PCA* rate (number of PCAs).	3.0% (29)	13.1%	12.3%	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 12mmuniz scale in the preceding 12 months (01/04/2019 to 31/03/2020) (QOF)	95.0%	88.4%	89.4%	No statistical variation
PCA rate (number of PCAs).	13.5% (22)	12.0%	12.7%	N/A

*PCA: Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) (QOF)	77.2%	80.3%	82.0%	No statistical variation
PCA* rate (number of PCAs).	7.1% (22)	5.1%	5.2%	N/A

The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	66.8%	67.4%	66.9%	No statistical variation
PCA rate (number of PCAs).	8.7% (38)	14.1%	15.3%	N/A
The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	61.2%	70.1%	72.4%	Tending towards variation (negative)
PCA rate (number of PCAs).	4.1% (77)	7.7%	7.1%	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 (01/04/2019 to 31/03/2020) <small>(QOF)</small>	94.9%	93.9%	91.8%	No statistical variation
PCA rate (number of PCAs).	3.5% (13)	4.1%	4.9%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	63.4%	73.8%	75.9%	Tending towards variation (negative)
PCA rate (number of PCAs).	20.2% (88)	11.2%	10.4%	N/A

*PCA: Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.

Any additional evidence or comments

The practice generally had lower PCA rates than the CCG or national average. This rate was higher however for patients with diabetes, for the indicator relating to blood pressure measurements, as monitored during the period 1 April 2019 to 31 March 2020. The practice showed us unverified data for the following year, to 31 March 2021 which showed the PCA rate had reduced significantly. The practice attributed this improvement to their more robust approach to calling and recalling patients for their monitoring appointments. The practice had established the approach of calling patients in their birth month, and recalling them after two weeks if they did not respond. The unverified data indicated the more recent PCA rate was 6%, equivalent to 27 patients, in the year to 31 March 2021 compared with 20% or 88 patients in the previous year.

Families, children and young people

Population group rating: Good

Findings

- The practice was just below the target of immunising at least 90% of children aged two years of age (89% and 89.7%) and had met the 90% target for immunising five-year olds (93.8%). It had also met the World Health Organisation target of 95% for immunising one-year olds (97.6%).
- Two nurses were trained to immunise children and there was a system for calling parents and reminding them to attend.

- The practice nurses received monthly updates from the child health immunisation team which prompted them to call families if they did not bring their children for vaccinations. They offered vaccinations at any time, not just at clinics, to be more accessible for working families.
- 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.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of 14 mmunization for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DtaP/IPV/Hib/HepB) (01/04/2019 to 31/03/2020) (NHS England)	124	127	97.6%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster 14mmunization for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2019 to 31/03/2020) (NHS England)	121	136	89.0%	Below 90% minimum
The percentage of children aged 2 who have received their 14 mmunization for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2019 to 31/03/2020) (NHS England)	122	136	89.7%	Below 90% minimum
The percentage of children aged 2 who have received 14mmunization for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)	121	136	89.0%	Below 90% minimum
The percentage of children aged 5 who have received 14mmunization for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)	136	145	93.8%	Met 90% minimum

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

Working age people (including those recently retired and students)

Population group rating: Good

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 medicines without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (Snapshot date: 31/03/2021) (Public Health England)	79.1%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	79.7%	74.2%	70.1%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	73.7%	64.5%	63.8%	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 (01/04/2019 to 31/03/2020) (QoF)	92.6%	92.8%	92.7%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2019 to 31/03/2020) (PHE)	50.0%	52.6%	54.2%	No statistical variation

Any additional evidence or comments

The practice was slightly below the 80% target for cervical cancer screening at 79.1%. Staff continued to offer cervical smears during the pandemic and phoned patients to encourage attendance. All three practice nurses were trained to offer this service.

The practice had recently set up a template to record those patients who have not attended for their screening appointment, and to identify reasons. We were told there had been a backlog during the pandemic but the lead nurse had set up a cervical screening clinic to reduce this. Some patients had continued to attend during the pandemic, as the practice had been open most of the time.

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.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- Staff supported the COVID-19 vaccination programme by vaccinating low take-up communities, for example in Mosques.

