

Inspection Evidence Table

Huntingdon Road Surgery

(1-572243015)

Inspection Date: 25 August 2023

Date of data download: 17/07/2023

Overall rating: Good

The practice is rated outstanding overall. This is because we rated the practice as outstanding for providing a caring, responsive, and well-led service:

- The practice had a clear mission to provide continuity of care to all patients.
- Patients were respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.
- The practice worked with other agencies to provide effective care to patients wherever they were located and understood and worked to address the barriers to access faced by vulnerable patients.
- There was a focus on innovation and improvement, recognising health coaching would support increasing life expectancy and reducing hospital admissions, with an effective and strong multi-disciplinary approach to care.

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.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes

There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
<ul style="list-style-type: none"> • Staff had received the appropriate safeguarding adults, safeguarding children, and Disclosure and Barring (DBS) checks relevant to their role. • The provider had overall safeguarding adult and children leads. All policies and procedures were overseen by the leads for the safe management of cases. We saw evidence of shared learning, and communication between other health and social care professionals, and the practice also employed a safeguarding administrator to coordinate monthly communication meetings. • Clinical and non-clinical staff were able to demonstrate they were trained in child protection and showed clear oversight of the processes. All staff were able to indicate how the practice's internal system would highlight a vulnerable patient. We saw the provider kept their safeguarding registers up to date. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes
<ul style="list-style-type: none"> • We reviewed 4 staff files and saw staff had received the appropriate recruitment checks before commencing their post. • Staff vaccinations were maintained in line with current UKHSA guidance. • All clinical staff had appropriate indemnity insurance in place. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Yes
Date of last assessment: 18 July 2023	Yes
There was a fire procedure.	Yes
Date of fire risk assessment: 18 July 2023	Yes
Actions from fire risk assessment were identified and completed.	Yes
<ul style="list-style-type: none"> • We saw from the practice's record-keeping that there was clear oversight to manage all checks related to health and safety, including fire safety. We found risk assessments had been completed, management of legionella, and calibration of equipment. There was clear evidence of regular servicing checks to ensure completion, including receipt of reports. For example, an electrical wire test was completed, and where 1 lead had failed testing, this was immediately replaced. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes

Infection prevention and control audits were carried out.	Yes
Date of last infection prevention and control audit: 21.03.2023	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
<ul style="list-style-type: none"> We found clear oversight between the management team for infection prevention and control. The practice had an infection control lead and in addition, worked with the Integrated Care board and Primary Care Network leads to share any changes in guidance, concern, learning, and good practice. Clear processes were in place for when infection control issues were found, for example, dust inside a fan was actioned with cleaning, and windows that were requiring maintenance such as replacement locks or cleaning were actioned. 	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours.	Yes
<ul style="list-style-type: none"> The provider and staff told us they were able to manage staff absences and took a proactive approach to provide services should any staff absence occur. During our inspection, the practice was recruiting for a social prescriber and had trained care navigators, administration team, and receptionists to signpost patients to other professionals and services. This volume of information was available in paper format and electronically. Non-clinical staff were able to detail the procedure of how to recognise, respond and call for help to an acutely unwell patient. 	

Information to deliver safe care and treatment

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

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

There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
<ul style="list-style-type: none"> A review of patient record with clinical searches identified that care records were managed in a way that protected patients. For example, history, examination, management plans, safety netting and follow-up, were adequately documented within the patient record. 	

Appropriate and safe use of medicines

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

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

Indicator	Practice	SICBL average	England	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2022 to 31/03/2023) (NHSBSA)	0.57	0.94	0.91	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). (01/04/2022 to 31/03/2023) (NHSBSA)	7.3%	9.9%	7.8%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2022 to 31/03/2023) (NHSBSA)	4.70	5.15	5.23	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2022 to 31/03/2023) (NHSBSA)	37.0‰	121.8‰	129.8‰	Significant variation (positive)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2022 to 31/03/2023) (NHSBSA)	0.37	0.56	0.55	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2022 to 31/03/2023) (NHSBSA)	3.2‰	5.9‰	6.8‰	Variation (positive)

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	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
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<ul style="list-style-type: none"> • We found there was a clear process for completing structured medicines reviews. For example, there were no overdue medicine reviews seen. Also, within the last 3 months, 27% of patients aged over 75 years, had received a medicines review. This was higher than the expected standard of practice and demonstrated a strong recall and follow-up process for completing medicines reviews. • Our inspection used a suite of clinical searches to review the management of high-risk medicines prescribed. We saw 47 patients who were prescribed a disease-modifying anti-rheumatic drug (DMARD) and all patients were monitored appropriately with no overdue reviews. • Out of 24 patients prescribed an immune-suppressant medicine, 4 patients were overdue monitoring. The practice was aware of these patients and explained, that these patients had been contacted and had medicine reviews booked in as they were unable to attend the previously booked appointment. • Out of 335 patients prescribed a direct oral anticoagulation (DOAC) medicine, 5 patients showed as being overdue monitoring. We looked at these patients in greater detail and saw these patients had 	

been reviewed and hospital guidance had indicated to continue this medicine. The practice demonstrated they had already addressed these patients, and all had received appropriate monitoring, but the required action was not reflected in the practice system. Our GP SpA escalated this to the system provider after recognising a software issue, not a practice fault.

