

Care Quality Commission

Inspection Evidence Table

The Drayton Surgery (1-561193928)

Inspection date: 27 April 2022

Date of data download: 28 March 2022

Overall rating: Good

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice's lead for children and vulnerable adult safeguarding was also on the and provided updates to staff on a regular basis. They also attended the Portsmouth Clinical Commissioning Group (CCG) safeguarding committee meetings and kept updated on changes to guidance and local issues. The last update was delivered in March 2022, and this included the training requirements for staff in different roles.The safeguarding lead had provided training and advice on female genital mutilation.Safeguarding was a regular item on the GP's monthly meeting, where clinicians also discussed deaths, palliative care and complaints.The safeguarding administration lead maintained up to date lists and checked any new safeguarding referrals were correctly referenced in their notes.	

Safeguarding	Y/N/Partial
<ul style="list-style-type: none"> The safeguarding lead had recently updated the safeguarding policies to reflect guidance and local services. All staff we spoke with or surveyed could explain actions they would take if they had concerns that might indicate abuse. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice maintained records of recruitment and there was evidence of appropriate safety checks. These included checks with the Disclosure and Barring Service and with previous employers. The recruitment policy had been updated and reviewed. It listed the employment checks and health screening requirements. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 20 April 2022	Y
There was a fire procedure. Date of fire risk assessment: November 2022	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Portable appliances had been tested and calibrated in line with the practice's policy in September 2021. An external company had completed a water system risk assessment in September 2021, and identified actions required to reduce the risk of Legionella bacteria occurring in the water system. This is a bacterium that can contaminate hot water systems and can cause Legionnaires' disease. The practice had implemented the mitigations had contracted the water services company to carry out regular checks as well as to work with them longer term to implement changes to improve the water system. Actions to check water safety had been completed. There were no required actions arising from the fire risk assessment. There was a sufficient number of trained fire marshalls within the staff team. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met however the practice was due to undertake a full infection prevention and control (IPC) audit and deliver face-to-face IPC training.

	Y/N/Partial
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Staff had received effective training on infection prevention and control.	Partial
Infection prevention and control audits were carried out.	Partial
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had appointed a lead for infection prevention and control (IPC) within the past year and they had protected time for this role. The practice had implemented additional IPC measures to keep patients and staff safe during the COVID-19 pandemic. These included providing hand gel, screens, rearranging waiting areas and providing appropriate PPE. Staff told us this had been reassuring. Pressures presented by COVID-19 and the focus on implementing infection control measures to provide a safe environment for staff and patients had meant a full IPC audit had been delayed. However, a review of the premises had identified that cloth covered chairs needed to be replaced and this had been completed. The practice had arranged for the Portsmouth CCG infection control team to carry out an IPC audit across the service within the next three months, supporting the newly appointed IPC nurse. The practice IPC lead had also arranged further external training to support them in their role. The practice recognised that a number of staff were overdue their IPC training, and an external trainer had recently postponed their planned face-to-face training update session. Further training was planned. Cleaning schedules were in place and the premises were observed to be clean and well-maintained. 	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There were enough staff to provide appointments and prevent staff from working excessive hours	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Staff explained how they supported each other when on leave or when circumstances meant they needed to respond quickly to cover sickness. They commented that they were not expected to work excessive hours and time was allocated to tasks appropriately. Additional time had been allocated to staff to undertake management and/or monitoring tasks. For example, the time provided to carry out cervical screening tests had been increased, to provide nursing staff longer appointments to support patients. 	

- Staff commented positively on the induction and mentoring support they had received.
- The practice's induction policy included specific training mandated for different staff groups and new starter checklists.
- Reception staff were confident in how they would identify an unwell patient and the support they would receive from clinical staff in an emergency or suspected emergency.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • There were standard operating procedures for administration processes such as summarising patient records and managing test results, including abnormal and urgent test results. Staff were trained and assigned to these roles, and given appropriate support. • The practice had reviewed and revised its protocol for managing 2-week wait referrals for suspected cancer treatment following a significant event in the past year. The new protocol included an additional safety net. • The practice had established a GP buddy arrangement. Test results were sent to the GP who requested the test, or their buddy if they were on leave. • We observed that there was no significant backlog of test results to process. Staff told us that at times during the COVID-19 pandemic timescales had slipped for some communications, but only by a few days and this had occurred infrequently. 	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group	0.84	0.70	0.76	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
Age-sex Related Prescribing Unit (STAR PU) (01/01/2021 to 31/12/2021) (NHS Business Service Authority - NHSBSA)				
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/01/2021 to 31/12/2021) (NHSBSA)	11.0%	9.2%	9.2%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2021 to 31/12/2021) (NHSBSA)	5.15	5.07	5.28	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	123.1‰	116.9‰	129.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2021 to 31/12/2021) (NHSBSA)	0.57	0.75	0.62	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	5.5‰	7.7‰	6.8‰	No statistical variation

