

Inspection Evidence Table

Grove Medical Centre

(1-547392170)

Inspection Date: 5 – 7 July

Date of data download: 11/07/2023

Overall rating: Good

At our previous inspection in April 2022, we rated the provider as requires improvement overall. This is because we found breaches of regulation in the Safe, Effective and Well-led domains.

At this inspection the provider had made significant improvements to processes and systems of accountability. Breaches of regulation had been met and processes changed or improved to show that systems and processes were working as intended. There had been a collective approach to ensuring that improvements within the practice were sustainable. The partners, GPs, practice manager and leaders within the practice ensured best practice, performance and risk management systems and processes were in place. Governance processes were clearly set out, understood and effective.

Safe

Rating: Good

At our previous inspection we rated this domain as requires improvement because:

- We found evidence of insufficient monitoring for a number of patients during our searches of patient records. This included medicines that required monitoring and the follow up of abnormal test results.
- Processes for the safe handling of requests for repeat medicines were not effective as not all patients had received the required monitoring.
- Historic safety alerts were not always fully embedded into prescribing practices.
- Patients not attending appointments requested by the GPs were not monitored or followed-up.
- Actions from risk assessments did not always contain required information.
- The central information recorded, and minutes taken for significant events and complaints needed to be strengthened.
- We found gaps in processes relating to the monitoring of vaccine fridge temperatures.

At this inspection we found:

- Our remote searches of patient records showed that patients were being effectively and safely managed. This included medicines that required monitoring and the follow up of abnormal test results.
- Patients who were prescribed medicines were being monitored and reviewed in the required timescales. This ensured all information required was available for safe prescribing.
- Safety alerts were fully embedded into prescribing practices.
- Where patients needed to book a follow up appointment there was a new system in use. Patients were sent a text message with a link to an online booking system. This meant the patient could book a day and time suitable for them and did not have to phone the practice to book. Patients could be sent

reminder texts to book appointments. The practice was monitoring the new system to ensure patients were booking appointments as requested by the clinician.

- We saw evidence of the actions taken from risk assessments, audits and from meetings. These were clearly recorded with information relating to the action required, the timeframes involved and was monitored to ensure it was completed.
- The recording of significant events and complaints was clear and detailed. We saw that significant events, and complaints discussions were written in minutes so staff not attending could understand the discussions had and benefit from the wider learning.
- Fridge temperatures were being monitored and recorded onto the practices computer system. We found no gaps in the recording. Staff were aware of the process to follow if they noticed a gap in the recording or if a temperature went out of range. We saw evidence to support this.

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had clearly defined and embedded systems, processes, and practices in place to keep patients safe and safeguarded from abuse. The practice ensured that vulnerable patients were highlighted on their clinical system. The practice held monthly clinical and bi-monthly educational meetings which incorporated discussions about specific child safeguarding concerns and any concerns relating to vulnerable adults. It was evident from talking with staff that the practice was proactive in safeguarding their patients.</p> <p>All staff had completed safeguarding training for both children and vulnerable adults at the level appropriate to their job role. We were told of examples where staff had raised concerns to the safeguarding lead. Staff told us, they felt able to raise concerns and they would be actively listened to and where needed action taken.</p> <p>Staff who were chaperones were adequately trained and had received a Disclosure and Barring Service (DBS) checks. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There were comprehensive and well managed records to demonstrate that recruitment checks had been carried out in accordance with regulations for all staff. DBS checks were undertaken.</p> <p>The practice was able to demonstrate they held appropriate records relating to staff immunisations, in line with current UK Health Security Agency (UKHSA) guidance.</p>	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Y
There was a fire procedure.	Y
Date of fire risk assessment:	September 2022
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At our last inspection we found:</p> <ul style="list-style-type: none"> Action plans from the fire risk assessment did not include the required information. For example, who would undertake the action needed and the time frames involved. It was unclear how the practice was tracking the required actions and the date actions were to be completed by. <p>At this inspection we found:</p> <ul style="list-style-type: none"> The provider ensured a fire risk assessment had been conducted by an external company in September 2022. We saw a separate action log which listed, any actions required, who was responsible and the date to be completed. We saw this was discussed during meetings to ensure that action was progressing as intended. <p>The practice had comprehensive systems and documented risk assessments in place to manage health and safety risks associated with the premises and general environment. Staff had recently participated in a fire drill. There was appropriate fire-fighting equipment which was regularly serviced and maintained.</p>	

Infection prevention and control**Appropriate standards of cleanliness and hygiene were met.**

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out.	Y
Date of last infection prevention and control audit:	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: All staff had completed the required training for Infection Prevention and Control (IPC). A member of the nursing team was the lead for IPC. The practice was visibly clean and tidy. IPC audits had been completed and any issues identified had been promptly actioned.	