- The provider undertook monthly clinical searches to ensure all patients' overdue monitoring was identified and medicine reviews were arranged.

Dispensary services	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Yes
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Yes
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Yes
Where the Electronic Prescription Service patients used for dispensary prescriptions, prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Yes
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	Yes
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Yes
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Yes
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Yes
<ul style="list-style-type: none"> • We saw strong systems and processes within the dispensary. Staff were able to demonstrate knowledge of their patients, when to query a change in medicines, and evidenced how to learn from significant events and near misses. For example, a near miss had been documented after a trainee had picked an incorrect medicine for dispensing. This was identified on the internal checking process before being sent out from the dispensary. There was clear process of documentation, training, supervision and learning shared and the event was discussed at the practice meeting. • Stock was managed well at the dispensary. To ensure stock was not wasted, the provider utilised an approach of stocking medicines efficiently. For example, vaccines that were required at the dispensary location and replaced after each use from the main location. This eliminated waste and gave a clearer oversight to medicines management. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	8
Number of events that required action:	8
<ul style="list-style-type: none"> The practice showed clear and strong processes to identify, report, and share learning from significant events however minor, with staff and external professionals. Staff told us how to access the practice incident reporting policy and. They told us there was an open, honest, and supportive culture to report any issues they may have been involved in or experienced within their work. Learning from all events was shared and documented in staff meetings. Changes to processes were made and learning was shared both internally and externally. 	

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

Event	Specific action taken
Death of a patient resulting in changes to processes inside and outside the organisation, following suicidal ideation.	<p>The practice recognised more detailed contemporaneous notes regarding suicidal ideation and self-harm could be strengthened, promoting students to inform their educational providers, challenging the wait times for community mental health services, and being extra vigilant when safety netting patients with cultural factors and undue social stressors.</p> <p>The practice had been given support from the Integrated Care Board (ICB), and Care Quality Commission (CQC) and had been given bereavement support to staff from an external bereavement team locally. There was a review of suicides within the local region completed as statistical analysis had shown a higher rate of young person deaths within the Cambridgeshire area.</p> <p>Following this incident, this was documented within the practice as a significant event, learning was shared, and a coffee morning was introduced to provide support and education on mental health awareness. The aim of these sessions was to teach patients and their relatives, friends and colleagues how to recognise potential</p>

	<p>changes a person in a mental health crisis could present with and how to summon for help.</p> <p>This help was shared at both education and community levels for a broader awareness and further detailed what to do in the event the practice was closed or experiencing technical issues and where to escalate for support.</p> <p>This community-wide approach to education has had a positive effect on patients gaining early intervention support for mental health concerns with highlighted awareness due to the significant event analysis the practice had completed.</p>
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Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
<ul style="list-style-type: none"> We saw staff had a satisfactory system for managing safety alerts. The provider was aware of an alert relating to a medicine prescribed for gout, causing a potential for increased heart failure. To be more detailed in the patient record, the provider told us they would be contacting the affected number of patient's rheumatologist to provide specific cardio-vascular guidance and why it could exacerbate heart failure. We identified in our previous inspection, that the provider was not actioning safety alerts in a timely manner. At this inspection, we saw the practice had improved this practice and incorporated as part of a patient medicine review and would run monthly reporting to ensure a structured approach was completed for monitoring all safety alerts. 	

Effective

Rating: Good

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

Effective needs assessment, care and treatment

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

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

Effective care for the practice population

Findings
<ul style="list-style-type: none">• Those identified received a full assessment of their physical, mental and social needs.• Health checks, including frailty assessments, were offered to patients over 75 years of age.• Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.• The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was an appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. There were 1052 patients eligible for an NHS health check for 2023/2024, and 218 had been completed in the 3 months prior to our inspection . This figure was slightly lower than the expected standard, however, the practice was able to demonstrate the patients eligible for invitation had not all responded, some were students who had follow-up calls and reminder letters and some patients were in hospital or on holiday. Patients who had not been able to attend an appointment had been booked in for a different date.
- All patients with a learning disability were offered an annual health check. There were 34 patients eligible for a learning disability health check 88 % had been completed within the past 12 months. This met the expected standard. The remaining eligible patients had been booked for home visits. This was due to the named GP recognising a visit to the practice could cause undue stress and accommodated appointments around the patient’s routine, for example, outside of day centre attendance.
- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- 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.

