

Care Quality Commission

Inspection Evidence Table

OHP-Poolway Medical Centre (1-4335420807)

Inspection date: 09 August 2021

Date of data download: 12 May 2021

Overall rating: Good

At our last inspection in February 2020 we rated the practice as requires improvement overall. Although we found systems and processes to ensure good governance had improved since our 2019 inspection, we continued to identify further concerns relating to governance and the overall management of the service. Whilst we found that the practice had made improvements in many areas, the practice acknowledged that they were on a journey to continue making further improvements. It was clear that the national pandemic had impacted on the provider's improvement journey; however, they were continuing to make relevant adjustments for effective delivery of primary care services.

As a result of the changes, the overall rating has changed from requires improvement to good.

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

Safe Rating: Requires Improvement

At our last inspection in February 2020, we found areas of improvement including the sharing of policies and procedures, management of prescription stationery and recruitment information, and increased reporting of incidents. However, we also continued to find risks that were not effectively managed, in particular, staff workloads and systems for ensuring reporting and learning from all incidents.

At this inspection, we found some areas of improvement as well as areas where further improvement was required. In particular, management of high-risk medicines; systems to ensure timely actions following receipt of patient safety alerts and details of where fire evacuation points were located. Some actions outlined in the significant events log had not been carried. We also found further improvement required in relation to gaining assurance during the recruitment process that staff who were not directly employed by the provider had completed training such as infection prevention and control. As a result, the practice continues to be rated requires improvement for providing safe services.

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies and procedures were monitored, reviewed and updated.	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
Staff who acted as chaperones were trained for their role.	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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice had a clear safeguarding lead and staff we spoke with were aware who this was if they needed support. • The practice had adopted child and vulnerable adult policies from the wider provider organisation and were accessible to all members of staff. • The practice maintained both a child and vulnerable adult safeguarding register which was regularly maintained. • Clinical system alerts were used to ensure clinical staff were aware if a patient was at risk of harm. • Training records seen showed that clinical staff were trained to an appropriate level in relation to child and vulnerable adult safeguarding and staff that undertook chaperoning duties had received chaperone training with arrangements in place for staff to complete training before carrying out chaperoning duties. • Members of the management team explained the checks carried out to gain assurance that locum GPs were trained to the appropriate level in regard to child and vulnerable adult safeguarding. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Explanation of any answers and additional evidence:	

At our inspection February 2020 inspection, there had been no newly recruited staff to determine any improvements made. At this inspection, we checked four staff files who were directly employed by the provider and found records demonstrated checks had been undertaken before staff commenced the role they were employed to carry out. There were relevant immunisation and background checks undertaken to ensure safe recruitment. However, the provider did not demonstrate how they gained assurance during the recruitment process that staff who were not directly employed by the provider had completed training; such as information governance, general data protection regulation (GDPR), Mental Capacity Act, fire safety and infection control. Members of the management team explained that the identified training was not mandatory for locums; however, as part of their induction the management team would go through the practice policies and procedures. Records we viewed did not demonstrate this or how the provider evidenced locums' competency.

Safety systems and records	Y/N/Partial
<p>There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 20/07/2021</p>	Y
<p>There was a record of equipment calibration. Date of last calibration: 17/05/2021</p>	Y
<p>There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.</p>	Y
<p>There was a fire procedure.</p>	Partial
<p>A fire risk assessment had been completed. Date of completion: 03/02/2021</p>	Y
<p>Actions from fire risk assessment were identified and completed.</p>	Y
<p>Explanation of any answers and additional evidence:</p> <p>Portable appliance testing (PAT) was done which included tests carried out on specific items such as vaccination fridges. Staff explained that the premises were shared with another service and the contractor arranged PAT for both services at the same time.</p> <p>We checked items of clinical equipment during our on-site visit and found calibration checks had been carried out on clinical equipment to ensure equipment was safe for such use.</p> <p>During our visit we saw records of control of substances hazardous to health (COSHH) risk assessment as well as data sheets outlining risk relating to cleaning products used by cleaners.</p> <p>During our visit we saw evidence of a fire risk assessment as well as completed actions such as the removal of clutter from one of the back rooms.</p> <p>During our remote review the practice shared with us their fire evacuation procedure however; although the procedure required staff to report to the fire assembly point; it did not detail where these points were located. Following our inspection, the provider submitted a updated version of their fire evacuation procedure which stated the fire assembly points</p> <p>We saw evidence demonstrating that fire alarm testing was carried out on a weekly basis. However, we saw that there were gaps between June 2020 and February 2021. Following our inspection, the provider explained that weekly fire alarm tests were carried out by an external contractor and logs demonstrating</p>	

this were provided which showed that regular checks were being carried out. The practice maintained a log of fire drills.

The practice shared with us records to show that fire equipment had been checked within the last 12 months.

