

# Care Quality Commission

## Inspection Evidence Table

### The Medical Centre - Dr Kukar (1-579303624)

Inspection date: 25 May 2022

Date of data download: 07 July 2022

## Overall rating: Good

The practice was rated as good overall. This was because practice had responded to the concerns identified at our previous inspection in April 2021.

## Safe

## Rating: Good

### Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: April 2022	Y
There was a fire procedure.	Y
Date of fire risk assessment: April 2022 Actions from fire risk assessment were identified and completed.	Y

## 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.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: December 2021	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y

## Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There were enough staff to provide appointments and prevent staff from working excessive hours	Y
Explanation of any answers and additional evidence: We noted that the salaried GP worked relatively long sessions, but they told us they found their working pattern to be acceptable and it suited their particular circumstances.	

## Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y

## Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHS Business Service Authority - NHSBSA)	0.32	0.57	0.79	Significant Variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2021 to 31/03/2022) (NHSBSA)	6.1%	9.1%	8.8%	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 (01/10/2021 to 31/03/2022) (NHSBSA)	5.68	5.54	5.29	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	33.0‰	57.8‰	128.2‰	Significant Variation (positive)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHSBSA)	0.53	0.47	0.60	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	5.6‰	4.8‰	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.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y

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.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>As part of the inspection we carried out a series of standardised searches of the practice clinical records system to review how the practice was monitoring patients prescribed higher risk medicines. We did not identify any concerns. The practice was managing these patients safely and in line with national guidelines.</p>	

## Track record on safety and lessons learned and improvements made

### The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	6
Number of events that required action:	6

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

Event	Specific action taken
Medical emergency occurred on the premises.	The team followed the emergency protocol, the patient was stabilised and transferred to hospital. The significant event review noted that the team had responded well, and this had contributed to a positive outcome for the patient.
Member of reception staff resigned while on duty with no advance notice.	The practice was able to arrange immediate reception cover. The practice investigated the circumstances and have done some follow-up action to ensure that receptionist job description covers the range of tasks and need for flexibility.
Child booked for immunisation before recommended recall period	The practice nurse identified the issue when the patient attended their appointment, did not carry out the immunisation and rebooked an appointment in line with the UK immunisation schedule. The practice provided additional guidance to the reception team on the importance of following the schedule. The practice apologised to the family and was open about the error.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>As part of the inspection we carried out a series of standardised searches of the practice clinical records system to review how the practice was implementing selected national patient safety alerts. We did not identify any concerns. The practice was managing these patients safely and in line with national guidelines.</p>	

## Effective

## Rating: Good

The practice is rated as good for providing effective care. This is because the practice was providing care in relation to patients' assessed needs in line with guidance; and, the practice could demonstrate improvement in relation to childhood immunisations although the cervical cancer screening uptake remained below target.

*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 were delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.**

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Y

### Effective care for the practice population

Findings
<ul style="list-style-type: none"><li>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.</li><li>The practice liaised with the rapid response team to avoid preventable admissions to hospital.</li><li>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.</li></ul>

- All patients with a learning disability were offered an annual health check.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in eligible age groups.
- 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. When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients with poor mental health, including dementia, were referred to appropriate services. The practice had worked with the CCG dementia team to identify and diagnose patients presenting with dementia systems.

## Management of people with long-term conditions

### Findings

- We carried out a search of the practice electronic records system to assess how the practice was managing aspects of care for patients with asthma, chronic kidney disease, hypothyroidism and diabetic retinopathy. We found that the practice was managing patients in line with guidelines.
- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. 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 conducted a search of the practice records system to check if the practice was potentially missing diagnoses of diabetes and did not find any issues.
- 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.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.



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 and Improvement)	51	61	83.6%	Below 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 and Improvement)	52	69	75.4%	Below 80% uptake
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	60	69	87.0%	Below 90% minimum
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 and Improvement)	58	69	84.1%	Below 90% minimum
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 and Improvement)	11	14	78.6%	Below 80% uptake

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

### Any additional evidence or comments

- The practice was not achieving the 90% childhood immunisation targets for any of the five published childhood immunisation indicators. However, it had increased uptake since our previous inspection in April 2021. For example, the percentage of children aged two receiving immunisation for measles, mumps and rubella in 2019/20 was 74% and this had increased to 84% in 2020/21. The percentage of children aged five receiving both booster immunisations for measles, mumps and rubella was 70% in 2019/20 and this had increased to 79%.
- More recent published data is not yet available, but the practice provided unpublished data with more detail. The practice carried out an audit of its administration of the “6 in 1” immunisation which is given to babies at eight weeks old. The practice found that the uptake rate was 85% with six babies not being immunised in line with the schedule. On further investigation it found that five

of these six had been immunised but outside the eight-week deadline. Only one child had not received the immunisation. The practice was continuing efforts to encourage this family to attend.