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y

Medicines management	Y/N/Partial
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England 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.	Y
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> <ul style="list-style-type: none"> • During the COVID-19 pandemic, the practice had purchased controlled drugs (CD) in case they were needed for palliative care patients. CDs are drugs that are tightly controlled under regulations and need strict checks and secure storage, because they may be abused or cause addiction. These drugs were stored securely and regularly checked and recorded in the CD recording book. The practice had requested the removal of these drugs as they no longer needed to retain them and this was agreed and pending with the CCG. • The practice had reviewed their emergency medicines and equipment and removed items risk assessed as not required or not suitable for the needs of their patients. The emergency medicines lists were identical across both sites. • There had been a staff walkaround of the Drayton practice to ensure all staff knew the location of the emergency medicines and equipment. • Staff were given protected time to check medicines and emergency equipment and this was included in their rotas. • Vaccines were stored appropriately and fridge temperatures were monitored by staff in line with best practice. The practice gave an example of when they had taken action in response to a vaccine fridge failing to stay within the safe temperature range. This included contacting the vaccine manufacture and destroying vaccines assessed as unsuitable for use. • The practice was part of a Primary Care Network (PCN) of three practices. The PCN had a large pharmacy team, and the lead pharmacist undertook a range of medicines reviews and supported the PCN and practice-employed pharmacists and technicians with reviews. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	10
Number of events that required action:	10
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had updated its significant events policy in line with recent changes, including the use of the new NHS Learn from patient safety events service. The practice maintained a clear log of events. This was stored within an information management system that promoted shared learning. The log highlighted the risk level associated with each event, what went well and what could be improved and when changes were required and completed. Actions from the 10 events had been completed in all but one case. The outstanding event required external investigation and reporting, and preliminary feedback indicated no concerns with clinical practice at the surgery. Staff told us they understood the reasons for and benefits from reporting events. Learning was shared with relevant staff. The practice's new system for logging events promoted a better process for shared learning. 	

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

Event	Specific action taken
Patient arrived and deteriorated at the branch surgery before the start of the clinical working day.	Staff at the site took appropriate action and called for an ambulance as the clinical staff had not yet arrived on site. There was a delay in the ambulance responding. Learning included calling for advice from a GP initially. The practice organised an update for staff in basic life support following this event.
Patient took their own blood pressure readings using equipment at the surgery and handed their readings to the receptionists, but the results were not viewed by a clinician the same day.	When the results were viewed on the next working day, the patient was booked into a triage appointment and received treatment. Following this incident the clinical team created a new guidance document for the reception team, on what blood pressure results should trigger an immediate alert a GP.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence:	

- Our records searches showed the practice had taken the appropriate care when prescribing sodium valproate. Taking sodium valproate during pregnancy poses a significant risk of birth defects and developmental disorders, and an alert and safety update had been issued by the Medicines and Healthcare products Regulatory Authority (MHRA).
- The practice maintained a log of alerts received and reviewed. The log summarised the action taken to implement the alert guidance.
- The practice had recently agreed a new safety alert policy which included a new, improved template for the alert log, which the practice had committed to adopt. This new log included a named lead for any actions required and a prompt for noting the completion date.

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We reviewed a range of patient records in line with our methodology, which showed the practice followed national and local guidance, for example in relation to asthma and diabetes management. The practice used a recognised set of tools and clinical templates that meant clinicians followed national and local guidance. These were automatically updated to ensure care and treatment was in line with best practice. There were systems in place to prompt the regular review of patients and their medication. Systems were in place to ensure admissions and presentations to acute and out-of-hours services were reviewed so that patients received follow-ups with their GP when appropriate. 	

