

Inspection Evidence Table

The Meads Medical Centre

(1-2047975529)

Inspection Date: 30/11/2023 to 11/12/2023

Site visit: 30/11/2023

Date of data download: 29/11/2023

Overall rating: Requires improvement

We rated the practice as requires improvement overall. We found the practice requires improvement for the provision of safe services because a breach of regulation was identified. We also rated the practice as requires improvement for responsive. Although the practice responded to patient needs, the GP patient survey showed patients were not satisfied with access to appointments at the practice. We rated the practice as good for providing effective, caring and well-led services.

Following our inspection, the practice demonstrated they took immediate action in response to our findings. They sent us evidence to provide assurances that they took all of our concerns seriously and were making the necessary improvements to comply with the regulations.

Context

The Meads Medical Centre is an NHS GP Practice in Uckfield, East Sussex. They provide services to a patient population of 9,160.

We carried out this inspection in line with our inspection priorities, and to respond to information of concern.

Safe

Rating: Requires improvement

At this inspection we found:

- There were appropriate safety systems and processes, including for safeguarding, recruitment, and health and safety.
- Appropriate standards of cleanliness and hygiene were met.
- Staff had the information they needed to deliver safe care and treatment.

However, we identified the following areas for improvement:

- There were concerns around the monitoring and prescribing of some medicines.
- Staff did not always have the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).
- The practice did not always have systems and processes to respond to safety alerts and ensure affected patients had been followed up.

Therefore, the practice is rated as requires improvement for providing safe services.

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: There was a safeguarding lead GP, and staff were aware of who to speak with if they had concerns about a patient. There was also a dedicated safeguarding administrator. Staff we spoke with demonstrated an understanding about safeguarding concerns. The practice told us that discussions about safeguarding regularly took place, and we were provided with examples where the practice had followed up on patients due to concerns for their safety and welfare. We were told that safeguarding was a standing agenda item for discussion in the monthly clinical meetings. However, we noted that safeguarding was not an agenda item on 2 of the 3 clinical meeting minutes that we were sent by the practice and was no record of discussion at those meetings. It was therefore not clear how the practice formally recorded discussions and ensured any necessary actions were monitored and completed. Alerts were placed on the practice clinical system for patients at risk, and the practice had safeguarding registers. There was a system to follow up on children who were not brought to their appointment, including an appointment at the practice, for immunisation, or at secondary care.	
Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Yes
Date of last assessment:	20/02/2023
There was a fire procedure.	Yes
Date of fire risk assessment:	15/02/2023
Actions from fire risk assessment were identified and completed.	Yes

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out.	Yes
Date of last infection prevention and control audit:	31/10/2023
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Cleaning of medical equipment was recorded and there were documented cleaning schedules. The practice explained that a new lead for infection prevention and control (IPC) had recently taken post and a new revised policy had been implemented. We were told about their plans to improve IPC processes, for example they identified that their checklists and documentation for clinical room cleaning needed to be improved.</p> <p>IPC audits were carried out annually and there were processes to follow up on remedial actions identified by the audit. For example, as a result of the audit the practice had purchased and installed wall mounted sharps boxes, to mitigate infection control risk and increase safety for staff and patients.</p>	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes

The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours.	Yes

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
Explanation of any answers and additional evidence: We spoke with staff and reviewed a range of documentation on the practice clinical system, as well as their systems and processes for managing incoming information. We had no concerns with the management of information, including correspondence, test results and referrals. Information was reviewed and actioned by practice staff in a timely manner. The practice also told us about new staff being recruited to manage demand.	

Appropriate and safe use of medicines

The practice did not always have systems for the appropriate and safe use of medicines, including medicines optimisation.

