

Care Quality Commission

Inspection Evidence Table

Cardinal Medical Practice (1-8423263731)

Inspection date: 28 April 2022

Date of data download: 25 April 2022

Overall rating: Requires Improvement

Safe

Rating: Requires Improvement

We have rated the practice as requires improvement because;

- All staff had received safeguarding training including level three for all clinical staff and level four for the overall lead for Suffolk Primary Care. However, we found some non-clinical staff who had some level of patient involvement were only trained to level one.
- The overall management system to ensure all risks were identified, actions taken and monitored had been improved but need further improvement to ensure the management team had clear oversight to mitigate all risks. We found there was no system for managing blank prescriptions to ensure they were stored securely and their use monitored.
- Although the practice had recruited some new staff, they recognised they still had shortfalls in part to retention and staff sickness due to COVID-19. This had led to some backlog and additional pressure for staff.
- There was a backlog of full medical record summaries to be completed on patients' medical records. There was a clear action plan in place and additional resources to address the issue.
- Although at all sites the practice had emergency equipment and medicines available, we found issues. Not all the medicines and equipment were stored in a way that would be easy to find and use and we found at one site some medicines that were not within their expiry date.
- The system and process for reporting and learning from events was not always effective, some staff reported they were not fully involved.
- The system to ensure monitoring of historical safety alerts need to be implemented and embedded.
- The system and process to ensure all clinical letters had been seen and actioned by appropriate staff within a timely manner was unclear. When further investigation undertaken most had been actioned as the information had been received in other ways as well. For example, the patient had brought a copy of the letter into the practice and given it directly to the clinicians.

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Partial ¹
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:	
1. We found all clinical staff had received safeguarding level 3 training and the overall safeguarding lead for the provider was level 4 trained. We found some non-clinical staff who had some patient contact were trained to level 2 but others were trained to level 1. We spoke with the provider who told us they would review the staff not trained to level 2 and where appropriate staff would receive the level 2 training.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes ¹
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes ²
Explanation of any answers and additional evidence:	
During this inspection we reviewed three staff files and found all recruitment checks had been carried out. We found the practice did not have easy and clear oversight as some of the information was held electronically and some in paper form. The practice told us they were moving all the information onto the electronic process to ensure they had full and easy oversight of all the required information and checks. This included the regular checks undertaken to ensure those staff that required registration, such as general medical council and the nurse and midwifery council were undertaken and recorded.	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: Deben Road; 24 November 2020 Chesterfield Drive; 1 December 2020 Norwich Road; 16 December 2020	Yes
There was a fire procedure.	Yes
Date of fire risk assessment at all sites: 14 September 2021 Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence:	

During this inspection we found the provider/practice had undertaken regular checks such as equipment calibration, legionella and staff safety. They had recognised the system and process for clear oversight was not fully in place. They had introduced a new system and, in some cases, new external providers to support their risk management, safety systems and records. We found during this inspection that all information was available however, it was not all easily produced, as the new system was not fully populated.

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 audits: January 2022	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>There were two lead nurses for infection prevention and control (IPC) and the team worked together to manage IPC. The practice provided care from three sites which were older buildings and posed additional challenges due to the fabric of the buildings. The practice had been successful in gaining approval and funding for a new building due to be completed in 2024.</p> <p>We found the clinical rooms were clean, tidy and uncluttered and whilst we did not identify any concerns some staff told us they felt the non-clinical areas were not always maintained as well. The practice had reviewed their external cleaning contractors and had recently changed to a different provider. The nursing team told us they actively monitored IPC and had worked hard during the COVID-19 pandemic to keep patients and staff safe.</p> <p>Generally, we found areas such as waste bins and waste management were secure and safe, but we did identify areas where waste was stored externally could have been more secure. The practice took immediate action to ensure all bins were locked and secure.</p>	