Effective care for the practice population

Findings
<ul style="list-style-type: none"> The practice supported the care of patients in six local care homes. There was a designated GP allocated to each care home. Prior to the COVID-19 pandemic, the practice undertook regular multi-disciplinary meetings with the care homes. Since the pandemic, these have been undertaken by the local primary care alliance service provider, made up of clinicians mostly from local GP practices. This alliance coordinated and shared information with the practice.

- The practice also referred patients to the alliance for on-the-day home visits, based on agreed referral criteria.
- The practice identified older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. The practice had systems to ensure there was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice offered a leg club for patients having problems with their legs, including leg ulcers, to help provide community support. These clubs continued during the pandemic.
- Clinicians had acted in response to an increased number of suicides in the area, and reviewed their guidance and strategy to promote suicide prevention activity.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.
- Patients with poor mental health, including dementia, were referred to appropriate services. For people with a new diagnosis of depression the GP who had the initial consultation booked a follow up appointment with themselves. In addition, a dedicated administration team monitored progress with diagnoses to ensure timely reviews.
- The practice participated in a mental health pilot, initiated in January 2022, where it was able to triage and book patients directly into talking therapies or refer to the crisis team, as appropriate. This pilot was proving effective and being extended within the PCN.
- All patients with a learning disability were offered an annual health check. These were coordinated and monitored by the practice's learning disability lead.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Meetings were held with the specialist palliative care team and community matron and these continued virtually throughout the pandemic.
- The practice held a monthly review of deaths and patients receiving palliative care.
- For working age patients in particular, the use of electronic booking systems and booked telephone consultations had improved access. The practice also offered vaccination clinics at weekends to support working age patients.
- Children were seen on the same day, face to face and in duty clinics, where there was parental concern.

Management of people with long term conditions

Findings

- The CQC GP specialist advisor conducted a remote review of the practice's clinical system and carried out searches of patient records. This review showed those with long term conditions received appropriate care and treatment.

- The practice had systems for recording and following up with patients after they received any hospital or out-of-hours services.
- The practice maintained registers of patients with long term conditions and carers. It used these to aid recall and the annual review of patients. Members of the administrative team had additional training and skills to support the clinical team with these reviews, as well as coordinating appointments to meet patients' specific needs.
- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. There were standard operating procedures (SOPs) on how to invite patients for reviews, based on their specific needs, and monitor their responses. The procedures defined what diagnostic test or information was required for each review as well as when and how to invite the patient for their appointment. For example, for diabetes, heart failure, hypertension, rheumatoid arthritis there were SOPs describing what diagnostic tests should be completed in advance of a review with the patient's GP.
- The practice had created a programme for 2022/23 to ensure all reviews were planned and patients were prioritised appropriately.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The review of patient records showed 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.
- During our searches we identified one patient with raised risk factors for diabetes that the practice had not coded for review, which was a potentially missed diagnosis. They addressed this immediately and invited the patient for a review.
- Patients with asthma were offered an asthma management plan.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England)	167	168	99.4%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England)	179	179	100.0%	Met 95% WHO based target

The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England)	174	179	97.2%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England)	174	179	97.2%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England)	201	206	97.6%	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

- The practice performed well in the delivery of childhood vaccines, as demonstrated in the data above. Staff confirmed they continued to promote access throughout the pandemic and encourage parents to bring children from their vaccinations.
- The practice offered weekly child immunisation clinics, but could be flexible to meet the needs of the family.

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: 30/09/2021) (Public Health England)	79.7%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (PHE)	69.4%	66.4%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (PHE)	73.5%	65.7%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (PHE)	51.0%	53.4%	55.4%	No statistical variation

Any additional evidence or comments

- The practice was very slightly below the 80% target for screening people for cervical cancer, achieving 79.7% based on data from 30 September 2021.

- The practice phoned and invited patients to attend for cervical screening, if they did not respond to the initial letters sent by the NHS national screening programme. Staff also had an opportunistic approach, whereby if a patient attended the practice for another reason, and was due their smear test, the clinician would use this appointment encourage them to book the test. Nurses commented they noted when patients seemed particularly anxious and were able to provide reassurance.