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

Indicator	Practice	SICBL average	England	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2022 to 30/09/2023) <small>(NHSBSA)</small>	0.85	0.94	0.91	No statistical variation

The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2022 to 30/09/2023) (NHSBSA)	8.3%	8.0%	7.8%	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 (01/04/2023 to 30/09/2023) (NHSBSA)	5.91	5.79	5.19	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/04/2023 to 30/09/2023) (NHSBSA)	102.7‰	161.6‰	130.7‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2022 to 30/09/2023) (NHSBSA)	0.36	0.80	0.53	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/04/2023 to 30/09/2023) (NHSBSA)	6.8‰	10.4‰	6.8‰	No statistical variation

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Partial ¹
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	Partial ²
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 medicines that require monitoring (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Partial ³
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A

The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <p>1. We found that the practice did not always have an effective system for the production of Patient Specific Directions, which enabled health care assistants to administer medicines when a doctor or nurse was on the premises. Patients were not always reviewed on an individual basis by a prescriber, prior to the health care assistant supplying and administering injections. Following our inspection, the practice demonstrated they had taken our concerns seriously and developed a new process to ensure patient specific directions were produced appropriately. They sent us evidence of their new protocol and minutes of a meeting where it had been discussed with staff.</p> <p>Patient Group Directions (PGD) were in use, however we saw health professionals using the PGD had not always been named and authorised before they used it to provide care. For example, where new nurses had started, they had signed onto a completed PGD instead of a new document being created and authorised. Following the inspection, the practice told us they were in the process of checking all PGDs and ensuring they were completed correctly for all health professionals.</p> <p>2. With the consent of the practice, a CQC GP Specialist Advisor (GP SpA) accessed the practice's systems to undertake remote searches. The CQC GP SpA reviewed 5 medicines reviews, from a total of 442 completed in the last 3 months. Of these, 2 had information we would expect to see, for example the patients' entire medicines list was documented, and the reviewer had checked all monitoring was up to date. The remaining 3 were incomplete and contained insufficient information about the review that took place. We discussed these with the lead GPs who explained that a review had been completed but not documented within the medication review entry. They told us they would take immediate action to improve the quality of medication reviews and ensure consistent information was recorded by all clinicians.</p> <p>3. We also carried out searches to identify patients potentially at risk due to a lack of monitoring. A further investigation of patient records was undertaken to assess the potential risks. The CQC GP SpA sampled a defined number of patient records, where any risks were potentially identified, to assess the risks for these individual patients.</p> <ul style="list-style-type: none"> • There were 35 patients in our search who were prescribed an immunosuppressant, and our search suggested 2 patients were overdue monitoring. We reviewed the records for both patients and discussed this with the lead GPs at the practice. Based on the information, we had no concerns about the health monitoring for these patients. • There were 1,071 patients in our search who were prescribed a medicine to control blood pressure, and our search suggested 128 patients were overdue monitoring. We reviewed the records for 5 patients and discussed this with the lead GPs at the practice. Of these, 4 patients were overdue health monitoring. There was evidence within the records that the practice had identified outstanding monitoring and had 	

taken action to invite the patient in for a follow up appointment. However, it was noted these patients had failed to respond or attend. Therefore, the protocol to follow up when patients did not reply or did not attend following requests to attend for monitoring appointments could be improved.

Following our inspection, the practice took immediate action in response to our concerns. They sent us evidence of an audit conducted for all patients prescribed these medicines, to review their monitoring and carry out any follow up actions as necessary. This included that they coded results from secondary care onto 42 records and recalled 29 patients for health monitoring. They explained they were arranging specific clinics to enable these patients to be booked in as soon as possible. They had also considered and developed a new protocol for patients not engaging with monitoring.

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:	12
<p>Explanation of any answers and additional evidence:</p> <p>Prior to our inspection, we received information of concern about the systems and processes for managing significant events.</p> <p>We found the practice had systems and processes to identify, record and act on significant events. The lead for significant events was a GP partner and therefore all incidents had clinical oversight. There was clear recording of actions completed. There were processes to cascade learning to all staff and all events were available for staff to view.</p> <p>All staff had received training to ensure incidents were appropriately identified and recorded. We saw the significant events policy, which was available to all staff. Staff feedback was positive about significant events and felt they improved safety, as well as encouraging a culture of learning and transparency. All staff we spoke with were able to provide an example of a significant event, and these aligned with the information we had seen.</p>	