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 22/11/2020	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 22/11/2020	Y
Explanation of any answers and additional evidence:	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Partial
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: January 2021	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">• Whilst the practice did not share with us evidence of their infection prevention and control (IPC) policy or IPC audits before the inspection date as requested; on the day of the site visit we saw that these were available. Records showed minor actions regarding replacing a bin had been actioned.• Practice staff told us that the principal GP was the IPC lead for the practice. They advised that during COVID-19 they had been following ongoing guidance from the CCG and NHS England.• Training records seen showed that all staff directly employed by the provider had received IPC training. Although at the time of our inspection the practice had not taken on any locum GPs, the provider was unable to demonstrate a process for gaining assurance that IPC training had been completed prior to recruitment or how they assessed competency.• General cleaning was managed by the landlord; staff provided evidence of cleaning arrangements in place for the cleaning of clinical rooms as well as clinical equipment. This included additional daily cleaning of touch points such as door push areas and appliance handles at the end of each day.• We saw evidence for the appropriate management of clinical waste.	

Risks to patients

There were 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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">• Since our previous inspection, the practice had employed a locum nurse for one session a week and a locum health care assistant for two sessions a week. There was one receptionist and staff explained the provider was in the process of recruiting more receptionists.• Staff we spoke with were aware of action they needed to take if they had any concerns about a patient. Sepsis guidance and emergency call handling protocol was available to staff at reception.• Training records seen showed staff were up to date with their basic life support training and had also received sepsis training. They knew where emergency equipment was kept when needed.• The practice shared with us a copy of their induction check list for new locum GPs. Staff told us that members of the management team and lead GPs showed new staff around discussed the role, practice procedures and policies.	

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
<p>Explanation of any answers and additional evidence:</p> <p>The principal GP retained oversight of patient care and information. Staff told us that summarising of new patient records was carried out by the GPs.</p> <p>The practice told us that the GP partners managed test results. During our review of workflow, we saw that some test results dating back to January 2021 remained in the inbox despite being actioned. Practice staff advised that they kept the task open, as a reminder for their next follow up.</p> <p>Staff told us that referrals were also undertaken by lead GPs and receptionist was being trained to make e-referrals. Standard electronic templates were used for referrals which automatically included relevant information such as the patient's past medical history. Two weeks wait referrals were monitored via a diary entry system. Patients were asked to call the surgery to let them know if they had been seen.</p>	

Appropriate and safe use of medicines

The practice had systems which mainly supported the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2020 to 31/12/2020) (NHS Business Service Authority - NHSBSA)	0.90	0.75	0.76	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/01/2020 to 31/12/2020) (NHSBSA)	8.5%	8.6%	9.5%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2020 to 31/12/2020) (NHSBSA)	5.45	5.19	5.33	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2020 to 31/12/2020) (NHSBSA)	328.7‰	108.7‰	127.1‰	Variation (negative)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2020 to 31/12/2020) (NHSBSA)	1.27	0.68	0.67	Tending towards variation (negative)

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
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.	N/A

Medicines management	Y/N/Partial
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.	Partial
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 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 PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Prescribing data showed significant improvements in relation to antibiotic prescribing over the previous 12 months. Staff explained this was achieved by a reduction in the use of locum staff. During our on-site visit clinical leads demonstrated awareness of previous prescribing data which was above national averages. In light of this, the practice looked at patients prescribed Morphine and patients received regular reviews as well as a planned reduction plan. Treatment plans were also adjusted and identified patients were swapped over to medication with lower opioid burden. Treatment plans also included referral to exercise on the NHS as a way of better managing pain.</p> <p>Clinical leads explained that the implementation of Antibiotic protocols were strengthened and reinforced by reception staff when speaking to patients. The practice identified patients who knew what to say to get antibiotics; therefore, clinicians were required to request specimens for microbiological testing prior to prescribing antibiotics as well as providing self-management advice during consultations.</p> <p>The practice had higher than average prescribing of Pregabalin or Gabapentin and hypnotic medicines, medicines which have the potential for misuse and serious adverse risk. During our remote clinical review, we reviewed records for six patients on Pregabalin or Gabapentin and found appropriate</p>	

Medicines management**Y/N/Partial**

prescribing in place. During our on-site visit clinical staff explained reducing the number of Hypnotics prescribed was a challenge. However, planned reduction plans were introduced in consultation with patients; this included daily calls as well as weekend reviews. Some patients were placed on planned reduction on the basis of safety, for example patients identified as consuming alcohol in addition to medication. Policies were in place where patients were not started on this medication.

During our remote reviews we reviewed a sample of patients (13 in total) on four high risk medicines that require regular monitoring and blood tests. We found patients had been appropriately monitored for three out of the four medicines.

We also noticed that the day of the week for taking one of the identified high-risk medicines had not been identified and noted so that patients understood and complied as outlined in NICE guidelines. This included some patients on methotrexate. We found appropriate monitoring in place although day of the week was not specifically specified in line with best practice. Following our inspection, the provider explained that since our inspection, day of the week has been stated in the prescription instruction and communicated to patients.