Management of people with long term conditions

Findings

- Patients with long-term conditions were offered an effective annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up with patients who had received treatment in the hospital or through out-of-hours services for an acute exacerbation of asthma. We identified 51 patients with asthma who had been prescribed 2 or more courses of steroids. We reviewed 5 patient records and found all had been monitored appropriately. The practice told us a patient consultation note audits demonstrated treatment options discounted would strengthen patient notes. This was being implemented at the time of our inspection.
- 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 identified 3 patients with a potentially missed diagnosis of diabetes. When we reviewed these records further, we saw the patients had been monitored and identified by the practice with appointments made.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.

Child Immunisation	Numerator	Denominator	Practice	Comparison to WHO target of 95%
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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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	115	123	93.5%	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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	122	134	91.0%	Met 90% minimum
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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	121	134	90.3%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	123	134	91.8%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	142	165	86.1%	Below 90% minimum
<p>The practice was aware of the lower child immunisation data and were working with patients to improve data. In response to this data the practice had done the following after recognising challenges faced with public perception of the measles, mumps and rubella vaccine (MMR) :</p> <ul style="list-style-type: none"> • Working with ethnic groups to educate around the importance of vaccinations. • Held discussions with parents who had concerns of the effects of vaccination. • Created flexibility for appointment bookings. • Worked with the local Traveller population and adapted clinics to respond with appointment flexibility. • Promoted information and utilised their patient participation group to support immunisation clinics. 				

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 patient demographics show childhood immunisations data to be proportionate to this population group.

Cancer Indicators	Practice	SICBL average	England	England comparison
Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	55.3%	N/A	62.3%	N/A

Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	68.5%	N/A	70.3%	N/A
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). (12/31/2022 to 12/31/2022) (UKHSA)	48.2%	N/A	80.0%	Below 70% uptake
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (4/1/2021 to 3/31/2022) (UKHSA)	55.8%	61.8%	54.9%	No statistical variation

Any additional evidence or comments

The practice was aware of its low performance data relating to the uptake of cervical screening for eligible persons in relation to the national target of 80%.

The practice patient list size was approximately 22,000 and of these 47% (10,425) were eligible.

The practice had been proactive in looking at this situation and how they could increase uptake. The challenges they faced included:

- The transient nature of the student population, with most students only living in the area for 30 out of the 52 weeks in the year.
- The student population included a high number of international students who either do not feel the need to have cervical screening or who had the screening in their country of origin.
- Students often had to juggle priorities such as study, job, and social engagements, which meant health screening was a lower priority.
- The perception that cervical cancer is a disease of older age groups.
- Patients who received cervical screening outside of the UK were not able to be coded on their patient records unless the screening test had been completed within the UK. A note could only be added to the patient consultation record.

In response to these challenges the practice had done the following:

- Launched a campaign called 'Don't Fear the Smear'.
- Established professional working relationships with local colleges and their nurses to encourage them to promote cervical screening.
- Used technology such as SMS and email to remind eligible patients and give options to make an appointment online.
- Increased the number of nurses trained to undertake cervical screening, including staff trained in women's health.
- Proactively following up on those patients who missed their screening invitations.
- The practice was committed to mitigating the challenges associated with the high student population and expressed determination to reach beyond the national average performance.

The practice showed us a letter from the Integrated Care Board (ICB) that demonstrated they had completed above the expected target for cervical smear completion within the past 12 months.

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
<ul style="list-style-type: none"> The practice completed quality improvement audits to ensure their antibiotic prescribing was in line with current local prescribing guidance. The audit was completed on a sample of 25 patients and 64 % were in line with current prescribing guidance. Analysis of the 36 % of patients prescribed outside of the guidance demonstrated this was prescribed by advice from secondary care. The practice told us this was an area they were keen to improve, and this was demonstrated in their data being positive for lower antibiotic prescribing. 	