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	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

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. 1	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>We completed a series of searches on the practice's clinical records system. These searches were completed with the consent of the provider, and to review if the practice was assessing and delivering care and treatment in line with current legislation, standards, and evidence-based guidance.</p> <p>At our last inspection we found, our searches indicated a number of patients with a missed diagnosis. Including:</p> <ul style="list-style-type: none"> • A potential of 223 patients who had a blood test to check for chronic kidney disease (CKD) with a missed diagnosis. • A potential 42 patients who had a blood test to check for diabetes with a missed diagnosis. We reviewed 5 patient records and found that all patients had test results that indicated they had diabetes but had not been informed or coded correctly. <p>At this inspection our searches indicated patients care and treatment was managed in line with current guidance and that information, including, examination, management plans, safety netting and follow ups were adequately documented.</p> <ul style="list-style-type: none"> • There were no missed diagnosis for patients who had a blood test to check for CKD. • There were a potential of 4 patients who had a missed diagnosis of diabetes. When we reviewed the patient records, we found all had follow up appointments booked, had been informed of a potential diagnosis and were being monitored and adequately reviewed. 	

Appropriate and safe use of medicines

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

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

Indicator	Practice	SICBL average	England	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2022 to 31/03/2023) (NHSBSA)	0.66	0.84	0.91	Tending towards variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2022 to 31/03/2023) (NHSBSA)	5.8%	8.5%	7.8%	No statistical variation

Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2022 to 31/03/2023) (NHSBSA)	4.99	5.80	5.23	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2022 to 31/03/2023) (NHSBSA)	72.5‰	77.2‰	129.8‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2022 to 31/03/2023) (NHSBSA)	0.34	0.66	0.55	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2022 to 31/03/2023) (NHSBSA)	4.7‰	5.7‰	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 effective medicines reviews for patients on repeat medicines. 1	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 medicines that require monitoring (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing. 2	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	n/a
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y

The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y
<p>At our last inspection we found:</p> <ul style="list-style-type: none"> • Gaps in the recording of fridge temperatures. The practice had failed to take any action, including raising a significant event. • Patients had not always received effective medicines reviews as required. For example, we reviewed 5 records for patients with asthma, 2 patients did not have a clinical assessment at the time of prescribing steroids or a follow up appointment. There was no asthma review captured and no evidence of an asthma care plan on the records. We also identified there was no evidence to assure that steroid cards had been issued, in line with recommended national guidance. • We reviewed 5 patient records with hypothyroidism who were significantly overdue a thyroid function test. • We reviewed 5 patients records with diabetic retinopathy (a diabetes complication that affects eyes) whose blood test results showed high blood glucose (sugar) levels. Four patients had been requested to book a diabetic medication review but had failed to do so. Three patients had not had a diabetic annual review within the last 12 months. • Risks associated with patients not attending follow-up appointments as requested by the GP were not acknowledged. • The practice did not always have a clear audit trail for patient's medicines prescribed by other services. Some records we reviewed showed medicines prescribed by hospitals were not always added to patients' medical records. • We reviewed 5 records for patients prescribed a medicine used to treat fluid build-up due to heart failure, liver scarring, or kidney disease. In 3 records it was not evidenced that the results from hospital blood tests had been reviewed or accessed by the GP. • Our searches indicated 20 patients who were being prescribed 2 medicines which should not be prescribed together. • We reviewed 5 patients records that indicated a potential of being pre-diabetic or diabetic. Records showed that 4 patients had not been coded correctly to show this diagnosis or that the patient had been informed about the diagnosis. We noted 3 patients had alerts on the patient record showing they were possibly diabetic, but this had not been followed up, even though in some cases the patient had attended the practice for other matters. <p>At this inspection we found:</p> <ul style="list-style-type: none"> • The recording of fridge temperatures was recorded onto the practice computer system. The system allowed anyone to see if a fridge had not had the temperature recorded as it showed as red. We found no gaps in the recording of temperatures. Where we saw that on 3 occasions the temperature had gone out of range, we were able to see the actions taken, the reason why the fridge had gone out of range and where needed a significant event had been raised. • We completed patients searches for a number of conditions and found effective medicine reviews. For example, we reviewed 5 records for patients with asthma, all patients had a clinical assessment at the time of prescribing steroids as well as a follow up appointment. All had an asthma review and an asthma care plan on the records. Where needed a steroid card had been issued. 	