During our remote inspection we identified that emergency medicines and equipment were checked by the GP. During our on-site visit we saw evidence of checks carried out to ensure individual medicines were present and in date. The practice carried out risk assessments which include the reasons why particular medicines which were not suitable for the practice to stock.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong. However, systems for ensuring actions were carried out in response to patient safety alerts did not provide assurance that prompt actions were routinely carried out.

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:	10
Number of events that required action:	10
Explanation of any answers and additional evidence:	
<p>At our previous inspection in February 2020 we saw that there had been improvements in the management of incidents and significant events, however we identified that there had been no review of incidents to identify themes or trends to ensure systems and processes were working as intended.</p> <p>During our August 2021 on-site visit we saw evidence of meetings held where significant events had been discussed within the practice and learning shared as mentioned in significant event logs which we had viewed. However, some actions outlined in the practice significant events log had not been carried out at the time of our inspection.</p>	

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

Event	Specific action taken
Patient attended unwell, identified taking out of date medicine that had been stopped.	The practice documented that they had discussed with the patient the risks associated with taking medicines they were no longer prescribed and that were out of date to help inform patient and reduce re-occurrence.
Incorrect coding of patients who consistently did not attend (DNA) appointments.	Incorrect coding made it difficult to identify patients for follow and the practice planned to carry out an audit to identify learning. The practice had yet to carry out the audit.
Staff had not followed protocols with vulnerable patient	Patient was called back. The incident discussed with the member of staff and further training identified.

Safety alerts	Y/N/Partial
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There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>During our on-site visit we explored systems and processes for the management of safety alerts. In particular, members of the management team explained the use of an electronic management system to manage the receipt and distribution of patient safety alerts. Members of the management team explained clinicians were required to acknowledge receipt of an alert including their awareness of actions required to ensure compliance with safety recommendations. Clinical leads were responsible for monitoring whether actions had been completed. Staff explained receiving weekly Clinical Commissioning Groups (CCG) bulletins which includes safety alerts as well as support from the Primary Care Network (PCN) pharmacist. During our on-site visit we saw evidence of meetings where safety alerts were discussed.</p> <p>During our clinical reviews we reviewed patients prescribed a medicine in which there was a risk of developing non-melanoma skin cancer. Although this had been acted on, this had only been undertaken in May 2021 despite the alert being published in November 2018.</p> <p>The practice also presented us with three audits which the provider explained were their most recent audits. All three audits provided were related to Medicines and Healthcare products Regulatory Agency (MHRA) alerts issued December 2014. All had been undertaken in May 2021. All three medicines alerts had been in place for a number of years, yet the audits still found patients in which the safety guidance had not been implemented. While the audits were subsequently acted on this did not provide evidence that the practice had effective systematic systems for the ongoing management of safety recommendations to protect patients from harm. Following our inspection, the provider explained that as part of their restoration and recovery plan there are plans to digitalise the management of alerts and have set up calendar reminders to run important searches on a six to 12 monthly basis.</p>	

Effective

Rating: Good

At our last inspection in February 2020, we rated the practice good for providing effective care. Since our previous inspection, verified data relating to the uptake of childhood immunisations and cervical screening showed the practice continued to perform below national targets. At the time of our inspection, the practice had not yet revisited targeted quality improvement activities to ascertain whether improvements had been sustained.

However, the practice was aware of the low uptake of national screening and vaccination programs and were taking action to improve uptake. As a result, the practice continues to be rated good for providing effective services. However, we have rated the population group families, children and young people as requires improvement.

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was mainly 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">We saw evidence from a clinical meeting of discussions relating to evidence-based guidance.	

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental, and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medicines reviews for older patients.

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Flu, shingles, and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions were offered an 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.
- Adults with newly diagnosed cardio-vascular disease were offered appropriate medicines.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2019 to 31/03/2020) (QOF)	73.2%	74.7%	76.6%	No statistical variation
PCA* rate (number of PCAs).	1.8% (3)	8.8%	12.3%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2019 to 31/03/2020) (QOF)	91.9%	89.1%	89.4%	No statistical variation
PCA rate (number of PCAs).	6.6% (7)	11.6%	12.7%	N/A

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	90.4%	80.8%	82.0%	No statistical variation
PCA rate (number of PCAs).	5.5% (3)	3.6%	5.2%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	76.9%	65.0%	66.9%	No statistical variation
PCA rate (number of PCAs).	26.7% (44)	13.4%	15.3%	N/A
The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	76.9%	71.2%	72.4%	No statistical variation
PCA rate (number of PCAs).	14.3% (37)	6.5%	7.1%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2019 to 31/03/2020) <small>(QOF)</small>	94.1%	88.5%	91.8%	No statistical variation
PCA rate (number of PCAs).	0.0% (0)	5.6%	4.9%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	80.0%	74.3%	75.9%	No statistical variation
PCA rate (number of PCAs).	18.2% (30)	9.7%	10.4%	N/A

Any additional evidence or comments

The Quality Outcome Framework data was in line with local and national averages. However, there were also areas in which the personalised care adjustment rate was higher than averages, these related to diabetes and hypertension indicators. The majority of these were reported as patients declining treatment.