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 medicines.
- 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.
- The practice had an appointed dementia champion, to lead on increasing awareness of the needs of patients living with dementia.

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 (01/04/2019 to 31/03/2020) <small>(QOF)</small>	98.4%	85.8%	85.4%	Tending towards variation (positive)
PCA* rate (number of PCAs).	18.4% (14)	12.7%	16.6%	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 (01/04/2019 to 31/03/2020) <small>(QOF)</small>	86.8%	81.4%	81.4%	No statistical variation

PCA rate (number of PCAs).	8.6% (10)	7.6%	8.0%	N/A
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*PCA: Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.

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	England average
Overall QOF score (out of maximum 559)	540.9	533.9
Overall QOF score (as a percentage of maximum)	96.8%	95.5%
Overall QOF PCA reporting (all domains)	4%	5.9%

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

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

As part of the PCN, the practice reviewed those patients who had a high number of GP appointments a year. The care of these 'high intensity' users was considered for referral to the social prescribing team, to improve their overall care and to support practice demand management.
Other improvement activity included reviews of internal processes, in relation to prescription management, code cleansing for patients coded with hypertension, test management and patient recalls for their reviews.
The practice undertook a sodium Valproate audit in February 2020 and again in November 2020. The audit of the use of this medicine in women of childbearing age was carried out as the medicine presents a risk of congenital malformation in unborn babies. The audit showed adequate contraception was in place, if relevant or required.

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.	Partial

The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Partial
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff told us they had regular appraisals and support from their managers. The salaried GPs told us they valued the support they received from the partner allocated to the role of their link clinician.</p> <p>All clinical and non-clinical staff had received an appraisal in the past 12-18 months. The administration staff last had appraisals between May and August 2020, and their pre-appraisal forms had been issued in preparation for appraisals in September 2021.</p> <p>Staff training and appraisals were logged and monitored by managers and the practice manager. The management system highlighted when appraisals were due. There had been some slippage of appraisals for clinical staff, due to the impact of the pandemic, but these were being booked at the time of our inspection.</p> <p>The practice manager recognised that staff training needs were a focus going forward, particularly given the number of staff new in post. They made use of training offered by the CCG, for example to support new administration staff and nurses who had not previously worked in primary care. The receptionists had been given training in customer care as well as how to signpost patients effectively, as part of the new triage processes.</p> <p>The healthcare assistant had completed their Care Certificate, to gain a specific qualification for their role.</p> <p>The practice had set up a system for checking at least four locum consultations per session and for supporting the paramedic with daily debriefs, for clinical supervision.</p>	

Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The November 2020 staff survey highlighted that communication could be improved. To address this, the practice had reinstated a meeting structure that had been suspended during the pandemic. There</p>	

were weekly clinical meetings, held on different days to enable those working different days to attend more often. There were also team meetings for different staff groups and practice meetings. Staff told us they attended meetings and found them useful for learning about changes, voicing opinions and sharing updates on policies and working practices.

There was a lead to coordinate health care with each of the care homes, including the care home for people with a learning disability, and they held weekly virtual ward rounds.

The practice shared summary care records, with patient permission, with the ambulance service and the 111 service, to provide a more coordinated approach to care.

The lead GP for palliative care attended the Gold Standard Framework meetings to improve joined up care for people with life limiting conditions and those needing end of life care.

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
Explanation of any answers and additional evidence: The practice encouraged patients to learn about self-care and staff were able to signpost patients to a range of local services who offered support and activities. The practice had adopted initiatives that promoted self-care, such as the diabetes prevention programme. Prior to the pandemic, the GPs gave presentations locally, for example in the library on health issues such as falls and men's health for the local patient population.	

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes

Explanation of any answers and additional evidence:

Staff we spoke with understood the requirements of the Mental Capacity Act and the importance of obtaining consent. Administration staff had completed training in this topic and could access further support from the lead for Safeguarding within the practice.

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgmental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: The practice enjoyed support from a large volunteer army during the early stages of COVID-19, and the practice and volunteers worked together to support vulnerable people in the community.	