- The practice had also audited children who had not attended for their booster immunisations by the age of five in 2022. The audit showed that 25 of 61 eligible children fell into this category. Of those 25, five had the immunisations on a catch-up basis (that is, they were immunised but after the recommended deadline) with one family saying they would book the appointment, but this had not yet been completed. One child had only recently registered and the practice was hopeful that their immunisations would be completed in due course. The families of 10 children had explicitly declined the immunisation and this was recorded in their records alongside evidence of counselling contacts made and attempted by the practice team. The remaining nine families had not been contactable and were likely to have moved away without yet re-registering with another practice (for example, by moving abroad). The practice was in the process of removing such 'ghost' patients.

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: 31/12/2021) (UK Health and Security Agency)	41.1%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	12.6%	49.0%	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) (UKHSA)	40.0%	57.1%	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) (UKHSA)	50.0%	55.9%	55.4%	No statistical variation

#### Any additional evidence or comments

- The uptake for cervical screening was significantly below the England target of 80%. Fewer than half of eligible patients had been screened in line with the recommended schedule as of December 2021. There had been a modest increase of just over three percentage points overall since the published data reported in our inspection in April 2021. The practice's own more recent unpublished data however, showed improved uptake particularly in the 50-64 age group to over 70%.
- Nursing staff informed us that patients from certain cultures and younger patients were more reluctant to undergo cervical screening, for example, believing that this was unnecessary before they became sexually active. To improve uptake rates, the practice sent letters to patients and posters were displayed in the practice to emphasise the importance of cervical screening. Last year, staff also visited a local mosque and spoke with leaders about the difficulties in engaging

patients with the screening programme in an attempt for this education to be relayed to the local population.

- There was one scheduled practice nurse clinic during the working week. However, the practice nurse also attended the practice on other days and was available to see patients on an opportunistic basis. The practice also funded a practice nurse locum clinic on alternate Sundays, depending on demand, enabling patients to attend for cervical screening outside of working hours.
- Breast cancer screening rates were very low for this practice at only 13% in 2020/21. Uptake rates had fallen across North West London following the COVID-2019 pandemic when the breast screening programme had been paused. The practice had experienced a similar size decrease but from a lower baseline.
- The practice submitted audit evidence compiled in May 2022 about the current uptake of breast screening. The submitted figures showed that 87 of 122 eligible patients had either attended their screening appointment or had actively declined. The practice held an internal meeting to review the results and emphasise the importance of engaging patients on the benefits of screening. The practice also sent out texts to eligible patients explaining that they would receive an invitation to participate in the national screening programme. The practice planned to repeat the audit after six months to assess any impact on uptake rates. While the practice was taking some action, there remained a lack of understanding of the specific barriers to uptake affecting eligible practice patients.

## Monitoring care and treatment

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

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

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

- The practice carried out six-monthly audits of high-risk medicines. For example it carried out a six monthly search for any patients prescribed transdermal fentanyl patches for non-cancer pain to ensure this was prescribed in line with current guidelines and patients were advised on how to use this medicine safely and store or dispose of it safely when no longer required. The most recent search did not identify any patients prescribed this medicine.
- We saw evidence that the practice had prioritised and acted on areas identified for improvement at previous inspections, for example, the practice could demonstrate an improvement in childhood immunisation uptake.

## 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.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>One of the GP partners carried out regular, documented clinical supervision with clinical staff. This included written feedback for reference and ongoing review.</li></ul>	

## 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.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y

## Helping patients to live healthier lives

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

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

## Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Partial
Explanation of any answers and additional evidence: No patients had DNACPR decisions recorded at the time of the inspection. This seemed below expectation for a practice population of over 6000. The practice was able to explain the procedures in place to provide care planning and advance decision-making.	

## 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.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: We observed that the reception staff spoke to patients respectfully and took the time to respond to people's questions in a helpful way.	

Patient feedback	
Source	Feedback
Patient interview	Patients participating in the inspection described the practice wholly positively. The patients we spoke with said they were often able to see the same GP which they valued. They reported that they and their family members, including those with long-term and multiple health conditions, received good quality care. The clinicians and reception staff were described as professional and caring.