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice described a system for receiving, disseminating and acting on safety alerts and medicine alerts. A member of staff received safety alerts and passed these to all clinical staff. There was a log of alerts to record completion of actions.</p> <p>However, we found that some of these processes were not working as expected. During our inspection, we searched for patients who may have been affected by published safety alerts or medicines alerts.</p> <p>Our search identified 17 patients prescribed a combination of medicines used to treat high blood pressure. An alert by the Medicines and Healthcare Products Regulatory Agency (MHRA) in October 2012 provided a maximum recommended dose to prevent an associated risk of muscle pain and/or damage.</p> <p>We looked at the records for 5 patients and discussed this with the lead GPs. We found all 5 patients had not been prescribed in line with the MHRA alert. There was no evidence in their records that the patients had been informed of the risks associated with this medicine.</p> <p>The practice took immediate action in response to our concerns. They sent us evidence of an audit conducted for all 17 patients, to review their medicines and carry out any follow up actions as necessary. The practice took appropriate action and communicated with the patients. A task had been set up for further monitoring in 2 months.</p> <p>The practice also told us they would fully review their safety alerts process and discuss further improvements.</p>	

Effective

Rating: Good

QOF requirements were modified by NHS England and Improvement for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic.	Yes
The practice prioritised care for their most clinically vulnerable patients.	Yes
Explanation of any answers and additional evidence: Clinical staff we spoke with described how they kept up to date with evidence-based practice. The clinical staff at the practice told us they received information and guidance from the practice manager or GP partners through meetings and emails. There was also regular communication between staff, and we were told a duty GP was always available if they needed advice or were concerned about a patient. This included within the admin room during triage, and the urgent care room for paramedics. The practice assessed and monitored the health of people with mental illness, severe mental illness, and personality disorder. They had a dedicated mental health team (MH), which included a MH co-ordinator who saw patients face to face or via telephone, a MH practitioner once per week, and a MH access facilitator who had oversight of all patients registered with a severe mental illness. They held a weekly clinic and carried out annual health checks, offered support, signposted to other services or made appropriate referrals.	

With the consent of the practice, a CQC GP Specialist Advisor (GP SpA) reviewed 5 care plans for patients who were suffering a severe mental illness. All 5 were clear and comprehensive, had been completed with the patient, and contained information we would expect to see. For example, there was evidence in the records that the reviewer had discussed the patient's current medical conditions, performed a physical examination and considered the patient's wishes.

Effective care for the practice population

Findings

- Those identified received a full assessment of their physical, mental and social needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- Patients had access to additional services hosted at the practice. This included physiotherapy, dermatology, community midwives and ear, nose and throat (ENT) specialist clinic.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

With the consent of the practice, a CQC GP Specialist Advisor (GP SpA) accessed the practice's systems to undertake remote searches. These searches indicated the number of patients potentially at risk due to a lack of monitoring. A further investigation of patient records was undertaken to assess the potential risks. The CQC GP SpA sampled a defined number of records, where any risks were potentially identified, to assess the risks for these individual patients.

We found a low number of patients potentially at risk, and there was no evidence of patient harm. The practice took immediate action in response to our findings. In detail:

- There were 490 patients who had been diagnosed with hypothyroidism (low thyroid levels), and our search suggested 54 patients were overdue health monitoring. We reviewed the records for 5 patients and discussed this with the lead GPs at the practice. Of these, 1 patient was overdue their monitoring and 1 patient for a medication review. However, there was evidence within the records that the practice had identified the monitoring and medication review was outstanding. We saw appropriate action had been taken to ensure these were completed.
Following our inspection, the practice responded to our findings and reviewed all patients that were potentially overdue their health monitoring. They sent us evidence of an audit detailing their review and

their actions. This included that they coded results from secondary care onto 14 records and recalled 108 patients for health monitoring. They noted that most of these patients were already booked in for an appointment. They explained they were arranging specific clinics to enable these patients to be booked in as soon as possible.