Monitoring care and treatment

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

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

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

- The practice audited shot gun licences, to assess whether the patients with shot gun licences were appropriate and safe. Where there were concerns about a licence holder's mental health, the GPs invited patients for further discussion on this topic.
- Full cycle audit on sharing advanced care plans for patients at the end of their lives in care homes. This was first undertaken in 2020 and action showed improvement in the next audit cycle.
- Cervical screening uptake was audited in 2021. Audit results showed a reduced uptake and action was taken to assign clinicians to phone patients to provide explanations and encourage attendance.
- A full cycle audit of bowel screening uptake was completed in 2020 and 2021 to assess screening uptake. As a result of the audit the practice sent further letters which helped increased uptake.

Effective staffing

The practice was aware that some mandatory training was overdue, as a result of the COVID-19 pandemic, but staff clinical skills had been maintained to ensure they 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.	Partial
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> <ul style="list-style-type: none"> The practice was aware that it was behind its targeted levels for mandatory training, due to recent priorities to respond to the COVID-19 pandemic. This was an area for focus as the practice recovered from the recent pressures of the pandemic. Staff reported that they received good support for training and development. They were offered protected time for training and opportunities for developing new skills. For example, apprenticeships and training in healthcare support work for administration staff to improve their skills and clinical awareness. Prior to COVID-19, the practice participated in the monthly training afternoons coordinated across the CCG. Whilst these had not restarted, the practice told us they used a weekly Friday morning meetings for clinical discussion and training. The practice had induction programmes for new staff. We spoke with new members of staff who reported good induction support and access to mentors. New clinical staff appreciated being allocated longer appointment times initially, whilst they familiarised themselves with their roles. Although most training identified as mandatory was delivered through on-line training, the practice had restarted face to face training in, for example, safeguarding adults and children and basic life support. Non-medical prescribers had mentors and worked within their competencies. They were supported by a triage GP who worked on the same floor as the nurses, who they could message to request guidance. Newly appointed GPs and nurses were allocated mentors and GPs new to practice had access to external mentors. The administration team had developed their own induction programme to promote learning and confidence for new staff. The provider supported new clinicians and supervised GP registrars, and trained medical students had placements at the practice. Regular appraisals were suspended in 2020 and restarted towards the end of 2021. They had started to adopt a process involving feedback from colleagues and managers, and then paused appraisals again during the 2021 vaccination programme. There was a plan resume appraisals again during 2022. 	

Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y

Patients received consistent, coordinated, person-centred care when they moved between services.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had developed standard operating procedures to manage communications with other services, including out-of-hours and hospital services. With consent, the practice shared information with other services such as mental health services and community services. There were some shared information systems across the Portsmouth CCG to support good communication. The practice held regular fortnightly or monthly meetings with other services, such as with the district nurses and the palliative care specialist. The local palliative care consultants had set up systems for information sharing across the region. There was a system for ensuring Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) agreements were shared and on the shared care record. Staff in all teams were proud of their person-centred care approach and the commitment to work effectively as a team to deliver a good service for their patients. 	

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> <ul style="list-style-type: none"> Social prescribers (link workers to help people with their overall wellbeing) actively supported people to live independently and staff provided a range of examples of how they had supported patients with social and mental health needs. Data showed the referral rate to social prescribers was increasing year on year, and had been particularly high during the COVID-19 pandemic, when patients sought support at the start of lockdown. Referrals for social prescribers could be made by any staff member, and patients could self refer. The practice was proud of achieving a high referral rate to the NHS Diabetes Prevention Programme, where people at risk of developing type two diabetes were referred to a life-style change programme. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Evidence was seen from our review of patient records that clinicians applied the Mental Capacity Act 2005 effectively, when they considered patients might not have the mental capacity to make decisions about their care and treatment. • DNACPR orders always involved discussion with patients, relatives and carers as necessary. Best interest decisions were only used where there was a lack of capacity for the individual to make that particular decision. 	