Any additional evidence or comments

- Within the past 2 years, the practice showed us they had completed 29 quality improvement pieces of work that included auditing and analysis trends for patients who did not attend appointments, childhood 6-week baby checks, immunisation of children and adults, plus, a cytology programme review and ensuring referrals were completed correctly and reasons for refusals monitored.
- To improve patient service delivery, once a year, an audit of significant event meeting minutes was completed. The practice told us this approach was to identify themes and trends and as a team, they would discuss how to implement changes for patients based upon this thematic review. For example, where a communication theme was recognised, training and amended ways of working were implemented, such as increasing the workforce by 2 doctors to create 10 more sessions per week.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes

The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<ul style="list-style-type: none"> The provider and the practice showed clear oversight of the training and development of staff. We found training the practice deemed mandatory was managed and staff were given information when training was due. Opportunities for development were discussed and given to staff, for example, support was given to clinical staff to gain prescribing qualifications and for non-clinical staff to take managerial roles within the practice or in the wider organisation. Staff told us they had easy access to their managers and lead GP in the practice and there was an open culture towards learning, support, and development. Where staff training was overdue, training reminders were sent, and time was set aside for it to be completed. 	

Coordinating care and treatment

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

	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes

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

- Nonclinical staff we spoke with told us in the absence of a social prescriber, they had been upskilled to refer patients or signpost to other support agencies, such as smoking cessation or housing advice.

Any additional evidence or comments

- One of the GP partners also had a keen interest in wellbeing and was working with the practice to develop a patient well-being programme to improve patient health and fitness. At the time of our inspection, this was still in progress and the practice told us that they were looking forward to the implementation of this programme to further enhance their patient experience.

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

Caring

Rating: Good

We rated the practice as good for providing a caring service because patients were respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
<ul style="list-style-type: none"> The practice team aimed to positively welcome every patient to the practice and encouraged patients to stay for a drink and a chat if they wished and patients told us they felt they were truly cared for by this 10-15 minute catch-up coffee session. Staff and patients were encouraged to be a community rather than a patient-and-practice relationship. This improved the understanding of patients' needs and built confidence whilst meeting patient needs. The reception team, clinicians, dispensary team, and manager were on first-name terms with many patients and could recognise when patients were struggling or seemed unwell and needed additional support. The team actively took opportunities to engage patients when they visited the practice, find out how they were, and discuss local services, developments, and activities that might be of interest. Patients' emotional needs were understood, and the staff could identify changes within a patient, such as, changes in emotional behaviour regarding their condition or diagnosis. 	

Patient feedback	
Source	Feedback
Patient Interviews	We spoke with 13 patients who told us having a named GP gave them consistency and trust in their care. We were also told that the staff were kind, caring and felt welcome to go have a cup of tea with staff.
NHS Website	There were 17 positive reviews in which staff were described as supportive, caring, helpful, listening, and made patients feel satisfied and listened to. We saw 7 negative reviews that focused on access to telephone lines. The practice had responded to these patients asking them for meetings and feedback had brought change to telephone lines being upgraded.
Feedback the practice received from patients	The practice shared with us some of the feedback they had received from patients. These letters and cards included positive comments about the caring nature of all staff and in some cases had named individuals.
Patient Interviews	Patients told us they felt fully involved in their care. They said there was enough time to talk through any problems and treatment options.
Patient Interviews	Patients told us the practice went 'above and beyond' and the staff always 'prioritised' patients. Dispensary staff were described as 'the heart of the village'.

Patient Interviews	All the patients we spoke with said they were treated with care and compassion by staff and their views were respected. People described the service as ‘unique’, ‘outstanding’, and ‘amazing’.
Patient Interviews	One patient told us they have had the same GP for 30 years and they “had ultimate trust and faith” in their doctor, describing staff as “so welcoming, listening and know us all so well”.

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2023 to 30/04/2023)	81.2%	84.3%	85.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2023 to 30/04/2023)	86.5%	82.8%	83.8%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2023 to 30/04/2023)	96.5%	92.2%	93.0%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2023 to 30/04/2023)	78.9%	68.8%	71.3%	No statistical variation

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

Any additional evidence

- The provider completed its own friends and family test through their Patient Participation Group (PPG). The practice recognised by using the PPG more patients were more likely to respond, and the latest survey result reported in July 2023 showed an 80.3% positive response from patients. The practice response rate had been 30% return. The practice recognised by using the PPG, they were able to capture more patient feedback to improve the delivery of care.
- The practice and PPG used opportunistic methods to capture patient feedback about possible service developments and ideas for improvement, plus, feedback about their experience. Using a range of feedback methods to capture data and feedback from patients in this way meant that the practice was able to undertake an analysis of themes and trends and highlight barriers for patients. Once identified,

the practice would then change their ways of working and create positive changes that benefited their patient population. For example, an audit to understand the patients who declined cervical screening testing showed a 50% higher response rate with the PPG support and they changed care support upon the results of this feedback.