Risks to patients

There were some gaps in 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.	Partial ¹
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.	Partial ²
<p>Explanation of any answers and additional evidence:</p> <p>1&2. Since 2020 during the COVID-19 pandemic and since the mergers of the three practice teams, the practice had encountered some staff shortages. This was partly due to previous retention of staff who had left as a result of the changes and in the difficulties of recruiting and training new staff. The practice recognised there were still some gaps in their workforce both clinical and non-clinical, but they had been successful more recently in recruiting and retaining staff. They had recruited new nursing staff, increased the skill mix to include professions such as pharmacists, paramedics and a physician's associate. Team leaders had been appointed to aid the support for staff and ensure clear communication throughout the practice.</p>	

Information to deliver safe care and treatment

There were some gaps in the information staff 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.	Partial ¹
There was a system for processing information relating to new patients including the summarising of new patient notes.	Partial ²
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>1&2 On the day of the inspection the practice told us they had a backlog of full patient summaries to complete. The practice electronic system for patient record transfer was immediately available but due to the additional 1,500 patients as a result of a local practice closure and some staff shortages they had a back log of paper summaries to corroborate with the electronic system. During this inspection we reviewed some patient records, we found summaries to have been recorded appropriately and of a satisfactory standard. The practice shared with us their action plan which is in place to address this issue. They had recently been successful gaining additional hours from staff who were trained and worked part time. The paper records were available should they be required before the full summarising of the record had been completed.</p> <p>We looked at the workflow of patient correspondence and found some clinical letters had not been filed and it was unclear if a clinician had seen and acted on the information. We discussed this with the practice who agreed the system was not sufficient to be assured all clinical letters had been seen and actioned in a timely manner. When further investigation was undertaken on these outstanding letters, most had been actioned as the information had been received in other ways as well. For example, the patient had brought a copy of the letter into the practice and given it directly to the clinician.</p>	

Appropriate and safe use of medicines

The practice had some 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) (01/01/2021 to 31/12/2021) (NHS Business Service Authority - NHSBSA)	0.63	0.81	0.76	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). (01/01/2021 to 31/12/2021) (NHSBSA)	7.1%	8.5%	9.2%	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 infection (01/07/2021 to 31/12/2021) (NHSBSA)	4.93	5.94	5.28	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	157.0‰	154.1‰	129.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2021 to 31/12/2021) (NHSBSA)	0.39	0.51	0.62	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	8.3‰	8.4‰	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.	No ¹
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes

Medicines management	Y/N/Partial
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 ²
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes 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 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.	None on site
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.	Partial ⁴
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> <ol style="list-style-type: none"> 1. The practice system and process for the recording and storage of blank prescriptions was not in place. The practice took immediate action to ensure all stationery was kept secure and accurate logs of the forms used was kept. 2. The practice undertook regular reviews to ensure the quality and safety of the non-medical prescribers in the practice. Regular audits were undertaken of the clinician's consultation records and if areas of improvement identified these were discussed with the staff member. 3. The practice had systems and processes in place to ensure patients taking high risk medicines received appropriate monitoring. We found 102 patients were prescribed Methotrexate and all had the required monitoring in the appropriate time frame. Whilst we found no issues with blood monitoring, we found the practice did not always have up to date blood pressure or weight readings. The practice told us, now the COVID-19 restrictions had been eased this will be included in any appointments, therefore capturing the information. The practice encouraged any patients who used home monitoring such as blood pressure to share their records. 	

Medicines management**Y/N/Partial**

4. Although at all sites the practice had emergency equipment and medicines available, we found issues. Not all the medicines and equipment were stored in a way that would be easy to find and use in an emergency and we found at one site some out of date medicines.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when some things went wrong but some reporting and learning was not always effectively undertaken by all staff.

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.	Partial ¹
There was a system for recording and acting on significant events.	Partial ²
Staff understood how to raise concerns and report incidents both internally and externally.	Partial ³
There was evidence of learning and dissemination of information.	Partial ⁴
Number of events recorded in last 12 months across all sites:	85
Number of events that required action:	85
Explanation of any answers and additional evidence: 1,2,3, &4 During the inspection we reviewed three incidents that had been reported via the wider organisation of Suffolk Primary Care electronic system which staff had access to. Actions that had been taken and learning outcomes were documented. We found where staff had reported incidents they had been managed and learning was shared using the practice electronic system. Incidence reports and learning was available from other locations within the Suffolk Primary Care to prevent similar incidence happening in the practice. Staff we spoke with told us they had easy access to the information and learning. However, we received feedback from some staff that they did not believe any reporting would be welcomed by the management team and therefore they would not always raise incidents. Staff also stated that they had not been involved in any investigations or direct learning outcomes of incidents that related to Cardinal Medical Practice. The management team with Suffolk Primary Care told us they encourage all staff to report any concerns and review the information to identify trends and where low reporting might be happening.	