Source	Feedback
Patient feedback	One patient told us they thought the practice was marvelous and they couldn't speak highly enough of the lead GP and practice manager. They said the care they received had been 'second to none' over the years and they couldn't fault the practice.
National GP Survey results	In the last national patient survey, the patients of this practice rated the practice slightly better than patients rated their practices nationally or within the wider CCG.

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 (01/01/2021 to 31/03/2021)	91.7%	91.5%	89.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2021 to 31/03/2021)	90.5%	90.3%	88.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and	96.2%	96.8%	95.6%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)				
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	81.2%	84.0%	83.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2021 to 31/03/2021)	94.6%	94.2%	92.9%	No statistical variation

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Partial
The use of family and friends feedback had been suspended during the pandemic. The practice was working with its Patient Participation Group to revisit how best to survey its patient population.	

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	No
<p>Explanation of any answers and additional evidence:</p> <p>There were a range of notices in the surgery waiting areas that advertised support groups, including for healthy lifestyle (park run, get active, smoking cessation and addictions) as well as relating to mental health, anxiety and female genital mutilation.</p> <p>The practice had portable hearing loops and access to staff and services who could help with translations.</p>	

The practice's website included a range of useful information about practice services, current advice and news about COVID-19 and non-NHS services such as private vaccinations. It had recently been revised to make it simpler to use, however it did not provide links to local support groups.

Carers	Narrative
Percentage and number of carers identified.	559 or 4% of the practice population. This had increased from 497 in November 2020.
How the practice supported carers (including young carers).	A member of the administration staff was the carers champion. They had set up information boards in the waiting rooms and attended flu vaccination clinics to promote their support role.
How the practice supported recently bereaved patients.	The practice sent cards and personalized letters to families of patients who had died, and provided guidance on support groups for bereaved adults and children. One of the GPs was the lead for palliative care and attended the fortnightly end of life care meetings.

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.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to promote confidentiality at the reception desk.	Yes

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Partial
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The facilities were appropriate for the services being delivered but the practice recognised that having three separate sites and two sites that were modified houses created practical difficulties. Although some consultation rooms were on the first floor, there were ground floor rooms available to meet the needs of those with mobility concerns. We were told that there were alerts on patient records to identify those with mobility issues, and the receptionists aimed to book them into appointments at the most convenient locations.</p> <p>The practice staff understood the social demographics of their population and as part of the PCN had access to a social prescriber to visit people in their own homes and had set up a support group for patients with long COVID-19.</p> <p>The introduction of online booking and triage since the pandemic had enabled patients to use online access to the practice, in addition to the telephone or walk-in.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.00am - 6.30pm
Tuesday	8.00am - 6.30pm
Wednesday	8.00am - 6.30pm
Thursday	8.00am - 6.30pm
Friday	8.00am - 6.30pm
	The practice is closed for all but emergency calls between 1pm and 2pm.
<p>Patients were advised to phone 111 between 6.30pm and 8am or on weekends/bank holidays.</p> <p>The practice also offered early morning and early evening appointments through the extended hours and improved access service offered by the Primary Care Network.</p>	

The practice offered urgent appointments on the day and non-urgent appointments within the following three weeks.

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice had set up social coding for older and vulnerable patients, to include factors such as having a carer, lives alone or social isolation.
- Each care home had a dedicated lead for continuity of care.
- A visiting paramedic had been employed to support care for housebound patients.
- 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.

People with long-term conditions

Population group rating: Good

Findings

- The practice had adopted the national 'make every contact count' initiative, which helped minimise the number of times patients needed to attend for different conditions.
- The practice had achieved the highest level of health checks for people with long-term conditions in the CCG in 2020/2021.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- The practice provided baby checks together with immunisations to improve take up and convenience.
- Nurse appointments were flexible for school age children, so they could attend outside school hours.
- 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.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice offered extended hours appointments to promote access for working people. They also offered video and telephone consultations.
- The online booking and triage platform benefited this sector of the patient population in particular.

- Pre-bookable appointments were available to all patients at additional locations within the area, through the practice's extended access arrangements.