Responsive

Rating: Good

Access to the service

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

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Y
Patients were able to make appointments in a way which met their needs	Y
There were systems in place to support patients who face communication barriers to access treatment	Y
Patients with most urgent needs had their care and treatment prioritised	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• During the COVID-19 pandemic, the practice worked with its Primary Care Network (PCN) and the CCG to adapt services in line with national and local guidelines. It set up Total Triage system, whereby a patient's clinical need for a face to face, telephone or video appointment was assessed, and consultations were arranged with the most appropriate health care worker. The practice set up the option for video consultations in response to the pandemic.• At the start of the pandemic, the practice set up a 'hot hub' at its branch site, Wootton surgery for face-to-face appointments with patients with COVID-19 symptoms and an 'amber room' at The Drayton Surgery for patients without COVID-19 who needed a face to face consultation.• The practice followed guidance and closed the doors to walk-in patients during the height of the pandemic only for a relatively short period of between two and three months.• The practice maintained up-to-date information on their website to help patients understand the appointment system and provide guidance on the GP online services. This included how to order repeat prescriptions and book appointments from their phones. It also provided guidance on how clinics were run and any news about the surgery.• The practice had recently bought a new phone system which meant the practice could readily update messages to guide patients when they called the surgery.	

- Staff were trained to support patients who phoned the practice and also offered to help them navigate the electronic booking service.
- Nursing services continued throughout the pandemic, with cervical screening, immunisations and leg wound dressing appointments offered.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	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: <ul style="list-style-type: none">• The practice had two managing partners who worked together to oversee the clinical and financial direction of the practice. In the last two years, the practice had employed a new practice manager and a practice manager assistant.• The practice manager was also the lead manager for the PCN, which facilitated joint working across the group practices, which helped the group respond effectively and promptly to the COVID-19 pandemic.• The practice had recently employed or engaged additional staff to reflect the needs of the patients. For example, a new cancer care coordinator and staff with additional roles, such as social prescribers and physiotherapists, employed through the PCN.	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care, however staff did not consistently feel they were engaged in changes, including those to deliver the strategy.

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Partial
Staff knew and understood the vision, values and strategy and their role in achieving them.	Partial
Progress against delivery of the strategy was monitored.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice's vision was to provide high quality, accessible medical care to our patients, whilst maintaining a supportive and pleasant working environment for clinicians and staff. This had been reviewed, with no changes, at the partners' away day in March 2022.• The practice had grown quickly, with new staff and services, during a time when it had to respond to the challenges of a national pandemic. Some staff told us they had at times felt undervalued and commented they had felt excluded from decision making in relation to some changes, or these changes were not communicated in a timely way.	

- Some staff felt communication could be improved, for example in relation to staff or process changes. They told us changes were sometimes implemented without consultation and this had negatively affected morale, especially when it affected them in their specific area of work.
- The practice manager had set aside an afternoon each month for staff to share views and concerns. This was in response to feedback from staff.
- Medical staff in particular commented on the positive culture, good teamwork and a collaborative approach to resolving issues. For example, the partnership listened to and made positive changes in response to suggestions from all clinicians.

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff said teamwork was good within their own teams and this had helped them with the many changes and challenges the practice had faced over the previous two years. • They all said there was a strong patient focus and this meant staff supported colleagues at busy times to meet the needs of the patients. • They also said they helped each other in difficult circumstances, such as when patients were rude or abusive over the telephone. Many staff told us the practice had accommodated their request for specific working arrangements and had supported them at difficult times. • Staff told us they were prepared to raise concerns and these were mostly listened to. • Prior to the pandemic, the practice held regular social events. The leadership team said they aimed to reinstate these and improve staff engagement. 	

Governance arrangements

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

	Y/N/Partial
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There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice held meetings for partners, reception staff, nurses and clinicians. They also communicated electronically and had group messaging set up to support each other over COVID-19. • Face to face meetings were suspended during COVID-19 to minimise the risk of infection spread, and some meetings slipped due to the pressures of the pandemic on staff availability., such as nurses' meetings. During the initial phases of the pandemic, the practice held daily clinical huddles to share information and learning. • Clinicians had weekly meetings which were minuted, as well as monthly meetings specifically to discuss lessons learnt, such as from complaints and significant events. The meetings had a standard agenda and covered safeguarding, patients requiring palliative care and complaints. • Minutes were logged onto the management system to ensure details were shared. • The practice used a cloud-based information management system, which it had recently adopted. This was used for policies, minutes and for internal communications. Access to certain parts of the system were restricted to provide appropriate controls and confidentiality. • Policies and procedures, were being transferred into the cloud-based information system. 	