## 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)	83.9%	87.7%	89.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2021 to 31/03/2021)	83.8%	86.0%	88.4%	No statistical variation

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 had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	98.0%	94.2%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	74.8%	80.9%	83.0%	No statistical variation

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

Any additional evidence
<ul style="list-style-type: none"> <li>The practice periodically undertook patient surveys on specific topics. For example, it had asked patients to complete a short questionnaire on the quality of the environment in February 2021 and received 50 responses. The results showed that patients were overwhelmingly positive about the cleanliness of the practice; the consultation rooms, waiting area and the facilities. There were no critical comments about these aspects of the service.</li> <li>The practice had developed an action plan following the publication of the National GP Patient Survey results in 2021. Areas identified as achieving below average scores were reviewed. For example, the practice had scored 71% for the helpfulness of the reception team compared to the North West London average of 79%. As a result, the practice had identified actions including that reception staff should complete customer service training annually and reception team members were invited to patient participation group meetings to improve engagement and awareness.</li> </ul>

## Involvement in decisions about care and treatment

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

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



## 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)	90.0%	90.4%	92.9%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	80 (1%)
How the practice supported carers (including young carers).	The practice put alerts on the electronic system to ensure that carers were recognised as needing priority and longer appointment times when they contacted the practice. Carers were also offered the annual flu vaccination. The practice signposted carers to local resources and advice. The practice team had undertaken training on how to identify carers and the practice was considering introducing a carers' health check.
How the practice supported recently bereaved patients.	The practice told us they offered telephone support or a consultation and signposted patients to the appropriate support services. Bereavement guidance was also available on the practice website, which had the functionality to translate to other languages.

## 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.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y



## Responsive

## Rating: Good

The practice is rated as good for providing responsive care. The practice had adjusted the service in response to the COVID-19 pandemic. The practice was taking action in response to mixed patient feedback on access to the service and this remains an area for further monitoring.

### Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice could book a British Sign Language interpreter if required.</li> </ul>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am-7pm
Tuesday	8am-7pm
Wednesday	8am-7pm
Thursday	8am-7pm
Friday	8am-7pm
Sunday (alternate)	By appointment only
Appointments available:	
Monday to Friday	10am-2pm and 3pm-7pm
	Appointments with the practice nurse or health care assistant are available before 10am

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

- The practice offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- There was a medicines delivery service for housebound patients.
- The practice liaised with community health services to discuss and manage the needs of patients with complex medical issues.
- The practice prioritised young children for same day appointments when necessary.
- The practice was open until 7pm from Monday to Friday. Pre-bookable appointments were also available to all patients at additional locations within the area in the evening and at weekends.
- The practice held a register of patients living in vulnerable circumstances including homeless people 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.
- Additional nurse appointments were available on alternate Sundays.

### Access to the service

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

*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 and Improvement 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	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Y
Patients were able to make appointments in a way which met their needs	Y
There were systems in place to support patients who face communication barriers to access treatment	Y
Patients with most urgent needs had their care and treatment prioritised	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Y

Explanation of any answers and additional evidence:

- The entrance doors to the practice had been kept locked since the onset of the COVID-19 pandemic. Patients attending were required to use an intercom system to gain access to the premises. There was a call button and video camera to alert the reception staff that patients were waiting outside.
- We were told that there had been incidents previously where reception staff had been verbally abused and threatened. Staff confirmed they felt safer with the current system. As a result, the practice was planning to maintain the entry procedure in the longer term as the intercom system allowed for screening before a person was allowed into the building. We observed that patients gained entry reasonably quickly on the day of the inspection.

## 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)	55.9%	N/A	67.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	65.4%	71.3%	70.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	63.4%	68.1%	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)	75.5%	78.3%	81.7%	No statistical variation

### Any additional evidence or comments

- The practice achieved lower than average results for questions about access on the National GP Patient Survey although its scores had improved since the 2020 survey. The practice had developed an action plan in response. Actions included ensuring there were always at least two reception staff answering incoming telephone calls; promoting the use of the e-consult online service and updating practice messaging to encourage patients to call during less busy periods if they did not have an urgent problem.
- The practice had carried out its own survey of patients over a four-week period in April 2022 which included questions about access. The practice received 46 completed responses. In this sample, 39 (85%) of patients described their experience of getting through to the practice by telephone as good, very good or excellent. Around half described their experience as 'excellent'.

Source	Feedback
Patient interview	Patient representatives we spoke with described accessing the service as straightforward with appointments usually available within a few days.

## 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.	2
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

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

### Example(s) of learning from complaints.

Complaint	Specific action taken
Patient concerned that medical records were incomplete and inaccurate	Patient complaint investigated and historical administrative error identified with patient having more than one NHS number. Practice escalated the error to the relevant NHS body to have the records merged and wrote to the patient explaining the error and how it would be put right.
Patient complaint about conduct of individual staff member during interaction	The practice investigated and wrote to the patient with an apology. The incident was reviewed with staff to identify learning points and to prevent this type of incident recurring.