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

Event	Specific action taken
Recording information on the wrong patient records.	Immediate action was taken to remove the information and add to the correct record. Investigation and theme analysis recognised this as a recurrent issue. Staff were alerted to the risk of having more than one record open at any time and were instructed not to do it for safety reasons.
Delay in referral	The practice had responded to a delay in a two-week referral not being actioned in a timely way. The referral was immediately sent, and apology given to the patient. The practice instigated learning to clinical staff in reminding them to send an electronic task to the secretarial team. In addition, the practice set up a regular search to identify any referral produce to ensure they had been sent. In respect of urgent referrals, the practice implemented a system to check the patient had received and attended their appointment. Staff we

	spoke with told us they felt this was a safe system and would reduce the chance of future mistakes.
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Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>We found the provider and the practice had a system to manage safety alerts and review patients as necessary. We reviewed alerts and found they had been managed appropriately. However, we found the practice system to ensure learning from historical safety alerts was monitored was not effective. For example, we found nine patients aged over 65 years old and prescribed a dose of medicines had not been fully reviewed and the risks associated with that dose discussed with them. The practice took immediate action, contacted and reviewed the patients.</p> <p>Staff we spoke with told us that since the COVID-19 pandemic they did not have the opportunity to share clinic guidelines and updates in clinical meetings. They did receive updates and information from the Suffolk Primary Care clinical directors and management team.</p>	

Effective

Rating: Requires Improvement

We have rated the practice as requires improvement for providing effective services because;

- Some record keeping and coding of the whole monitoring of patients was not wholly effective. For example, we found gaps in the recording of creatine clearance, monitoring data such as weights and blood pressures. There were a high number of patients whose risk of kidney disease had not been recorded fully in their medical records.
- Only 59% of patients with a learning disability had received a full annual review.
- Not all staff had received an appropriate appraisal or review within the past 12 months.
- Cervical screening rates were below the 80% target.

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

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was generally 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.	Partial ¹
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.	Partial ²
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Yes
Explanation of any answers and additional evidence:	
1. Staff told us they were invited and attended practice meetings but that since the COVID-19 pandemic they did not have the opportunity to share clinical guidelines and national updates in clinical meetings. They did receive updates and information from the Suffolk primary care clinical directors and management team via email and electronic systems.	

2. As part of this inspection we reviewed some patient's records, generally we found the information was recorded with sufficient detail for other professionals to see and understand any that would be relevant for them to make decisions. We found some examples where treatment had not been reviewed and updated, for example patients taking a combination of medicines where the risks increased from the age of 65 years. We found nine patients who had not been reviewed. The practice took immediate action and contacted those patients concerned.

Effective care for the practice population

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- 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. 6105 patients were eligible for a check and despite the COVID-19 pandemic and restrictions 852 patients (14%) had been offered an appointment. The practice had completed 245 checks (29% of those invited). 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. The practice had 223 patients with a learning disability on their register. The practice had invited all of these patients for a review and had completed full annual reviews on 59%. The practice had recently employed a practice nurse who was taking the lead on managing this vulnerable group of patients to ensure they were contacted and encouraged to attend their appointments. The practice recognised that regular contact with a named nurse would enhance the patient's confidence to attend at the site and time which they were most comfortable with.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Feedback we had from representatives from local care homes was generally positive about the end of life care provided by the practice staff.
- 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.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.
- Patients with poor mental health, including dementia, were referred to appropriate services. The practice worked closely with link workers from community teams to ensure patients were well supported.