Recalls were managed by the GPs who told us that they flagged patients on the system and recorded review dates on a calendar system.

Findings

- The practice had not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) or the minimum 90% for four out of the five childhood immunisation uptake indicators.
- However, the WHO target was met for the age five, Measles, Mumps and Rubella (MMR) vaccinations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

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) (01/04/2019 to 31/03/2020) (NHS England)	20	29	69.0%	Below 80% uptake
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2019 to 31/03/2020) (NHS England)	15	21	71.4%	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) (01/04/2019 to 31/03/2020) (NHS England)	15	21	71.4%	Below 80% uptake
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)	15	21	71.4%	Below 80% uptake
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)	23	24	95.8%	Met 95% WHO based target

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

Any additional evidence or comments

Staff told us that the principal GP carried out the first child immunisations. There was a practice nurse who worked one session per week who also carried out immunisations. Appointments were also available at the local urgent care centre seven days a week.

The practice shared with us childhood immunisation data for 2020/21 however, the information provided did not compare directly with the published verified data reported by Public Health England on the government website. During our on-site visit members of the management team and clinical leads explained that they had reviewed published data regarding childhood immunisation and felt the practice uptake was higher than the validated published data. As a result, staff took action to ensure the recording of immunisation status was accurate so that future published data reflected activity at the practice. Staff explained a system for contacting parents and recalling children to increase uptake.

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- The practice had processes in place to ensure eligible patients were offered meningitis vaccine on request, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medicines without the need to attend the surgery.
- Overall trends for the uptake of cancer screening remained largely unchanged over time. The practice was not meeting the 80% target for the uptake of cervical screening. Uptake of bowel and breast cancer screening was below local and national averages.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (Snapshot date: 31/12/2020) (Public Health England)	72.6%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	58.0%	62.6%	70.1%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2019 to 31/03/2020) (PHE)	44%	N/A	63.8%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis (01/04/2019 to 31/03/2020) (QoF)	90.5%	94.7%	92.7%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2019 to 31/03/2020) (PHE)	61.1%	53.9%	54.2%	No statistical variation

Any additional evidence or comments

The practice had recruited a locum practice nurse to support with increasing the uptake of cervical screening.

Staff told us that they were working with the cancer screening services to add the surgery banner onto letters sent out to patients inviting them to partake. They also told us they followed up patients who did not attend to try and find out why. In particular, staff explained that the practice sent identified patients

appointment reminders. Staff explained patients were also able to access screening appointments at the local urgent care centre seven days per week. Information was available on the practice website regarding cervical screening as well as prompts on patient records to support opportunistic screening. Designated staff were actively calling patients who may have missed their screening appointment during the national pandemic. Staff told us that the practice nurse-maintained records of cervical samples undertaken and checked results were returned. Despite actions taken to improve the uptake of cervical screening, data remained below national targets. However, staff continued encouraging uptake during the national pandemic and data since our inspection indicated an upward trajectory.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check. Staff explained patients either had an agreed health action plan and/or a completed care plan in place. GPs explained patients who did not require a health action plan were those who were receiving support in the community from wrap around services. Health action plans were given to patients who carried them around with them
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. During our on-site visit the practice provided evidence of meetings carried out as well as arrangements for future meetings with multidisciplinary teams.
- 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.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medicines.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	100.0%	87.0%	85.4%	Variation (positive)
PCA rate (number of PCAs).	6.7% (1)	12.2%	16.6%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	73.7%	82.4%	81.4%	No statistical variation
PCA rate (number of PCAs).	0.0% (0)	6.2%	8.0%	N/A

Monitoring care and treatment

The practice had a programme of quality improvement activity; however, did not routinely review changes made to monitor the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	557.5	Not Available	533.9
Overall QOF score (as a percentage of maximum)	99.7%	Not Available	95.5%
Overall QOF PCA reporting (all domains)	7.2%	Not Available	5.9%

	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.	Partial
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

Any additional evidence or comments

The practice shared with us three clinical audits they had undertaken in the last 12 months; however, these were one cycle audits and had yet to be followed up in order to demonstrate whether improvements made had been sustained.

During our on-site visit we reviewed significant events and identified an action from a significant event which had not been entirely completed as outlined in the recorded action log. This included carrying out an audit to identify the impact of changes made in relation to ensuring staff were using correct codes when patients failed to attend or cancel their appointments. Members of the management team explained that an audit had not yet been carried out; however, staff physically viewed individual records to check that codes had been applied.