## Well-led

## Rating: Requires improvement

The practice is rated as requires improvement for providing well-led care. While we saw evidence that the practice had sustained and embedded the improvements noted at the previous inspection, there had been more variable and limited progress on improving published cancer screening uptake rates which remained markedly below target. The practice stored key organisational records on a single laptop which was inaccessible on the day of the inspection visit and posed an unnecessary risk to good information governance.

### Leadership capacity and capability

**Leaders could demonstrate that they had the capacity and skills to deliver high quality sustainable care.**

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>The practice was led by a stable partnership. The practice did not have a formal leadership development programme or succession plan. However, it was not anticipating any change to the leadership arrangements, for example, none of the partners were nearing retirement. One of the partners was expected to join the practice in a more substantive clinical role once they had completed their medical training.</li><li>The managing partner was providing development support to one staff member to enable them to take on a managerial role in the practice.</li></ul>	

### 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.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	N
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence:	

- Not all staff were aware of the vision and values, but they understood their own roles and how their work contributed to the practice.
- The practice was working with the patient participation group to develop its strategy and was increasingly using resources available through collaboration with the primary care network, for example, access to social prescribers for the benefit of patients.
- The practice had a relatively high ratio of patients to clinical staff. At our previous inspection we expressed concern that this might affect access to the service. At this inspection we noted that the practice managed workload through the regular GP running long clinical sessions. The practice nurse was able to provide ad-hoc appointments outside of her scheduled clinic. Staff told us that they could add patients who needed immediate attention to the doctor's patient list which sometimes extended sessions further. Both the regular GP and the practice nurse told us they felt well supported and they were positive about working at the practice.

## Culture

### The practice had an open culture and staff felt supported.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y

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

Source	Feedback
Staff feedback	All the staff we spoke with said they felt supported by the managers and were able to raise concerns. The reception staff said they would like to have more appointments to offer but they found ways to book patients in according to need.

## Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y

## Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Partial
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y

Explanation of any answers and additional evidence:

The practice monitored its performance and could show improvement in some areas, for example the uptake of childhood immunisations. Cancer screening uptake rates remained low and below target. While the practice had carried out recent audits of uptake, it did not yet have clear plans in place to tackle observed barriers, for example in relation to encouraging attendance for breast cancer screening. This was despite the fact that its published breast cancer screening uptake rate was only 13% and much lower than other local practices.

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

	Y/N/Partial
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The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Y
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Y
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Y
The practice actively monitored the quality of access and made improvements in response to findings.	Y
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Partial
Changes had been made to infection control arrangements to protect staff and patients using the service.	Y
Staff were supported to work remotely where applicable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had acted to reduce backlogs over which it had some control, for example, overdue cervical screening and childhood immunisations following the first wave of the COVID-19 pandemic. The practice reported that patients were experiencing longer than usual waits for non-urgent referrals to some hospital specialties but, aside from checking that the referrals had gone through, there was little they could do to resolve this.</p>	

### Appropriate and accurate information

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

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



## 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.	Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>We did not have any concerns about the storage and security of confidential patient information.</li> <li>The managing partner told us they kept management information and records on an encrypted laptop. On the day of the inspection the laptop was not on the premises and key documents were unavailable for inspection, including recruitment documentation; evidence of professional training; various audits; aspects of performance information and survey results. The managing partner was able to provide this information after the inspection. The managing partner told us they attended the practice on most days. In this context, the use of a laptop to store important corporate information was an unnecessary risk.</li> </ul>	

## Engagement with patients, the public, staff and external partners

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

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

Explanation of any answers and additional evidence:

- The practice had maintained its Patient Participation Group and had held the most recent meeting shortly before our inspection. The practice was involving a wider range of staff in the Patient Participation Group meetings to raise awareness of patient views across the team.
- The practice was a member of its local primary care network. We did not see evidence of proactive engagement with stakeholders, such as the commissioners, to understand and respond to the needs of the local population.

Feedback from Patient Participation Group.

### Feedback

We spoke with a member of the patient participation group who told us that they found the meetings useful and that patient views were listened to. The patient representative told us that the managing partner attended these meetings and fed back on actions taken in response to the group's feedback, for example, updated information on the practice website.

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y

### Examples of continuous learning and improvement

- The practice had sustained improvements noted at the previous inspection in relation to managing the risks of prescribing medicines that require ongoing monitoring. The practice had also maintained its Patient Participation Group which had been recently established at the time of the last inspection. We noted the recent improvement to uptake of childhood immunisations.
- The practice was increasingly looking to make use of staff employed by the primary care network in associated roles (for example, clinical pharmacists) to complement the skills of the in-house clinical team.

## 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)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> 1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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

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

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

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

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

## Glossary of terms used in the data.

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