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, living with frailty or dementia or not able to use or access IT.
- There were posters in the surgery to remind staff to recognise different vulnerable characteristics.
- The practice had the support of a 'volunteer army' during COVID-19 to support vulnerable people.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice had systems to code and identify patients with mental health conditions, to provide priority appointments when necessary.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Access to the service

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

	Y/N/Partial
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Yes
Patients were able to make appointments in a way which met their needs.	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Yes
There were systems in place to support patients who face communication barriers to access treatment.	Yes
Patients with urgent needs had their care prioritised.	Yes
The practice had systems to ensure patients were directed to the most appropriate person to respond to their immediate needs.	Yes
Explanation of any answers and additional evidence: The practice website had been updated in 2021 to make it easier for patients and their families to find the advice and guidance they needed, following a review by the Patient Participation Group.	

In line with government guidance, the practice brought in total triage in response to the COVID-19 pandemic in March 2020, whereby all requests for appointments were reviewed in advance. This created some difficulties in terms of demands on practice staff and telephone access. In April 2021, the practice had introduced a new on-line triage platform so patients could explain their request for an appointment using an app. Following initial launch, the practice had refined the way this system was used. All requests for appointments go through this system, and reception staff will put patients' enquiries through the system for them if necessary. Overall, we were told this triage approach had helped reduce the pressure on telephone access as well as provide an alternative way for patients to gain support and improve triage consistency.

The Patient Participation Group had carried out an ad hoc survey on how people used the online booking and triage system. The practice took action to make improvements in response to the feedback, including how and when to make the service available. Reception staff also helped patients with the process when this was required.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2021 to 31/03/2021)	51.9%	N/A	67.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	64.8%	70.3%	70.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	57.6%	64.4%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	81.0%	82.6%	81.7%	No statistical variation

Source	Feedback
NHS UK website	In the past year, there had been seven reviews posted on NHS Choices. Of these, four gave a 5-star rating, and there was one 3-star, one 2-star and one 1-star rating. The positive feedback related generally to the care offered by reception and clinical staff and their attitude. Negative comments related to access to services and also attitude of reception staff. The practice responded to comments and when people raised concerns, the response included detailed explanations and an invitation to speak with the practice manager.

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.	12
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>Patients could email their complaints or complete a complaint form available from the three surgery sites or use the feedback webform on the practice website. The practice manager coordinated complaint responses and also responded to complaints or concerns raised on NHS Choices.</p> <p>Complaints were logged to show when they were received and responded to, and also to show the lead investigator and whether the complaint was upheld or not. The log did not highlight whether there had been learning from the issues raised.</p> <p>We noted that complaints were responded to in a compassionate way and patients were offered visits</p>	

Example of learning from complaints.

Complaint	Specific action taken
Complaint relating to the care of a relative with a mental health condition.	The complaints file included detail of the investigation and involvement of NHSE. This led to additional alerts on the patient record system and training for reception staff, including in conflict management.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: <p>The practice leadership had been through an extended period of change over the previous three years, starting in 2018 when this practice formed from a merger of two established practices, partially initiated by GP retirement. At the time of the inspection, we were told there were three GP partner positions with another GP aiming to become a partner, and six salaried GPs. Many of the leaders were new in post, including the registered manager, the practice manager, the lead nurse, the reception manager and the administration and QOF lead. These staff had been promoted from within the practice and had a good understanding of the challenges. The new leaders demonstrated a good knowledge of their roles and a commitment to identify and implement improvements. They also had support from the CCG to access training programmes, despite the impact of COVID-19 on the continuity of provision.</p> <p>From our interviews and staff questionnaires, staff told us the leadership team were supportive and visible and were focused on improving systems to improve patient care as well as staff wellbeing. They particularly praised the new practice manager, who listened to feedback and helped raise morale during difficult times.</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.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: <p>The practice had a set of values developed and agreed with the Patient Participation Group. These were to give patients a good experience; to ensure patients see the right professional first time; and to ensure equity and equality. The practice ethos was to value our patients and each other; to give patients</p>	

a good experience every time; to ensure we communicate effectively and to recognise the impact of not communicating; and to constantly develop, innovate and improve.