Management of people with long term conditions

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Saturday clinics were available to provide appointments outside of normal working hours to encourage patients to attend their appointments.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- We found the practice did not always record the level of risk of kidney disease for patients, we found a potential of 237 patients where information was missing. The practice took immediate action to ensure the risk calculation score was added to the clinical records and available should health professionals need the information to make decisions about future care and treatment.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England)	74	78	94.9%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England)	66	67	98.5%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received	66	67	98.5%	Met 95% WHO based target

Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England)				
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England)	66	67	98.5%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England)	74	79	93.7%	Met 90% minimum

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

Any additional evidence or comments

The practice told us the nursing and administration teams were proactive in contacting the parents/guardians of children due their immunisation to encourage attendance. Appointments were flexible to allow them to be seen at times that were convenient to them.

Cancer Indicators	Practice	CCG average	England average	England comparison
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). (Snapshot date: 30/09/2021) (Public Health England)	72.2%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2020 to 31/03/2021) (PHE)	69.6%	67.4%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2020 to 31/03/2021) (PHE)	64.9%	70.2%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (PHE)	50.0%	58.7%	55.4%	No statistical variation

Any additional evidence or comments

The practice recognised their performance for cervical screening was lower than the national target, they told us the practice nursing team were proactive to encourage patients to attend their appointments. The practice did not evidence a fail-safe system to ensure that a result was received from all samples sent. They did undertake personal annual audits of the samples they had taken to ensure they were of appropriate quality.

Monitoring care and treatment

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

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

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

<p>The provider, Suffolk Primary Care ran a comprehensive audit programme for the practice. An audit the practice had undertaken in October 2021 looked at the patients on any medication and had not had a review in the past 5 years. The initial findings were that 183 had not had a review. The practice looked at all these records and found.</p> <ul style="list-style-type: none"> • Some patients had had their medication reviewed but the read code had not been entered. • Some patients were no longer taking medication that had remained on their repeat for over a year and not been issued. • Some patients had medication on their repeat prescription which had never been issued. • Some patients had had their annual review and their medication had not been reviewed. • Some patients had seen a number of clinicians, but their medication had not been reviewed opportunistically. <p>A repeat audit cycle was undertaken whilst the individual reviews were being undertaken but showed a positive impact and had reduced the outstanding number to 37. During our clinical searches and reviews we found medicines reviews had been appropriate and well documented.</p> <p>Other audits undertaken on a regular basis include quality of record keeping and care and treatment by non-medical prescribers. The practice routinely audited the quality of medical record summaries and patient correspondence filed by non-clinical staff.</p>
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Effective staffing

The practice was able 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.	Partial ¹
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.	Partial ²
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: 1&2. Most staff we had feedback from were positive about the learning and development within the practice and they felt they were supported to undertake their duties. All staff had completed their mandatory training and had been given time and support to do this. Most clinical staff had received an appraisal in the past 12 months, but most non-clinical staff had not. The practice recognised these were overdue and had as part of their action plan time allocated to ensure staff had these opportunities.	

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

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
Explanation of any answers and additional evidence: We spoke with representatives from local care homes who told us that the practice was proactive and supportive in the completion of DNACPR forms. They told us the practice staff regularly involved the patient, carers and relatives in the decisions as appropriate.	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive.

	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

Patient feedback	
Source	Feedback
Patients and care representatives.	Patients we received feedback from and representatives from local care homes were complimentary about the kindness showed by practice staff in particular the receptionists.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2021 to 31/03/2021)	96.8%	91.4%	89.4%	Tending towards variation (positive)
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)	94.5%	89.9%	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 trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	98.4%	95.7%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to	81.7%	87.0%	83.0%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
the overall experience of their GP practice (01/01/2021 to 31/03/2021)				

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

Any additional evidence
<p>The practice had recently installed an online new system for patients to request contact/triage with a GP or other clinician. This system also collated any feedback the patient wished to leave.</p> <p>For example, Data recorded between 1 February 2022 and 13 April 2022 showed 989 patients had left a review. For example</p> <ul style="list-style-type: none"> • 53% of patients reported the care at the practice was good or very good. • 14% of patients reported the care at the practice was poor or very poor. • 31% reported it was neither good nor poor. • 2% reported they didn't know. <p>Comments included</p> <ul style="list-style-type: none"> • Despite my anxiety I was put at ease. • Knowledgeable and friendly staff. • Very friendly and professional.