Involvement in decisions about care and treatment

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

patients	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
<ul style="list-style-type: none"> • Easy read and pictorial materials were available. • There was no restriction on consultation times. This enabled the clinicians to cover multiple issues in one appointment and take as much time as required to explain and involve patients in decisions. • Staff were proud to advocate consistency of care in a doctor-patient relationship. We saw a written paper that the practice had presented to members of parliament regarding the benefit to a consistent approach to care. This paper was part of reshaping the healthcare system and evidenced this method of caring had led to fewer hospital admissions, lower mortality, and high patient satisfaction with care. • The practice had a 30% student population and worked with the college and university nurses to monitor mental health and well-being and held quarterly educational sessions on suicide prevention to support and recognise students who may be struggling with their mental health. These educational sessions provided students with awareness of mental health decline, and how to access support if they were concerned about a fellow student. The local university was also part of this support session to be educated by the practice and training provided, including crisis support in and out of practice hours. • There was a strong focus on working to achieve vulnerable patients' longer-term goals by supporting and signposting them to resources to help maintain independence, find employment, and housing, and ultimately transition to the care of mainstream general practice. • Alzheimer's Association was linked to the practice and would hold dementia awareness sessions for staff and patients. Increasing awareness of dementia allowed patients and relatives to be able to understand what dementia is and how to support a person diagnosed. This then promoted higher care given and benefited the patient to feel understood. • Patients with diabetes were invited to practice held dietician clinics to promote healthy lifestyles after recognising the benefits of improved health-created empowerment and fewer diabetes-related complications. Additionally, the provider was introducing a health coaching project with a lead partner and was working with the local Primary Care Network to facilitate funding to empower patients to care for themselves. There was a strong emphasis on coaching patients on each specific health disease as the practice recognised improvements to health literacy and reduced self-presentation to secondary and primary care. • The practice was registered as a Parkrun practice and both patients and staff were welcomed to participate in a 5-kilometer run/walk every Saturday. The practice wanted to develop a more inclusive approach for patients and told us that since the scheme had commenced, by engaging the whole practice, patients felt more supported and would be more open to health concerns. The practice told us that they recognised the barriers faced by some patients to speak up and in response, they saw an 	

increase in patients coming forward to seek medical advice. This had led to early diagnosis and prevention measures placed sooner for patients.

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2023 to 30/04/2023)	95.2%	89.5%	90.3%	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 189 (0.8%) of patients registered as a carer and encouraged patients to inform them if they became a carer. A proactive approach was used with a staff member allocated as a Carers Champion so that any carer had a single point of contact at the practice to gain support from. Annual health checks and mental well-being checks were completed to support carers. The practice would refer carers to the local authority for a carer assessment to give further support and all staff would complete carer awareness training to understand care responsibilities and how to offer support.
How the practice supported carers (including young carers).	There was 1 young carer who was registered at the time of our inspection. The practice ensured well-being and mental health needs were considered and were aware of support services and all staff were made aware of the young person's carer status.
How the practice supported recently bereaved patients.	Staff would send a bereavement card and flowers to relatives and would attach a copy of their bereavement policy. This detailed the bereavement process, what happens next, where to seek bereavement support if a hospital death occurred, and similarly with a home death. All relatives were invited to have a GP meeting so that their needs and mental health could be assessed.

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: Good

We rated the practice as good for providing a responsive service because the services were:

- Delivered in a way to ensure flexibility, choice, and continuity of care.
- The practice worked with other agencies to provide effective care to patients, wherever they were located, understood, and worked to address the barriers to access for vulnerable patients.
- There were innovative approaches to providing integrated person-centred pathways of care, particularly for vulnerable patients and those with multiple and complex needs.

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
<ul style="list-style-type: none"> • In response to the rise of requests for face-to-face and remote consultations, the practice recruited an extra 2 doctors to create another 300 patient consultation appointments available weekly. Furthermore, a physician associate was also employed to allow further sessions a week over a 4-day period. • Patients with complex needs, learning disabilities, housebound and vulnerable patients would be accommodated in the suitable environment they were most comfortable with, for example, home visits. • The provider was nominated and shortlisted for a 'Single Session Thinking' national award at the time of our inspection. The practice created and developed a patient support network and supported 40% of child and adolescent mental health referrals being reduced from long waiting times for access. The provider took this opportunity to ensure that all children and young persons' mental health needs were supported up to the age of 25 years. Another 5 GP practices across 2 local primary care networks were brought into the scheme to ensure children and young persons were given the supportive care required. 	