Effective staffing

The practice was able to demonstrate that staff who were directly employed by the provider 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
<p>Explanation of any answers and additional evidence:</p> <p>Since our previous inspection there had been a significant change in staffing. Both the practice nurse and two reception staff had left. There was one new member of staff who we were told would receive their appraisal after six months of their employment.</p> <p>The practice employed locum clinical staff and had undertaken a consultation audit of their work. However, due to the provider not demonstrating how they gained assurance of completed training for locums during the recruitment process we did not receive assurance that all locum GPs had been trained effectively to carry out their role. Staff explained locums were recruited through an external workforce management platform and they would assume as GPs they were competent in these areas.</p> <p>Staff told us that there was protected learning time for training. We asked how the practice assured itself that staff had the appropriate skills and competence for roles they undertake. During our on-site visit we checked training records for role specific training and found staff directly recruited by the provider had completed identified training to support them in their role. Members of the management team used a training matrix to monitor training needs.</p> <p>The practice was supported by staff employed in advanced clinical practice through the primary care network. The practice had undertaken a consultation audit for the locum Healthcare Assistant.</p>	

Coordinating care and treatment

Staff worked work 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
<p>Explanation of any answers and additional evidence:</p> <p>The practice shared with us minutes of meetings held with the health visiting team.</p> <p>The practice told us that they discussed end of life patients with the palliative care team and district nurses to ensure patients care and needs were coordinated; however, during the national pandemic formal face to face meetings had been difficult to arrange due to national restrictions on movement which were in place to reduce the spread of COVID-19.</p>	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	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
<p>Explanation of any answers and additional evidence:</p> <p>Practice staff told us that patients were able to access health checks, weight management and smoking cessation support.</p> <p>We saw appropriate management of patients and follow up for those at risk of developing diabetes during our review of clinical records.</p> <p>The practice made use of social prescribers as part of the PCN. Staff described how social prescribers helped patients during the national pandemic such as helping patients who had access to electronic devices to use face time in order to maintain contact with elderly relatives, arranged social distance talk and walk sessions as well as accessed bikes for identified patients.</p>	

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.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Clinical staff we spoke with demonstrated an understanding of the legislation and requirements when considering consent.• The practice had adopted the provider consent policies.• The practice did not undertake any minor surgical procedures.• During our remote clinical searches, we saw examples of DNACPR forms recorded in patient records. Records we viewed showed they had been completed in line with national guidance.	

Caring

Rating: Good

Kindness, respect and compassion

Staff explained how they treated patients with kindness, respect and compassion. However, feedback from patients was mainly negative 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
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection we received positive feedback about clinical staff however, there was less positive feedback in relation to the manner patients were spoken to on the phone by non-clinical staff from two patients. Since our last inspection in February 2020 we received less positive information from two further patients about the manner in which patients had been spoken to on the telephone. This was in line with reviews left by patients to Healthwatch and online.</p> <p>During our on-site visit members of the management team explained that they reviewed comments. Lead GPs explained there was a period of time where the practice was short staffed within the reception team. However, since our inspection, the practice carried out a successful recruitment campaign and at the time of our on-site visit were in the position to increase the number of receptionists. Staff also explained that new receptionists would bring new ideas to the team in order to improve customer care and existing reception staff had been provided with in-house. Staff also demonstrated awareness of the impact the national pandemic caused on the delivery of primary care services and explained that staff were communicating with patients regarding the changes to enable them to become more familiar with the range of digital services available. Staff explained that this at times had an impact on patient satisfaction in particular when relaying sensitive messages using video and telephone consultations.</p>	

Source	Feedback
Healthwatch	We have received seven comments from patients via Healthwatch. All six were negative comments about the attitude of staff.
NHS Choices	At the time of our inspection there had been 12 reviews posted on the NHS SP services website about the practice in the last 12 months. Of these reviews 11 were negative and one positive. Of the negative comments 10 patients spoke about the attitude of staff they spoke with on the phone.
Google Reviews	At the time of our inspection there have been eight google reviews posted online. All eight reviews were negative. These included negative reviews predominantly related to attitude of staff and access.
PPG	We spoke with members of the patient participation group. They were positive about the practice on a personal level but were unable to comment generally.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2020 to 31/03/2020)	83.6%	87.0%	88.5%	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 (01/01/2020 to 31/03/2020)	82.0%	85.3%	87.0%	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 (01/01/2020 to 31/03/2020)	91.7%	94.7%	95.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2020 to 31/03/2020)	81.3%	78.9%	81.8%	No statistical variation

Any additional evidence or comments

A total of 116 surveys were returned out of 456 sent out (25%). Results received were in line with local and national averages.

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

Any additional evidence

The practice had not carried out an internal patient survey since our previous inspection, mainly due to the national pandemic and the restrictions imposed to reduce the spread of COVID-19. However, the provider explained that a survey would be carried out before the end of 2021.

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: <ul style="list-style-type: none"> The practice had access to a social prescriber. 	

Source	Feedback
Interviews with patients.	We spoke with members of the patient participation group. They were positive about the practice on a personal level but were unable to comment generally.

National GP 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 (01/01/2020 to 31/03/2020)	92.4%	91.4%	93.0%	No statistical variation

Any additional evidence or comments

Results from the latest GP national patient survey found the question in relation to patient involvement in decisions and treatment was in line with CCG and national averages. There had also been improvement from the previous year in relation to this question.