Involvement in decisions about care and treatment

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

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

Source	Feedback
Interviews with patients.	Patients we received feedback from were generally positive about the caring nature of staff and the care and treatment they had received. We did receive feedback that not all patients felt they had been received appropriate and caring treatment.

Feedback from care home representatives.	Care home representatives were positive about the care, respect and kindness they had received from practice staff, both clinical and non-clinical.
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National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2021 to 31/03/2021)	93.9%	93.7%	92.9%	No statistical variation

	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 943 patients as carers (approx. 3%) of the practice population.
How the practice supported carers (including young carers).	The practice had leaflets and staff were trained to offer support at every opportunity.
How the practice supported recently bereaved patients.	The clinicians within the practice contact patients who had been recently bereaved and arranged an appointment or visit to accommodate their needs.

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 have rated the practice as requires improvement for responsive services because;

- Although the GP patient survey data showed no statistical variation and many patients gave positive feedback via the online service, patients we spoke with and those who left comments on the Healthwatch site were negative about getting through to the practice via the telephone.
- The practice staff told us they were not always involved in the investigation and outcomes from complaints.

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

Practice Opening Times

Day	Time
Opening times:	
Monday	8.30am to 6pm
Tuesday	8.30am to 6pm
Wednesday	8.30am to 6pm
Thursday	8.30am to 6pm
Friday	8.30am to 6pm
Appointments available: All requests for on the day appointments are triaged through the clinical team. Appointments are arranged as appropriate and at the site most convenient to the patient.	
The practice offered extended hours appointments for early morning, and weekends.	

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

- Patients had a named GP and, in the case of care homes other health professionals such as a practice employed paramedic 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. Home visits were usually triaged by clinical staff and visits arranged when deemed appropriate.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Additional nurse appointments were available for school age children so that they did not need to miss school.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. The practice employed a nurse who had specialist skill in paediatrics' to enhance the care of children.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and to patients who were migrants. Interpreters were used to aid clear communication and ensure appropriate care and support was provided.
- 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 allowed patients without a fixed address to use the practice address for correspondence relating to their health needs.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

Access to the service

People were to access care and treatment in a timely way although patients told us there were often delays in getting through on the telephone.

The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Partial ¹
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	Partial ²
There were systems in place to support patients who face communication barriers to access treatment	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: 1&2 In line with the restrictions caused through the COVID-19 pandemic, the practice had adjusted the way they offered appointments and delivered care to patients. As part of their improvement plan, they had introduced and installed an electronic system for patients to request advice and or appointments online. The practice also continued to receive telephone calls from patients. Patients requesting on the day appointments were triaged by the clinical team and appointments offered as appropriate. Feedback we had from patients was mixed about the new systems, many patients reported it was a better system whilst other patients would have preferred to have a face to face appointment with the clinician of their choice. There was also mixed feedback about delays getting through on the phone to the practice, but feedback was more positive about the care and treatment given once they had got through.	

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2021 to 31/03/2021)	67.5%	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)	67.7%	78.9%	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)	68.0%	72.9%	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)	78.0%	86.8%	81.7%	No statistical variation

Source	Feedback
For example, NHS Choices	Between 2 February 2022 and 19 April 2022 there have been 20 comments posted on Healthwatch site. 14 have rated the practice one star, and two comments have rated them three stars, one had rated them four star and three have rated five stars. Most reflect that patients have struggled to get access to the practice in a timely way.

Feedback from the patients via the online system	<p>The practice had recently installed a new system for patients to request contact/triage with a GP or other clinician. This system also collated any feedback the patient wished to leave.</p> <p>For example, Data recorded between 1 February 2022 and 13 April 2022 showed 989 patients had left a review. For example</p> <ul style="list-style-type: none"> • 53% of patients reported the care at the practice was good or very good • 14% of patients reported the care at the practice was poor or very poor • 31% reported it was neither good nor poor • 2% reported they didn't know. <p>Comments included</p> <ul style="list-style-type: none"> • Good speedy response • Better system and works well for me • Not so easy for people without IT skills
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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.	151
Number of complaints we examined.	Three
Number of complaints we examined that were satisfactorily handled in a timely way.	Three
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	None