Practice Opening Times

Day	Time
Opening times:	
Monday	8.15 am – 6 pm
Tuesday	8.15 am – 6 pm
Wednesday	8.15 am – 6 pm

Thursday	8.15 am – 6 pm
Friday	8.15 am – 6 pm
Appointments available:	
Monday	8.15 am – 6 pm
Tuesday	8.15 am – 6 pm
Wednesday	8.15 am – 6 pm
Thursday	8.15 am – 6 pm
Friday	8.15 am – 6 pm

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

- Patients had a designated named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs, and complex medical issues. Doctors completed home reviews of diabetic patients who were unable to attend the practice for appointments and reduced risks of diabetic complications by completing home visits to this patient group.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- There was a medicines delivery service for housebound patients.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Additional extended hours for early morning appointments were available on a Thursday at the practice from 7:15 a.m. to 8 a.m. to support working patients with available pre-booked appointments.
- All parents or guardians calling with concerns about a child were offered a same-day appointment when necessary.
- Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments could be booked at the practice or by contacting the GP Federation directly, and details were available on the practice website.
- The practice also had access to GP Federation phlebotomy services for patients to access blood testing outside of practice hours.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers, and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability and was actively involved with the Learning Disability Partnership. This included GPs completing health reviews and vaccinations in the patient's own home in recognition of the barriers and fears of living with a learning disability. The provider also extended this approach to Autistic patients.

Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Yes
Patients were able to make appointments in a way which met their needs.	Yes
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Yes
Patients with most urgent needs had their care and treatment prioritised.	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Yes
<ul style="list-style-type: none"> • The practice used an electronic consultation system for patients to access advice and care. Patients were directed daily to the most appropriate clinician or person for the care. For example, patients requesting an appointment were managed by clinical staff, and patients requesting a follow-up were directed to administration staff for appointment booking. After the completion of any contact, a feedback request was sent to the patient. These comments were reviewed by the administration and management team and responded to regularly during the working day. This ensured that any comments that required immediate review or action were actioned the same day. • The practice was the only one within the local area to employ a Physician Associate to support patient access. • Patients commented that they had received a fast response to their request and that they were happy with the service. • There was a sole provider membership to the Student Health Association within Cambridge. This supported and represented specialist students. This supported students and gave support with funding for students to access studying and care. Students were encouraged to register with the practice and gain this vital support locally, rather than stay registered with their home GP. • The practice also worked in conjunction with Girton Town Charity to support patient referrals to services, such as Relate or patient care grant applications. • The practice also employed an in-house physiotherapist to enable quicker access to patients requiring physiotherapy services. There had been 30 patients seen for treatment at the practice within a 1 to 3 week period, rather than waiting for 3 months or longer at the local hospital. • A good mood café at the practice for supporting students with mental health support had given 273 students within the past year an opportunity to be identified for requiring new mental health access. These students would have not been identified if this café had not been facilitated and access to support was preventing longer-term health consequences. 	

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2023 to 30/04/2023)	49.3%	N/A	49.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 30/04/2023)	66.4%	53.6%	54.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2023 to 30/04/2023)	53.6%	51.0%	52.8%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2023 to 30/04/2023)	81.9%	N/A	72.0 %	NA

Source	Feedback
NHS.uk website (formerly NHS Choices)	There were 6 mixed comments received surrounding access and focused on patient expectations not being managed for immediate call-back appointments. The practice management team contacted the patients to discuss and amended the practice website to explain the appointment call-back process clearly for patients. The practice had patients who had left feedback to say they had moved area and did not want to leave the practice due to the high level of person-centred care given.

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.	25
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

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

Example(s) of learning from complaints.

Complaint	Specific action taken
Automated telephone line messages and hold music complaints.	The managerial team asked for all feedback to be sent to them and arranged individual patient meetings to address common themes and trends reported to the external telephone provider. As a result of this feedback, a new telephone system was introduced.

Well-led

Rating: Outstanding

At this inspection, we have rated the practice as outstanding because:

- There was a very strong commitment to supporting staff wellbeing. For example, well-being walks to support staff mental health oversight, acknowledgment of staff roles, and dedicated staff meeting sessions for an understanding of each person's role.
- Staff felt considered, empowered, and motivated and felt the leadership team was more than an employer and the staff's wellbeing was the focus to create a positive environment that impacted positively on patients.
- There was clear evidence of continuous improvement and change. For example, the work provided for children and young person's mental health and focus on vulnerable patients.
- There was extremely positive feedback from the Patient Participation Group (PPG). There were many examples where the practice had worked closely with the PPG to improve services for patients. For example, patient surveys, liaising with local universities, and supporting the development of a new branch surgery site.
- There was a culture of learning, evolving, and sharing learning with others.
- Leaders drove continuous improvement for patients and staff. Staff innovation was encouraged, supported, and celebrated by the leaders.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all.