	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
Explanation of any answers and additional evidence:	

Carers	Narrative
Percentage and number of carers identified.	During our on-site visit records showed 129 carers. Staff explained during the national pandemic staff went through the practice carers list and reviewed information when booking carers in for their flu vaccinations. Staff explained this enabled them to check the accuracy of their registers and during the process the practice identified more carers as part of this process.
How the practice supported carers (including young carers).	Practice staff told us that patients who were carers were offered a flu vaccination and annual health checks and were also offered a carers pack with information about support available.
How the practice supported recently bereaved patients.	Practice staff told us that they signposted patients to bereavement counselling services.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
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
Explanation of any answers and additional evidence:	

Responsive

Rating: Good

At our February 2020 inspection, we found patient satisfaction relating to access in the GP national patient survey was below local and national averages, the practice was showing improvement in some but not all areas. We found the practice did not have appropriate or effective systems for managing complaints. Issues identified affect all population groups.

At this inspection, GP national survey showed improvement in patient experience and access. We found that the system for managing complaints had been strengthened. As a result, the rating for providing responsive services had moved from requires improvement to good.

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	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">As part of the wider provider arrangements, the practice was able to offer video consultation appointments with an external GP consulting service. These appointments were available in the evenings and at the weekends.The practice also offered an online consultation service via the practice website.There were also designated appointments available so that the NHS 111 service could directly book patients into them.Self-support information was accessible via the practice website.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.15am to 6.30pm (closed between 1pm and 2pm)
Tuesday	8.15am to 6.30pm (closed between 1pm and 2pm)
Wednesday	8.15am to 6.30pm (closed between 1pm and 2pm)

Thursday	8.15am to 6.30pm (closed between 1pm and 2pm)
Friday	8.15am to 6.30pm (closed between 1pm and 2pm)
Appointments available:	
Monday	Flexible within the above opening hours.
Tuesday	Flexible within the above opening hours.
Wednesday	Flexible within the above opening hours.
Thursday	Flexible within the above opening hours.
Friday	Flexible within the above opening hours.

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues. During the pandemic home visits were supported through PCN arrangements.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- 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.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- Nurse appointments were available one day a week from 9.00am until 6.30pm where children could attend outside school hours. Video consultation appointments with an external GP consulting service were also available from 8am and for families who requested a face-to-face appointment were able to access the local urgent care centre up to 8:30pm as well as weekend appointments.
- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice offered various clinics for this population group including antenatal, post-natal and baby checks.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice offered remote appointment at the evenings and weekends through provider arrangements.
- Online consultations had also been introduced during the pandemic.
- Patients could book appointments and order prescriptions online.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travelers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services. The practice had a social prescriber who was able to support this.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. Patients on the learning disability register were offered annual health reviews

**People experiencing poor mental health
(including people with dementia)**

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Access to the service

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

National GP Survey results

	Y/N/Partial
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y
Patients were able to make appointments in a way which met their needs.	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y
There were systems in place to support patients who face communication barriers to access treatment.	Y
Patients with urgent needs had their care prioritised.	Y
The practice had systems to ensure patients were directed to the most appropriate person to respond to their immediate needs.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The website included a list of services available as well as a link to COVID-19 updates. The practice had set out an emergency telephone call handling protocol to ensure patients with urgent needs were appropriately reviewed. Requests for a home visit were triaged by lead GPs who assessed the clinical necessity and urgency of need. Patients were able to book or cancel appointments, order repeat prescriptions, view parts of their clinical records as well as clinical correspondence on-line. 	

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 (01/01/2020 to 31/03/2020)	67.1%	N/A	65.2%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2020 to 31/03/2020)	57.2%	59.3%	65.5%	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 (01/01/2020 to 31/03/2020)	46.7%	59.3%	63.0%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2020 to 31/03/2020)	69.4%	67.6%	72.7%	No statistical variation

Any additional evidence or comments

Results from the latest GP national patient survey showed patient satisfaction had fallen since 2019 in three out of the four access indicators.

Source	Feedback
NHS Choices	Of the 12 reviews on the NHS Choices website only one mentioned access as a concern.
Google reviews	Of the eight Google reviews, four raised concerns with access.

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.	13
Number of complaints we examined.	Three
Number of complaints we examined that were satisfactorily handled in a timely way.	Three
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	Nil

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There was information about raising a complaint on the practice website and the practice had complaints leaflets which were handed to patients upon request.</p> <p>At our previous inspection we found that the practice did not have appropriate arrangements for managing complaints and ensuring they were investigated and responded to independently. We saw complaints that had been investigated and responded to by the person the complaint had been about. At this inspection, the practice had made alternative arrangements for managing complaints, with provider oversight of the management of complaints. During the on-site visit we saw evidence of investigations carried out by the provider on behalf of the practice. The provider explained that they maintained oversight of complaints.</p> <p>At our previous inspection we found the practice did not have a system for reporting verbal complaints. Staff told us that there was a book in reception for recording grumbles and verbal complaints. We continued to see the same trend in complaints and concerns via NHS and Google reviews indicating the practice had yet to effectively address concerns and complaints.</p> <p>During our on-site visit a sample of records viewed showed complaints were being discussed during practice meetings and learning shared. Staff demonstrated access to meeting minutes if they were unable to attend practice meetings.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Access to further face to face appointments	The practice explained the appointment system and the range of appointments such as telephone and video consultations available since the pandemic.
Complaint regarding what the practice did with confidential information	Investigation carried out by the provider who also obtained assurance from information governance teams.
Access to district nurses	Visit arranged and complainant advised to ensure full use of health care services to consider registering with a local practice.