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice recognised they had received a large number of complaints from patients, many relating to changes due to the significant mergers and increase in practice population. The practice was supported by the management team within the Suffolk Primary Care organisational team to manage the complaints, but the practice led on the investigation. Themes were identified and learning was shared through the wider organisational system, staff we had feedback from confirmed they had access to this, but some staff reported they did not participate or feel learning was directly shared with them.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
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Two events where a lack of clinician empathy was reported by patients	Additional training was given for the clinical team including aligning ways of working. The clinicians involved had adapted the learning into their usual communication manner with patients including how to manage healthy lifestyle topics. Additional learning from the review included reminders to clinical staff to remove any medicines from a patient repeat list if it was no longer needed.
Access for other professionals	There had been a delay in other health professionals getting through the practice on the telephone. Staff were reminded to ensure the practice bypass line for health professionals was given out. Representatives from local care homes also reported they did not always have quick easy access via the telephone but had been given email access which they reported was positive.

Well-led

Rating: Requires Improvement.

We noted;

- The practice had been through significant changes including two mergers (one with two other practices and then joining Suffolk Primary Care. All three practices became Cardinal Medical Practice in July 2021.
- In addition to the mergers, the practice due to the closure of a local practice accepted an additional 1500 patients and managed the impact of COVID-19 and the increased pressures the pandemic brought to providing health care.
- These significant changes challenged the practice in terms of consolidating resources and managing across three sites. Cardinal Medical Practice had been successful in gaining the permissions and funding for a new build which should be completed during 2024. Both patients and staff told us this was exciting as the existing premises do not make it easy for providing care, communicating and cohesive teamwork.
- Since the merger and prior to this inspection, the practice worked closely with the clinical commissioning group CCG with a detailed service improvement plan. There were regular engagement meetings held where the practice, provider, CCG and on occasions the CQC meet to review progress against the identified risks and issues.

We have rated the practice as requires improvement because;

- The practice generally provided care in a way that kept patients safe and protected them from avoidable harm. Areas of improvement had been made but others were required and some needed further embedding, monitoring and sustaining.
- Generally patients received effective care and treatment that met their needs. Areas of improvement had been made but some of these needed further embedding, monitoring and sustaining.
- The way the practice was led and managed promoted the delivery of high-quality, person-centered care, however they also recognised that despite the improvements they had made to their overall governance system and processes, further improvements were required. The provider and the practice were positive they would achieve these, they had an action plan that was regularly reviewed and monitored.
- The practice had and were still challenged with some staff shortages, recruitment and retention issues. Recent recruitment drives have been successful for both clinical and non-clinical staff.
- Not all staff felt engaged with the leadership team and although communication had improved some staff still felt isolated.

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:

During our inspection we spoke with leaders from the wider organisation, Suffolk Primary Care, the practice leaders and team leaders and other staff. Generally, staff were positive about the leadership of the practice and proud of the meeting the challenges they had faced, and the improvements made. Some staff reported negative feedback about the engagement and communication with the senior leadership teams. Most staff confirmed that communication had improved but that improvements were still needed. Staff reported they found the new team leader roles were a great benefit, team leaders reported the weekly leads meetings were helpful.

The leaders we spoke with were positive about the future, a staff questionnaire had been given out prior to our inspection announcement to gain direct and confidential feedback from all staff.

We reviewed the action plan the practice had shared and noted several areas where they had or planned to introduce leadership improvements including reviewing the roles and responsibilities across the partnership and management team, reviewing the vision for Cardinal Medical Practice and the six, 12 and 18 month practice plan.

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care and were committed to delivering this despite the challenges they faced.

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Partial ¹
Staff knew and understood the vision, values and strategy and their role in achieving them.	Partial ²
Progress against delivery of the strategy was monitored.	Yes

Explanation of any answers and additional evidence:

1&2 The leaders demonstrated they had a clear vision and worked cohesively with others such as the clinical commissioning group (CCG) to deliver this. Most staff we received feedback from told us they had not been involved in the development of the vision but that they agreed with it. We found most staff were positive about the future of Cardinal Medical Practice and that the new premises would be so beneficial to them and their patients.