All staff we spoke with or surveyed recognised the practice had been through many changes over the past three years and had then been under a range of pressures during the COVID-19 pandemic. Staff commented they could see recent changes starting to deliver improvements in workload management, such as the introduction of the new triage tool and process for managing test results, and looked forward to new recruits starting between September and December 2021. They told us there was a commitment to delivering good patient care.

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had access to advice from an external Human Resources company, as well as support from the Local Medical Committee, when it had to deal with behaviours or actions inconsistent with practice values and ethos.</p> <p>Staff told us, during interviews and via the questionnaires, that they had confidence in the practice manager and were positive about the culture of the organisation. Although they described a range of recent difficulties, relating to COVID-19, workload and system changes, they felt the culture was good as staff were prepared to raise their concerns and these were listened to and acted on. They described an open culture and gave examples of when things had gone wrong and the changes made as a result.</p>	

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

Source	Feedback
Staff survey	I enjoy working for this practice as I feel fully supported by the management. They focus on doing the best they can for their patients and staff.

Staff survey	The team are very supportive. The practice as a whole is very patient centred and everyone I work with, I feel, does their best for them.
Staff survey	[Practice management] listens to feedback, willing to look into new ideas.
Interview	Always happy to raise suggestions and these are taken forward.
Interview	What to support people with developing interests.
Interview	The new [online triage] process is a real improvement as it promotes 'right patient, right care right time'.
Interview	The whole practice works well with a team approach to challenges. Look for new and better ways of working. We are good at adapting to patients' needs.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The partnership of the practice had changed since the previous inspection. The lead partner became the registered manager in June 2020 and the previous registered manager retired in November 2020.</p> <p>The most recent registration certificate (12 July 2021) showed three partners registered at the practice. Two new partners were in the process of applying for registration, and the practice had submitted an application to remove one of the existing partners.</p> <p>The practice had a majority of salaried GPs over partners and almost all GPs were employed part time. They had recently set up weekly clinical meetings which rotated on different days every other week, to promote engagement and participation. Salaried GPs had key leadership roles, including the lead GP for safeguarding, who was also the Buckinghamshire lead for safeguarding.</p> <p>The practice had a management structure to support governance and management, having appointed clinical and non-clinical leads. For example, leads for administration and QOF, site management, reception, carers, as well as clinical leads for diabetes, salaried GPs, safeguarding and infection control. Most staff with these roles were new in post, as was the practice manager and the registered manager. Staff told us that due to overall workloads and the impact of the pandemic, it was difficult to take protected time for some of the leadership roles. All had received some training for their new roles however and had further training planned. They expected capacity for leadership roles to improve as the staffing levels increased and stabilised.</p> <p>Minutes of meetings lacked clarity on who was responsible for different actions and what was required to ensure completion.</p> <p>The practice had reacted to risks, such as workload and staffing levels, which were made more difficult due to the pandemic and raised sickness levels.</p>	

Managing risks, issues and performance

There were processes for managing risks, issues and performance, however these were not formally managed.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Partial
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had set up assurance systems relating to patient care. Workflow and the management of test results has been reviewed and improved, with a new protocol in place. The practice hds reviewed and cleansed its coding for different long-term conditions. There was a system for identifying patients and calling them for routine monitoring.</p> <p>We found from our own records searches there were some omissions in the tests carried out, for example for patients prescribed leflunomide. There was no indication of harm as a result of these findings but the practice accepted that further work was required in some areas.</p> <p>There was no overarching system for identifying and managing key risks within the practice. Despite a lack of formal system for risk management, the practice was addressing the key risks of staffing levels, workload management and site management. For example, the practice manager had identified that some of the risks relating to the premises had previously been overlooked and had set up systems to ensure that all routine safety and maintenance tasks were planned going forward.</p>	

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

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes
The practice actively monitored the quality of access and made improvements in response to findings.	Yes
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes

Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had made use of the three sites to continue to offer face to face appointments for patients who were identified as high risk for COVID-19. It had been later than many other practices to introduce an online booking triage system (April 2021), however after it had been established staff reported it offered an alternative option for patients to request appointments, improved triage safety and helped ease pressure on phone lines. The PPG had also supported this roll out.</p> <p>Staff gave a range of examples of how they had supported vulnerable patients, including those who might be digitally excluded, throughout the pandemic. For example, the visiting paramedic attended housebound patients, clinicians held virtual clinics with the three nursing homes and the practice set up a tent in a practice car park to maintain some of the routine tests.</p> <p>Communication systems were set up to help staff groups liaise effectively during the pandemic, including to support staff cover during periods of illness, self-isolation or shielding. The practice had continued to offer face to face appointments throughout the pandemic, where these were necessary.</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 monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice used a web-based information system to share, control and manage practice information. This was used, for example to record and prompt staff training and appraisals and to monitor completion of routine tasks such as equipment checks and maintenance. This document management system was set up with rules over access and editorial rights, to provide effective document control.</p> <p>With the online booking and triage tool, the practice had information on all appointments on a weekly and daily dashboard. This meant they could identify and plan for busy times and respond to changes in the ratio of urgent and non-urgent appointments. This was information the practice aimed to use more extensively in the future, for example when planning rotas.</p> <p>The practice had adopted the use of a phone messaging application for staff to share non-clinical information, which was also used widely across the PCN, particularly during the pandemic to coordinate responses. There was a policy covering the use of this app, available on the practice document management system, which stated it was not to be used for patient information.</p>	

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
Explanation of any answers and additional evidence:	
The practice used safe electronic systems for managing patient records, practice management documents and triage processes. There were access controls on these systems and staff were trained to use these effectively and safely.	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:	
The practice's Patient Participation Group (PPG) gained a new chairperson during 2021 and there was a renewed focus on widening membership and setting up workstreams in line with the practice's own priorities. The PPG had been instrumental in updating the practice website to make it easier to navigate. Patients were invited to leave reviews on the practice website and the practice responded with clear and detailed guidance or explanations, and thanked people for their feedback.	
The practice held a staff survey in late 2020, to gain an understanding of staff experiences during the pandemic and to better understand how the practice could improve. This survey highlighted the pressure on staff, particularly from an increase in workload for clinical and non-clinical staff and the pace of	

change. Staff were asked for suggestions for improvement, and the culture they wanted within the service. Following this survey, the practice made a range of changes, including recruitment of additional staff, holding weekly clinical meetings, outsourcing administration tasks and launching an online triage and patient flow package.

The practice worked with the commissioners to identify more suitable premises for future development of the service.

Feedback from Patient Participation Group.

Feedback

The PPG met monthly and was actively recruiting additional members to contribute skills and experience to support the practice. They reported good support from the practice leadership and a commitment to listen to patient feedback, seek external support and make improvements. The PPG had reviewed the practice complaints to inform its forward plan, which included workstreams on patient experience, developing a Facebook page and creating a newsletter and other communications. Patient feedback showed dissatisfaction with the phone system and the PPG had helped identify the problem and make improvements to the messaging. The PPG aimed to develop improved links with the wider local community and support the practice campaign to encourage people with self-care. The PPG reported they enjoyed an open and cooperative relationship with the practice management.

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.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
Despite having had to manage a range of changes during the previous three years, including those imposed by the COVID-19 pandemic, the practice continued to seek ways to improve patient care. Practice staff had been actively involved in setting up and delivering the local COVID-19 vaccination programme. The staff survey in November 2020 prompted changes to the structure of the administration team which helped the introduction of the new online triage and patient flow package in April 2021 and the recruitment and support of additional staff in 2021. Recognising the workload pressures, the practice had reviewed and refined the management of test results and had outsourced coding tasks.	

Examples of continuous learning and improvement

- Revised website, to improve patient understanding of services and how to access them.
- During the pandemic, extended the coding of vulnerable people to include social isolation and difficulty with IT access.
- Home tests for diabetic patients.
- Proactive practice carers champion.

- Development of the PPG to help with agreeing a set of values for the practice and to support improvement projects.
- New referral pathways, with access to new staff recruited via the PCN, such as the visiting paramedic, social prescriber and pharmacist.

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.
- *PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#)). Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.
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- ‰ = per thousand.