	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
<ul style="list-style-type: none"> • The practice had effective succession planning in place with 4 GP partners. The leaders were confident they provide a sustainable service and meet any challenges. They had employed 2 further salaried GPs in response to service provision changes required. • Leaders and staff were passionate and demonstrated their ability to provide the highest quality of continuity in care to patients. We interviewed clinicians and non-clinicians. Everyone we spoke with described the leadership positively, for example, the GP partners were described as 'exceptional' to work for and staff felt it was a community of colleagues who deeply cared for the wellbeing of staff and patients. All staff took turns in monthly meetings to be interviewed on their role for all staff to understand each other more professionally. • Patients described the practice as "truly caring". • We were told the leadership team led by example and placed staff and patients at the forefront by ensuring staff wellbeing was monitored to create a happy environment. Patients recognised this and said the staff was like a family that ensured a 'lovely place to visit'. • Patients would call past to have a cup of tea with staff as they felt so cared for and told us this starts 'from the top and it's refreshing to have doctors who truly care'. • The leadership team would take time out each Thursday to take the staff on a lunchtime walk and consider their mental health and well-being. The whole practice participated, and leadership recognised the benefits to staff well-being which included reduced sickness, improved productivity, and staff 	

retention. The practice told us how they had seen benefits for the staff, and they had seen improvements in staff performance.

- The provider had designed the organisation of clinical care to holistically adapt to their patients with complex needs. For example, working with the Learning Disability Partnership and autism awareness training, enabling tailor-made patient care through training for this patient population. Staff felt motivated to provide the highest quality care for the local population including patients with complex needs.

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
<ul style="list-style-type: none"> • The practice monitored progress against the delivery of the strategy. For example, their health coaching incentive recognised life expectancy could be improved by up to 80% in patients with this intervention and this was their drive to implement this multi-disciplinary approach. Up to date current research was used to provide models of care approaches and this model of care was still being designed at the time of our inspection. • The practice strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population, for example, developing its services to treat alcohol misuse and building patient trust in the team. 	

Culture

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

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

- The practice staff consistently described the working culture as positive, reflective, welcoming, and supportive. Patients could be very challenging, but the team supported each other to find solutions.
- There were regular clinical meetings and the clinicians on site met daily to discuss complex or challenging cases and provide peer support.
- All staff could tell us who their Freedom to Speak Up Guardian was.
- The whole practice demonstrated how they are open and honest with each other and patients There was a strong embedded culture of pride to learn from when things go wrong and this was an opportunity to improve and ensure the “best possible care” was always delivered.
- Staff emphasised how the practice was led by example and they were always made to “feel like a professional family”. The managers and leaders had an open door policy and they were treated as “a person, not a number”.
- Staff training was up to date.

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

Source	Feedback
Staff Interviews	Staff at all levels expressed an enthusiasm and joy for their work and the positive impact they saw the service having for patients.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
<ul style="list-style-type: none"> • There was strong leadership, collaboration and support across the team, a focus on multidisciplinary working and a shared focus on improving the quality of care, inequality and people’s experiences. 	

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.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<ul style="list-style-type: none"> The partnership maintained a clinical risk register monitored at a senior level. The leaders used flexible resources and recruited more doctors to manage clinical risks. This way of working ensured there was no use of locums who might be unfamiliar with local systems and processes. All staff could explain the business continuity plan for major incidents. Risk assessments were completed 6 monthly, reviewed, and amended based on audit actions within a higher than expected time frame of yearly. The practice showed a proactive approach to risk management, and they saw mitigation of risk as a positive method to enhance staff and patient wellbeing. Staff were given opportunities to enhance their performance and told us they “felt empowered” by the practice leadership team to upskill. 	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
<ul style="list-style-type: none"> Audits, feedback, and performance were reviewed monthly, and trends or themes would be identified in order to improve service delivery. Statutory notifications were completed in a timely manner and all events were documented, analysed, and learning shared. The leadership team told us they saw opportunities for practice performance to be strengthened and all staff levels reiterated this at the time of our inspection. Staff were given detailed appraisals and supervision and were supported to grow as an employee. We saw examples of this, including, the support and development of the new physician associate role. 	