- There were 492 patients who had been diagnosed with diabetic retinopathy (a complication of diabetes that can permanently damage the back of the eye). Our search suggested 32 patients were overdue monitoring. We reviewed the records for 5 patients and discussed this with the lead GPs at the practice. Based on the information, we had no concerns about the health monitoring for these patients.
- There were 1,084 patients diagnosed with asthma and our search suggested 54 had been prescribed two or more courses of rescue steroids (this can indicate worsening or poorly controlled asthma symptoms). We reviewed the records for 5 patients. We identified the practice could improve their processes by following up with patients after a steroid prescription was issued, as per national guidance. We discussed this with the lead GPs at the practice. Following our inspection, the practice sent us assurance that they had developed a new protocol to follow up with asthmatic patients who have been issued a course of steroids.
- There were 25 patients who had been diagnosed with chronic kidney disease (CKD) and our search suggested 4 patients were overdue health monitoring. We reviewed the 4 records and discussed this with the lead GPs at the practice. Of these, 2 patients were overdue their monitoring. We also found 2 patients had not been coded appropriately to indicate their condition had deteriorated. We also looked at patients who potentially had a missed diagnosis of CKD. Our search identified 146 patients and we reviewed the records for 5 patients. Of these, 2 patients met the criteria and had not been coded on the clinical system. There was 1 patient who had not been coded appropriately to indicate their condition had deteriorated, although this had been identified in the notes.

Following our inspection, the practice took immediate action in response to our findings. They sent us evidence of an audit of all patients with a potential missed diagnosis of CKD, and another audit of patients who may be overdue their health monitoring. In addition to clinical searches, they also used digital health software to identify patients that may require review. As a result, the practice coded or updated a total of 117 patients with CKD. They explained they were arranging specific clinics to carry out blood tests for 54 patients to confirm this diagnosis. They also set a recommendation to re-audit in one month and use their digital software on a monthly basis to identify any new patients.

Prior to our inspection, we received information of concern about the care and treatment for patients with a particular long-term condition. We carried out additional searches to identify any potential risks to patients, or areas where patients had not received high quality care. We corroborated our findings during interviews with staff. Based on the information, we had no concerns with care and treatment for these patients. We saw evidence that the practice assessed and monitored their health. We found examples of positive actions being taken to meet individual patient needs.

Examples of other findings included:

- The practice was having monthly oversight meetings and clinical meetings to discuss and cascade information, national prescribing guidelines and relevant guidance.
- Patients with long-term conditions were offered an effective 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.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.

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 influenzae type b (Hib), Hepatitis B (Hep B) (i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	80	81	98.8%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	80	85	94.1%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	79	85	92.9%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	79	85	92.9%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	82	86	95.3%	Met 95% WHO based target

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>

Cancer Indicators	Practice	SICBL average	England	England comparison
Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	68.9%	N/A	62.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	76.2%	N/A	70.3%	N/A

Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (4/1/2021 to 3/31/2022) (UKHSA)	53.6%	63.3%	54.9%	No statistical variation
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (6/30/2023 to 6/30/2023) (UKHSA)	76.7%	N/A	80.0%	Below 80% target

Any additional evidence or comments

The practice was aware of their performance relating to cervical screening uptake rates. They explained they encouraged uptake by calling patients to book appointments or opportunistically if a patient attended for other reasons. The practice had reviewed their appointment system and ensured slots were available. They were having regular discussions to find ways to improve uptake.

Monitoring care and treatment

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

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Yes
Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years: We found there was a programme of clinical audit and second cycle audits. These demonstrated improvements to the quality of care. This included audits of prescribing and medicines management audits. For example, we were provided with evidence of audits including; an audit of direct oral anticoagulants and an audit of clinical coding of correspondence to computer records by administration and reception staff.	