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.	Partial ¹
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.	Partial ²
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence:	
<p>1. Some staff we had feedback from told us they would not always raise concerns as they did not think they would be welcomed by the management team. Some reported if they did raise concerns, they would do this with particular leaders rather than any of the leadership as they found some leaders more approachable than others. All staff we spoke with were aware of and had easy access to the system to report issues or concerns.</p> <p>2. The wider organisation, Suffolk Primary Care had two named Freedom to Speak Up Guardians however, staff were not aware of this and did not know how to contact them.</p>	

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

Source	Feedback
Staff members	<p>We received many positive comments from staff that they valued the team colleagues they worked with. They told us they regularly worked additional hours to cover for any absences to ensure workloads were contained. Staff reported communication had improved but the challenges of working across three sites sometime left staff feeling isolated.</p> <p>Many staff were motivated by the improvements made but recognised there was still a lot to achieve.</p> <p>Staff were proud of the way the practice had continued to, despite their challenges of COVID-19 and increased patient numbers, look after patients in a kind and compassionate way.</p> <p>Some staff reported that they worked in areas where the environment was not as good as other areas, such as robust cleaning, and some attention was needed to address this.</p>

Governance arrangements

There were responsibilities, roles and systems of accountability to support good governance and management although staff were not always clear about these.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Partial ¹

There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	
1. The practice shared with us the newly agreed structure chart which detailed the clinical staff as well as the non-clinical support team including the new role of team leaders. We discussed this with the practice who were aware greater communication was needed and were positive about making meetings, and information flow to everyone more productive and inclusive in the future. Staff confirmed they had access to minutes and emails but did not have sufficient personal / face to face contact with the whole team to feel fully included.	

Managing risks, issues and performance

There were processes for managing risks, issues and performance but the systems had not been fully established to ensure they were clear and fully effective.

	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 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:	
<p>The practice, because of the concerns raised by others, the significant mergers and increase in patient population numbers, had worked with the Suffolk Primary Care leaders and the clinical commissioning group (CCG) on an improvement plan. They had held regular meetings to review and monitor the improvements identified and made. For example, review of the systems and processes to ensure good governance, support for staff and patient engagement and management of complaints.</p> <p>The practice leaders we spoke with told us they had found the process had enabled them to have a more focused, structured approach to improving the quality of care to the patients, improvements to governance and IT and clinical systems to support better information sharing.</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

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making. New systems had been recently installed.

	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:	
<p>The practice had installed new systems to provide an easier and more robust ways to manage risks and performance. This included a new online triage service for patients to obtain clinical advice in a timely way, a new electronic system to manage communication, and information with easy access to policies and procedures for staff. There were also new systems to make risk assessments and create personnel records. Most of these systems had been newly implemented and needed to be fully populated, embedded, monitored and staff to be fully confident to use them. These new systems would reduce some of the anxiety of isolation of working across three sites where previously not all information was easily accessible.</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

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.	Partial ¹
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>1. Some staff we received feedback from told us they had not been involved in the changes to improve the practice and delivery of services to patients. The practice leaders acknowledge that communication had not been as clear as they would have wished, working across three sites and merging three practice work forces had presented challenges. The leaders reported they were confident that going forward the new systems and management team would succeed in engaging with staff more. The practice had prior to our inspection undertaken a staff survey, the results were still to be collated and analysed.</p>	

Feedback from Patient Participation Group.

Feedback
We spoke with a member of the PPG who was positive about the improvements the practice had made recently but recognised there were still more to do. They told us the practice was fully engaged in gathering feedback from patients and that they listened to them. They told us they were working with the practice to further address the patient concerns regarding access. Face to face meetings had been held and more planned in the future.

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.	Partial ¹
Explanation of any answers and additional evidence: 1. We found staff had received training the practice deemed mandatory and some staff had undertaken additional training dependent on their role and needs. Some practice staff reflected the shared learning processes could be improved by more inclusion of practice staff and team discussions.	

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

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

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **PHE:** Public Health England.
- **QOF:** Quality and Outcomes Framework.

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