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had invested in a new electronic management system. At the time of the inspection, the practice was reviewing and updating policies and transferring them to the new system. • The practice had access to external human resource advisors to facilitate and mediate when necessary in relation to staff performance. • There was an appointed manager to monitor quality of outcome performance. For example, they monitored that patients with long term conditions and those with disease diagnoses received care and treatment in line with NHS England and NHS Improvement Quality outcomes Framework. 	

- Although there was no formal risk register, risks were identified and discussed at partner meetings. We saw these discussions included risks relating to staffing, training, the estate and telephone answering response times.

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.	Y
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Backlogs were identified and managed with the support of trained staff providing additional resource at times of increased demand. This had been identified as an area requiring additional focus and performance had improved. • The practice continued with cancer reviews throughout lockdowns, which helped minimise backlogs. • During COVID-19, GPs and staff actively enquired into the needs of their more vulnerable patients to ensure they were receiving the care they needed. Social prescribers have helped maintain this approach. • The practice was closed for walk-in access for less than three months. Staff continued to support those who had difficulty using telephone or electronic consultation methods. • Staff told us the practice had established good infection control measures in response to COVID-19, with appropriate screens and messaging. 	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y

Staff whose responsibilities included making statutory notifications understood what this entailed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Systems were in place to support the administration team to plan reviews in a timely way. For example, the Quality and Outcomes Framework manager monitored data to plan patient care. Our review of patient records and performance data showed the practice had systems that enabled it to use data effectively to support patient care. 	

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: <ul style="list-style-type: none"> Staff were supplied with smart card access to promote security. The practice had adopted telephone and video consultations. Two GPs undertook these in the morning and one in the afternoon, based from their own consulting rooms. They worked from home if necessary due to COVID-19. Staff confirmed they checked patient identification during remote consultations. The practice website summarised how patient data was stored and used, under the heading 'Patient Advice'. 	

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. Feedback from some staff showed they would like greater involvement and engagement.

	Y/N/Partial
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Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Partial
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> As outlined above, staff told us they recognised that the pandemic had been disruptive but they also said they would like greater involvement in the planning and delivery of services. The senior management team recognised they needed to improve internal communications. They had started to implement changes, including monthly 'meet the practice manager' sessions. There was an active Patient Participation Group (PPG) which had worked hard to widen participation to better reflect the patient population and their views. The practice made effective use of social media to communicate events, changes and give explanations or apologies when circumstances meant they had to cancel clinics or events. The practice used an electronic feedback tool linked to the website. This was suspended during COVID-19. Recent feedback indicated a high level of satisfaction, with a rating of 5/5. The national GP survey results for the three-month period from January 2021 to March 2021 showed that The Drayton Surgery patients were more positive about their practice than patients in the wider CCG or across England. For example, they were more positive about the listening skills and the treatment they received from the healthcare professional they last saw. Data showed 97.2% of respondents said they had confidence and trust in the healthcare professional they saw and 86.9% responded positively to their overall experience of the practice. Patients gave slightly more positive responses to questions about access to appointments than the England average. The practice reported having a constructive relationship with the CCG and good links with practice managers of other practices in the CCG. 	

Feedback from Patient Participation Group.

Feedback	
<ul style="list-style-type: none"> The Patient Participation Group (PPG) told us the practice management listened to and responded to their feedback. The PPG had supported a patient education process, aimed at helping patients use video and internet consultation options. We received positive feedback from the PPG on the changes implemented by the practice to improve efficiency and patient-centred care, for example in supporting the reception staff. Before the pandemic, the PPG had planned a 'meet and greet' event for patients, to explain the different roles within the practice. This was being prepared for later in 2022. 	

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y

Learning was shared effectively and used to make improvements.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had implemented a range of improvements during the past two years, including a new basement floor with five new nurse treatment rooms. These improved facilities for both staff and patients. • The practice had also introduced a new information management system, a new phone system and recruited additional staff. It had responded to the demands of the COVID19 pandemic, in cooperation with other local services. • Staff skills had been a focus, with the aim of upskilling staff into new roles. The practice had supported administration staff to gain Healthcare Support Worker training, to enable them to support clinical practice and apply their knowledge to administrative functions. • The practice maintained a 'lessons learnt' monthly meeting to review incidents and events. • The practice had been active within the PCN to make use of new opportunities such as the recruitment of mental health workers, social prescribers, pharmacists and physiotherapists. 	

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.
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- % = per thousand.