Well-led

Rating: Good

At our last inspection, in February 2020 we found evidence of improvements including the implementation of a new governance system providing a more structured approach for managing information. We saw effective clinical leadership in delivering patient care and treatment. However, we also identified some continued concerns relating to completeness of incident reporting and additional concerns relating to the appropriateness of arrangements relating to the management of complaints and staff appraisals. We also had concerns relating to the availability of management support and culture within the practice.

At this inspection, we identified areas where clinical and non-clinical oversight was insufficient, and information requested prior to our inspection was not provided in a timely manner. We also found that oversight of safety alerts did not routinely ensure compliance with safety recommendations. However, we found some areas of improvements, in relation to incident reporting, the management of complaints and staff appraisals. Managers were available and staff felt supported in their role. As a result of our findings during this inspection, the rating for providing well-led services has moved from requires improvement to good.

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	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.	Y
Explanation of any answers and additional evidence:	
<p>Members of the management team explained prior to the national pandemic that clinical leads carried out home visits for palliative care patients; however, during the pandemic paramedics carried out video calls which enabled GPs to speak with patients. To enable staff to comply with COVID-19 guidelines the practice introduced longer appointment slots to allow for cleaning of clinical equipment and touch areas post appointments. Staff also explained that during the pandemic they faced challenges with chasing up external appointments with secondary care.</p> <p>Staff explained the transition from face to face appointments' and the implementation of digital solutions had been a challenge. In particular, rather than making direct referrals for things such as computerised tomography (CT) scan (a scan that combines a series of X-ray images taken from different angles around the body) GPs were having to refer to a consultant. Staff also explained that community care for physiotherapy was being done by video which patients found challenging. Staff explained that changes impacted on patient satisfaction; and due to the national lockdown, there were times when bad news was being broken during phone consultations with secondary care, such as cancer diagnosis. As a result, the practice identified that they were doing more consultations to follow up patients to discuss their well-being.</p>	

At our previous inspection the practice had identified time constraints as one of their major challenges due to patients wanting appointments with the principal GP despite locum GPs being available. A lead GP had been absent for several years. However; at this inspection, we found that a lead GP had returned to the practice providing additional clinical support. The principal GP continued to undertake managerial and nursing roles which reduced their clinical time. Members of the management team explained plans to take on more of the business managerial side of the organisation in the future.

The practice joined Our Health Partnership (OHP), provider at scale in 2017. Practices under the OHP model have local autonomy for running their own service but have the support of a wider organisation for future sustainability. Practice staff advised us that governance was something they struggled to keep up with and OHP were able to support them in this regard.

The practice was actively engaging with the CCG peer support and provider organisation in order to deliver service improvements. They also told us that they worked with their Primary Care Network (PCN) and now had the support of a shared paramedic across the PCN who was undertook home visiting for the practice.

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	N
Staff knew and understood the vision, values and strategy and their role in achieving them.	Partial
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The provider had a vision to support practices to ensure all they do clinically or operationally is of the highest standards. The practice had been engaging with the provider organisation and local Clinical Commissioning Group in order to deliver service improvements. Progress against areas for service improvement were being monitored. Staff we spoke to told us that they aimed to provide equal healthcare for everyone. 	

Culture

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

	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's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection we identified concerns in relation to the culture and openness of the practice. Staff were reluctant to give feedback about the practice leadership or had not been able to speak to us.</p> <p>At our previous inspection, we found complaints relating to the attitude of staff which had been investigated and managed by the member of staff involved in the complaint. At this inspection, the complaints process had been reviewed and the retuning GP partner had taken over responsibility and the process was overseen by the wider provider organisation. However, we continued to see concerns and trends in online reviews about the practice and information received by CQC around getting through to the practice by phone and staff attitude.</p> <p>During our onsite visit we viewed complaint logs and letters sent to complainants following investigation. We saw evidence of timely response to complaints raised, both written and verbal complaints. Non-clinical staff we spoke with demonstrated awareness of the complaints system and explained that they were able to raise concerns if and when required. Staff explained that they felt supported and encouraged to speak with management in the event that things went wrong. Staff demonstrated awareness of the practice whistleblowing policy.</p>	