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes

Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had identified mandatory training requirements for staff. We saw they had a spreadsheet to maintain oversight of training. There was a member of staff who regularly reviewed this and prompted staff where necessary.</p> <p>Staff we spoke with told us the practice was supportive of training and their development, as they were given opportunities to meet the needs of the service and their own personal goals.</p> <p>All staff had received an appraisal this year. Staff we spoke with told us they felt very well supported, and were able to raise any issues, suggestions for improvements or to discuss their development.</p> <p>There was clinical supervision of the non-medical prescribers, including reviews of prescribing practise. There were discussions about recent cases, any issues, and training completed or planned. Learning outcomes were used to improve the quality of care throughout the practice. The GP partners had recently undertaken clinical supervision training and following this, were redeveloping documentation and making improvements to the format and content of the supervision.</p>	

Coordinating care and treatment

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

	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff we spoke with commented that having services hosted at the practice increased their ability to deliver effective care due to improved communication. They told us they valued ad hoc conversations for advice or to discuss patient cases. For example, physiotherapy, community midwives and an ear, nose and throat (ENT) specialist clinic.</p>	

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

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>As part of our clinical searches, a CQC GP Specialist Advisor carried out a review of notes where a DNACPR decision had been recorded. We reviewed 5 out of 35 recorded in the last year. Based on the information, we had no concerns and saw that where possible the patients' views had been sought and respected. We saw information had been shared with relevant agencies.</p>	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

Source	Feedback
Feedback to CQC	We did not receive feedback directly to CQC within the last 12 months.
NHS.uk website (formerly NHS Choices)	There were no reviews published within the last 12 months.
Friends and Family Test	There was no data available for this practice within the most recent published records (September 2023). However, the practice sent us the responses recorded for 7 months in 2023. There were multiple comments about kind and caring staff, both clinical and non-clinical. Many referred to staff by name and expressed their gratitude for the care and treatment received.
I want great care	There were 2 reviews published within the last 12 months. They were both rated 5 stars out of 5. Positive comments related to appointment availability and positivity about services in general.

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2023 to 30/04/2023)	90.4%	86.3%	85.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2023 to 30/04/2023)	89.1%	86.6%	83.8%	No statistical variation

The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2023 to 30/04/2023)	99.0%	94.1%	93.0%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2023 to 30/04/2023)	67.4%	71.3%	71.3%	No statistical variation

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

Involvement in decisions about care and treatment

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

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

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2023 to 30/04/2023)	97.7%	91.2%	90.3%	Tending towards variation (positive)

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

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 169 patients who are also carers. This was less than 2% of the practice population.
How the practice supported carers (including young carers).	The practice computer system alerted GPs and nurses if a patient was also a carer. There was written information available for carers to ensure they understood the various avenues of support available to them. The practice had a social prescriber 2 days per week who provided information and signposted carers to appropriate support groups. The practice had also linked with a local charity who offered practical or emotional support face to face, online or by telephone.
How the practice supported recently bereaved patients.	Staff told us that if families had suffered bereavement, the practice contacted them and sent a letter if they were well known to the practice. This could be followed by a patient consultation and/or by giving them advice on how to find a support service.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

Responsive

Rating: Requires improvement

We recognise the pressure that practices are currently working under, and the efforts staff are making to maintain levels of access for their patients. At the same time, our strategy makes a commitment to deliver regulation driven by people’s needs and experiences of care. Although we saw the practice was attempting to improve access, this was not yet reflected in the GP patient survey data or other sources of patient feedback.

Therefore, the rating is requires improvement, as ratings depend on evidence of impact and must reflect the lived experience that people were reporting at the time of inspection.

Responding to and meeting people’s needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had become a registered Safe Surgery, which can be any GP practice who commits to taking steps to tackle the barriers faced by many migrants in accessing healthcare. A lack of identification, proof of address, or immigration status would not prevent patient registration. The practice was proud to be a Safe Surgery for everyone in the community, and pledged to ensure that everyone in the community receives the quality healthcare they are entitled to. Staff had taken part in the Switchboard LGBTQ+ Inclusion Award program. The practice told us the training was undertaken to improve health outcomes for their LGBTQ+ community, create a safe and supportive space, increase confidence in the practice, and provide staff with access to support and information. 	