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes

The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
Staff are supported to work remotely where applicable.	Yes
<ul style="list-style-type: none"> • The practice offered appointments based on patient preference. Flexibility to consider health needs, for example, home visits for patients living with a learning disability or anxiety were supported. • Patients were asked to provide feedback with new ways of working, for example, the introduction of the physician associate being given their own patient list under mentor supervision. The practice told us they felt a positive response to patients understanding a GP is not always the right clinician for a health concern. We were told patients had been supportive and adapted to other clinicians supporting care. • Non-clinical staff also told us the leadership team's support in understanding all staff roles was invaluable as it enabled them to signpost patients with more knowledge and ease as they had been given supportive training to upskill their roles. 	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
<ul style="list-style-type: none"> • There was a focus on evaluating new services and pilot projects to assess their effectiveness and secure longer-term funding if appropriate. • The service was transparent, collaborative, and open with stakeholders about performance. The practice was able to demonstrate exceeding quality performance targets set locally. • There was a strong emphasis on Patient Participation Group (PPG) involvement. The practice had 200 members at the time of our inspection. • The work of the Patient Participation Group (PPG) was developed with open meetings focusing on Mental Health, Alzheimer's Disease, and Diabetes. A panel meeting event was held for patients to ask questions and make suggestions for service improvement to a panel of managers, nurses, and doctors. 	

- The open meetings included navigation learning for PPG members to be able to signpost a patient effectively should a member be asked.
- An annual general meeting was conducted for the PPG members to be updated on business changes and future planning and PPG members were invited to support the business changes.
- The provider approach to continuity of care was recognised by Parliament and the practice had taken part in presenting to the House of Lords. A 100-word document was written to show the importance of continuity of care within the practice.
- The provider had created a “teledermatology” project with 3 local practices to provide a reduction in dermatology waiting lists across the region. Within a 3 month period, 56 patients had been identified and had been invited to take part. Photographs for the dermatology concern were sent for review and all patients had early intervention for potential early cancer detection. This improved patient outcomes by having a faster referral process based on a photograph review of the concerned area of the skin. The patient sent this photograph to the practice and was reviewed by the teledermatology team.

Feedback from Patient Participation Group

- Feedback**
- Members told us they felt part of the team, the practice listened to their views and supported feedback surveys. For example, barriers to why patients did not attend the practice would be understood.
 - We were shown examples of involvement in completing surveys on behalf of the practice, how members were involved within the community student mental health project with the local university, and how they were made to feel valued and truly part of the practice culture. One member described it “as being part of the family furniture”.

- Any additional evidence**
- At the time of our inspection, there was a new town being built. Staff and the patient participation group (PPG) were working with the local funding body to address the challenges of requiring a further health centre. The PPG showed us a presentation they had presented locally, and it included plans for how the increased patient centre would be staffed and facilitated.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
<ul style="list-style-type: none"> • The practice would participate in local primary care meetings share their models of care and encourage other practices in the local area to integrate as a whole network for their patients. This was demonstrated in their “teledermatology” and young persons’ mental health projects. • The practice had clear systems for learning and improvement, including reviewing processes when things went wrong or in response to patient complaints. Staff were involved in discussions about learning and identifying areas and actions for improvement. • We saw a strong emphasis on person centred care and reducing hospital admissions and unnecessary appointments as the provider recognised patients with health concerns were already increasingly worried. 	

- Improvement methods and skills were available and used across the organisation, and staff being empowered to lead and deliver change. We saw examples of improvement where staff across the organisation had been involved in proactively leading developments. Involvement was across a range of roles and staff continually told us they were encouraged to identify areas for improvement and had support to address these as a team.

Examples of continuous learning and improvement

- The practice recognised the harder-to-reach populations of patients and was working towards providing more services to tackle health inequalities to provide a more personalised approach to care.

Examples of these improvements seen :

- Respiratory patients were directly referred for assessment with a specialist nurse and this created more effective assessment and referrals to secondary care.
- Early respiratory access under a 2-week wait protocol and had given patients same-day access for urgent chest x-rays. This pilot had allowed early referrals for potential cancer diagnosis to be completed quicker and patients were accessing support earlier, reducing the impact of long delays for treatment.
- Eye Movement Desensitisation and reprocessing (EMDR) pilot with the introduction of a psychologist to the practice in order to prevent mental health crisis for patients and avoid lengthy waits in accident and emergency. The practice had used a case study patient to show effectiveness and was in discussions to extend this service.
- Improving health outcomes for the local Traveller population and identifying 136 patients requiring blood pressure monitoring. The practice had been successful in adopting their appointments approach for this hard-to-reach community and utilised the opportunity to also address other health assessments at the same time.
- The provider had introduced a diabetes home visit project in order to create a structured method for their clinicians to undertake diabetes checks on housebound patients. This service was created by the practice in response to recognising a professional diabetic home service would impact health benefits and improve person centred care. The team consisted of the GP, diabetes nurse, health care assistant, and administration support and this had positively impacted patients and reduced the risks of health decline.

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.
- **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.