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

Source	Feedback
Staff Feedback	Staff we spoke with told us they had felt supported by the practice.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management in most areas. However, there were areas where systems in place operated ineffectively in that they failed to ensure timely actions in line with patient safety alerts and recruitment checks for staff not directly employed by the provider.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	
<p>At our last inspection in February 2020 we found that there had been some improvement in the governance of the practice. They had been supported by the provider organisation and were continuing to make progress. However, despite document requests we continued to receive a significant number of documents following the requested deadline and in some cases no information, this included audits, infection control policies, premises security and health and safety risk assessments as well as carers information.</p> <p>The practice had engaged with the CCG peer support scheme and the provider organisation to support improvements. However, we continued to find similar concerns to our previous inspections. For example, we were unable to obtain timely information from the practice, we had been unable to speak to all staff as requested during the remote review, and documents showed evidence of action being taken during May 2021 which was within the same month as the inspection announcement. This did not entirely demonstrate a systematic governance structure within the practice.</p> <p>The provider used an external agency to recruit locum staff. However, the provider did not demonstrate how they checked completion of training for locum GPs who were not directly employed by the provider during the recruitment process. The provider later updated their check list to include training such as Infection Control.</p> <p>At our last inspection, the practice had introduced practice meetings which staff had found helpful in understanding what was happening in the practice. At this inspection, staff told us there were two monthly meetings but were unable to provide any minutes from the practice and governance meetings to show what was discussed. The practice manager advised that informal meetings were held with one of the partners on a weekly basis. During our on-site visit the practice provided evidence of meetings where complaints, safeguarding and actions required as a result of any changes in guidelines had been discussed.</p> <p>At our last inspection, we found delays in responding to patient documentation requests. At this inspection we were advised that this had been addressed. During our onsite visit we saw records of logs kept by receptionists relating to when document requests were received, who requests were sent to and actions completed. Staff explained that the practice aimed to action document requests in three weeks; however, there were times when requests had been turned around within a few days. During the on-site inspection staff provided an example of an urgent request for a report which was completed within two working days.</p>	

Staff we spoke with told us that they were clear about their roles and responsibilities.

Managing risks, issues and performance

There were processes for managing risks, issues and performance. However, there were areas where systems in place operated ineffectively in that they failed to ensure timely actions in line with patient safety alerts, ensuring routine application of national guidelines and oversight of actions required following significant events. We found changes made to improve the effectiveness and appropriateness of care provided were not routinely reviewed.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Partial
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:	
<ul style="list-style-type: none"> At our previous inspections, in January 2019 and February 2020 we found systems for managing local risks were not always effective. At this inspection, we continued to find issues with managing risks, the practice was unable to demonstrate that they had appropriate systems in place for timely systematic management of safety alerts and ensuring actions were routinely followed through following incidents to ensure patients were not put at risk. Although the provider had a quality improvement programme, changes made to improve the effectiveness and appropriateness of care provided were not routinely reviewed. From information received, we also found the practice was not able to clearly demonstrate ongoing use of information or overall management of systems to drive quality improvement. In particular, oversight to ensure identified actions following incidents were carried out was not managed effectively. During our on-site visit we saw evidence of environment risk assessments such as fire and health and safety which had been carried out. We viewed records which showed weekly fire alarm tests and six-monthly fire drills. Records viewed showed completion of portable appliance testing (PAT) which had been carried out on electrical equipment. 	

- The business continuity plan was available to staff on the practices governance system. During our on-site visit the practice showed us evidence of their business continuity plan which was located on the practice electronic file management system. We saw that the plan had been updated due to the national pandemic. Staff we spoke with during the on-site visit demonstrated awareness of the plan as well as how to access it.
- The principal GP managed recall of patients and progress against patient outcome indicators which were discussed informally within the practice.

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

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	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.	N/A
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> <ul style="list-style-type: none"> • All patient calls were triaged and a face to face appointment arranged if needed. • Patients who might be digitally excluded were still able to telephone all attend the practice if they needed to arrange an appointment. • The practice advised that they did not have any backlogs of activity that they needed to address. 	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support most 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
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> During our on-site visit, minutes of meetings we viewed where complaints and incidents had been discussed included detail such as who attended and showed that risk and performance were being discussed. 	

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.	Y
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
Explanation of any answers and additional evidence:	

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.	Partial
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.	Y
Explanation of any answers and additional evidence:	
<p>The practice had a virtual patient participation group which the GP contacted individually for sharing information.</p> <p>Information on how to complain was located on the practice website. However, the practice had failed to act on themes identified from patient feedback from other sources such as online and had not considered as a concern when asked.</p> <p>Staff we spoke with told us that the practice had been receptive to ideas and suggestions they had made.</p>	

Feedback from Patient Participation Group.

Feedback
Members of the patient participation group we spoke with were happy with the practice.

Continuous improvement and innovation

There were evidence of systems and processes for learning.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Partial
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	
<p>To improve the uptake of cancer screening the practice were working with breast screening services who adds the practice banner on letters sent out to identified patients by the screening service. This was also being done for cervical and bowel cancer screening. However, the provider did not routinely operate a systematic approach to quality improvement activities.</p> <p>Practice managers were receiving support from the CCG peer support team and the practice were actively seeking to increase staffing levels within the reception team to ease the pressure off existing staff.</p>	

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **PHE:** Public Health England.
- **QOF:** Quality and Outcomes Framework.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
- ***PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#)).
- ‰ = per thousand.