Practice Opening Times	
Day	Time
Monday	08:00 – 18:30
Tuesday	08:00 – 18:30
Wednesday	08:00 – 18:30
Thursday	08:00 – 18:30
Friday	08:00 – 18:30

Further information about how the practice is responding to the needs of their population

- The practice offered extended hours appointments on 4 weekday mornings and on Saturday morning, for working patients who could not attend during normal opening hours. Nurse appointments were offered 1 evening per week.
- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Yes
Patients were able to make appointments in a way which met their needs.	Yes
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Yes
Patients with most urgent needs had their care and treatment prioritised.	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Patients could make an appointment by telephone, in person or online via the practice website. The practice offered both telephone appointments or face to face depending on patient preference and clinical appropriateness. GP appointments could be booked up to 2 weeks in advance and nurse appointments could be booked 2-3 months in advance. Video appointments were also available through a digital provider. • In addition to pre-bookable appointments, urgent on-the-day appointments were also available for people that needed them, through the urgent care clinic. The practice employed 3 paramedic practitioners who provided urgent appointments and telephone triage appointments daily, working together with the duty doctor to provide this service. • At the time of our inspection, the practice had urgent appointments available on the day, a routine appointment within 2 weeks and a nurse appointment within 1 week. 	

- Receptionists had been trained to direct patients to the most appropriate clinician and we saw there were clear triage protocols in place and signposting packs. There were other services available including the community navigator within the social prescribing service, first contact practitioner, and mental health team. A duty GP was present in the admin office for the morning calls, to offer advice, support and decisions on clinical appropriateness for appointments as needed.
- We looked at the national GP survey results for the last 5 years (we only have data for 3 years on satisfaction with the appointment offered). The results for June 2023 showed the practice was in line with local and England averages for access indicators, except for satisfaction with appointment times. We saw that 33% percent of respondents to the GP patient survey were very satisfied or fairly satisfied with their GP practice appointment times, which was below the England average of 53%. This had declined since their last survey results in June 2022. The practice told us they were aware that access continued to be a concern for patients both locally and nationally. They used the national GP patient survey, friends and family test responses, their patient participation group (PPG) and social media to gain feedback. We saw access to appointments was discussed in meetings, which included discussion on staffing and contingency plans. They had adjusted their service in response to feedback, for example they had signed up to an online consultation service that was managed by the practice. This gave patients the opportunity to make administrative queries, as well as request non-emergency medical advice, referrals, sick/FIT note, and test and scan results. Queries were triaged by the duty GP who responded or tasked administrators as needed. Patients received a response within 24 hours or 48 hours, depending on the request.
- The practice told us access and the telephone system would continue to be a priority for them and they anticipated an increase in the patient survey as a result of changes.
- In addition, the practice had introduced new software that enabled patients to book appointments via a text message request. For example, they had set up a vaccination clinic and sent patients a text message with a link to the appointment system, where they could book a time of their choice.
- The practice provided evidence of an audit conducted in August and in November 2023 of their telephone system. This was in response to concerns raised by the PPG about call waiting, limit of callers in the queue, automated messages and callback facility. As a result of the audit in August, they brought in a number of improvements including; increased number of staff answering the phones in the morning, increased phone line capacity, a callback facility added, and they removed an automated message to reduce call cost for patients. The follow up audit in November identified improvement, including that the number of unanswered calls had reduced significantly, and they had been able to answer more calls overall due to increased staff.
- The practice told us they kept their telephone system under constant review in real time, for example peak times, average wait time, average call length and made adjustments as necessary.

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2023 to 30/04/2023)	43.9%	N/A	49.6%	No statistical variation

The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 30/04/2023)	38.3%	49.7%	54.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2023 to 30/04/2023)	33.2%	46.9%	52.8%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2023 to 30/04/2023)	65.8%	70.9%	72.0%	No statistical variation

Source	Feedback
Feedback to CQC	We did not receive any feedback directly to CQC within the last 12 months.
NHS.uk website (formerly NHS Choices)	There were no reviews published within the last 12 months.
Friends and Family Test	There was no data available for this practice within the most recent published records (September 2023). However, the practice sent us the responses for 7 months in 2023. We saw there were some negative comments about access, but the majority were positive.
I want great care	There were 2 reviews published within the last 12 months. They were both rated 5 stars out of 5. Positive comments related to appointment availability and positivity about services in general.

Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	14
Number of complaints we examined.	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
<p>Prior to our inspection, we received information that complaints were not satisfactorily handled, or responded to in a timely way.</p> <p>The practice had a complaints protocol and leaflet, which had been reviewed and improved in September 2023. We saw that all complaints were recorded on a log used to maintain oversight of complaints, monitor completion of actions, and to identify trends.</p> <p>We saw evidence that complaints were fully investigated, with transparency and openness. There were comprehensive responses from the practice. We saw that patients were signposted to the parliamentary and health service ombudsman, in case they were not satisfied with the resolution of their complaint within the practice.</p>	

The practice learned lessons from individual concerns or complaints, and from analysis of trends. They acted as a result to improve the quality of care. The practice discussed complaints within staff meetings and cascaded learning points to staff within individual team meetings. We saw the practice also recorded and disseminated compliments from patients made about staff. The practice encouraged further ideas for improvement. We saw evidence of this within the 3 complaints we examined, and through conversations with staff members.

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

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice leadership team demonstrated they understood their challenges and were focused on addressing these. They told us their main priorities were to; provide consistent high-quality person-centred care to patients, increase their clinical workforce, continue to develop and upskill their staff, encourage and expand healthcare initiatives such as women’s health. They were actively working on these priorities, for example they had recently employed a salaried GP, a nurse practitioner and a health care assistant. They had also promoted a member of staff as the new practice manager. Throughout our inspection, staff told us that the leaders were visible and approachable. Many staff wanted to personally praise individual members of the leadership team, due to their supportive approach with both work and personal issues. 	

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a mission statement, which detailed their aims. These included to:</p> <ul style="list-style-type: none"> Provide safe, effective, and high-quality care to their patients. Promote equality, dignity, and respect. Understand the individual needs of their patients. Provide training and opportunities for professional development to all staff. Continuously improve services through the use of patient questionnaires, feedback and communication. 	

All staff we spoke with told us they were passionate about delivering high quality patient centred care. They were all clear about the aims of the practice and said they were focused on holistic care and treating people as an individual.

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Prior to our inspection, we received information of concern about the culture at the practice.</p> <p>We received information from the practice, carried out planned staff interviews, received ad-hoc staff comments during the day of the site visit, and received 25 staff questionnaires. We found:</p> <ul style="list-style-type: none"> • There were good relationships among staff across all levels. • Practice leaders put a strong emphasis on staff safety and well-being. They had introduced a range of activities to improve staff wellbeing and told us this was once of their main priorities. Staff gave examples including flexible working, being encouraged to take a break away from their desk, and social events organised by partners to reward staff. • Significant events and complaints were discussed at meetings and staff were able to provide an example of a significant event that aligned with the information we had seen. • Throughout our inspection, staff told us they felt confident they could raise concerns with any of the management team and were encouraged to do so. They told us the practice management team regularly asked for their ideas, suggestions, or feedback. Staff provided several examples where the practice had made changes following staff feedback. For example, adjustments to appointment times, a new protocol to improve times for urine sample drop off, and a duty GP available in the admin room for the morning triage. • Staff knew who the Freedom to Speak Up Guardian was and how to contact them. • There was protected time for learning and development. Staff were supported to achieve professional qualifications, for example a staff member was completing an Advanced Clinical Practice Master's degree and was given time to attend lectures as well as study days. 	

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

Source	Feedback
Staff questionnaires & interviews	<p>Through staff interviews and questionnaires, comments showed that staff were happy with the level of support provided. We received numerous examples of staff being supported professionally and personally. Staff told us that it was a friendly environment, and everyone was hardworking and motivated to provide patient focused care.</p> <p>All staff told us they felt listened to and respected. Staff told us they felt confident about speaking up and knew their opinion or concern would be listened to. Staff commented that the morale had improved in the last 6 months, following a difficult period. Staff told us that concerns were raised, and this had been taken seriously by the GP partners and appropriate action was taken. We spoke with a number of staff who had joined or returned recently due to the changes. Many staff reflected on a management restructure as a result, and the positive impact this had.</p> <p>Staff told us communication was generally good at the practice. They were kept up to date with staff meetings, notifications and emails. They also described regular learning events, which included information about advanced non-clinical roles, other services, compliments, complaints and significant events.</p> <p>Staff told us management structures, roles and responsibilities were clear. Although the workload was high, staff told us they felt it was manageable and they knew the practice management team were doing their best to meet the needs of patients.</p>

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Yes

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: We found there were systems and processes to support effective governance and management. A meeting structure was in place and embedded, which facilitated effective communication and risk management within the practice. There were arrangements to identify, manage and mitigate risks, and these were being reviewed and improved following the management restructure. There were monitored systems for managing significant events, complaints and safety alerts. Regular clinical searches and audits were carried out to ensure patients' health was monitored in relation to the use of medicines. The practice demonstrated there was a programme of quality improvement activity, including through clinical and internal audit. However, some of these processes were not operating as intended, namely medicines management and actions following safety alerts. Throughout the inspection we found all staff and leaders were engaged with the inspection process, responsive to our findings, and eager to make improvements. Following our inspection, they demonstrated they had taken immediate action in response to our findings. Including that they carried out clinical audits of all patients where we had identified outstanding monitoring or review, recalled those patients and set up new clinics to ensure they were seen promptly, created a new patient specific direction protocol and reviewed all patient group directions. This provided assurances that the practice took all of our concerns seriously and were making the necessary improvements to comply with the regulations.	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes

Explanation of any answers and additional evidence:

The practice demonstrated that they monitored patient outcomes, including using the Quality Outcomes Framework (QOF). There were dedicated leads who monitored performance, they used a spreadsheet to maintain oversight of QOF and identify areas requiring additional resources. This was discussed during regular management meetings.

We found staff received regular support, supervision and appraisal appropriate to their role. These were used to develop and upskill their staff and to proactively identify any risk within the practice, including performance issues.

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
The provider was registered as a data controller with the Information Commissioner’s Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
Staff are supported to work remotely where applicable.	Yes

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 used feedback from patients through the GP national patient survey, social media, their patient participation group, complaints and compliments.	

The practice told us they valued staff feedback and obtained this through meetings and individual conversations. Staff told us they felt encouraged to provide their suggestions and comments.

Feedback from Patient Participation Group.

Feedback

We received feedback from 4 members of the patient participation group (PPG). They were positive about their role, relationship with the practice, and their own care and treatment.

- The PPG was set up in 2012 and there were approximately 8 members. They met every 2 or 3 months, as well as having an annual general meeting which is open to all patients. They were also connected to the High Weald PPG forum for collaboration and to exchange ideas with other PPGs in the area.
- They told us their aims were to; be a critical friend to the practice, pass on comments and queries, keep patients informed and promote healthcare initiatives, raise funds for the practice and attend regular committee meetings.
- They told us the practice was responsive to their feedback. They noted a positive change since the new practice manager started in post and improved engagement with the GP partners.
- Their suggestions for improvement were listened to and acted on where possible. For example, following patient feedback from the PPG the practice made improvements to the telephone system.
- Patients were currently feeding back about ongoing problems with getting through by telephone in the mornings, but this had been improved with recent changes such as a callback facility.
- They described their upcoming actions and ideas, including improving the social media presence of the PPG and undertaking a patient survey.

The feedback was positive about the care and treatment they received personally. Although there was sometimes a wait for a GP appointment, they told us they were always able to get an appointment or with a different clinician. Overall, they were very satisfied with the service. They told us the doctors showed care and concern, the practice was responsive to their needs, and they were treated with dignity and respect by all staff. We also received positive feedback about the paramedic practitioners in the urgent care clinic, particularly their responsiveness and caring approach.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
The practice had a GP with a special interest in menopause. They had set up group sessions with up to 8 patients fortnightly, where health observations were taken, and then an open forum to voice concerns and talk about symptoms. They had recently started offering face to face, one to one sessions. This had proved to be very successful with a lot of positive patient feedback. Due to this, the practice was discussing the initiative with the primary care network of local practices and the integrated care board (NHS Sussex).	

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have “Met 90% minimum” have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules-based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for those aged 25 to 49, and within 5.5 years for those aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **UKHSA:** UK Health and Security Agency.
- **QOF:** Quality and Outcomes Framework.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
- ‰ = per thousand.