- We reviewed 3 patients records with hypothyroidism who were overdue a thyroid function test. We saw evidence that 1 patient was being managed by the hospital and 2 patients had multiple reminders to book appointments and had their prescriptions reduced.
- We reviewed 5 patients records with diabetic retinopathy. We found no concerns with the management of these patients.
- The practice had recognised that some patients had difficulty booking a follow-up appointment when requested. The practice was now using a new system to allow patient to book follow up appointments without calling the practice. An automated message was sent with a link to a booking appointment screen. This meant that patients could book a day and time suitable for them.
- The practice had a clear audit trail for patient's medicines prescribed by other services. When patients were discharged from hospital, their medicines were recorded accordingly on to their patient record. Patients were invited to attend for follow-up appointments and to have discussion of medicine changes with the clinical pharmacist or GP. The practice offered longer appointments for patients whose complex conditions required more time post-discharge.
- We completed a patient search for those prescribed a medicine used to treat fluid build-up due to heart failure, liver scarring, or kidney disease. We noted that only 1 record indicated they may not have had the required monitoring. We reviewed the patient record and found that the patient was only a few weeks over their monitoring and had been sent reminders to attend a blood test.
- We reviewed the same medicines that should not be prescribed together and found no patients affected.
- We reviewed 4 patients records that indicated a potential missed diagnosis of being pre-diabetic or diabetic. Records showed that all patients had been coded correctly to show a pre-diabetic diagnosis and the patient had been informed. All patients had received a recent blood test and an annual review and were being managed correctly.

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:	37
Explanation of any answers and additional evidence:	
At our previous inspection we found:	
<ul style="list-style-type: none"> • The significant events log lacked detail in regard to the information required. We found some significant events were not investigated fully or the details included in the critical incident report. Minutes to discussion had, the recording of the actions taken, and learning outcomes needed to be strengthened. 	

At this inspection we found:

- Significant events were investigated and recorded with detailed information. Significant events were a standing agenda item on staff meetings. We saw evidence of detailed records of the event and the action taken. All staff were able to review significant events and told us they were encouraged to review them for their own learning. Staff we spoke with were able to tell us of significant events that had been raised and the learning from them.
- The practice manager completed a trend analysis every 3 months and reviewed the significant events to ensure any actions had been completed. Any trends were discussed at the partner meetings to effect implementation of learning and inform clinical practice.

Example of significant event recorded and actions by the practice.

Event	Specific action taken
Fridge temperature going out of range	Reported to NHS England Screening and Immunisations Team. Internal temperature log checked. Manufacturer of medicines contacted. Discussed at nurse team meeting.

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:

At our last inspection we found:

- Not all retrospective alerts issued by The Medicines and Healthcare products Regulatory Agency had been re-run to ensure patient safety. We noted during our inspection that patients that had been affected by an alert for a number of years, had been contacted 2 days before our last inspection and their medicines changed as required.
- Medicines prescribed by hospitals were not always added to patients' medical records.

At this inspection we found:

- The practice had a protocol in place for actioning safety alerts. Alerts were disseminated to the required members of the team and where action was required, searches were conducted of clinical records to identify patients who may be affected. We saw evidence of a spreadsheet kept of all alerts and the actions taken where necessary.
- Searches for the relevant historical safety alerts had been scheduled to run every 3 months and were checked and actioned where appropriate by the practices' Pharmacist.
- From a sample of patients' records we reviewed, we found action had been taken on alerts received.
- Systems ensured the provider continued to audit medicines previously subject to safety alerts, to ensure prescribing continued to be in line with up-to-date guidance.
- From the patient searches we conducted we found that where patient had been prescribed a medicine from the hospital this was included in the patient records.

Effective

Rating: Good

At our previous inspection we rated this domain as requires improvement because:

- Medicine reviews for patients with some long term conditions had not always been completed in line with guidance and failed to identify patients who were overdue their monitoring.

At this inspection we found:

- Our remote searches of patient records showed that patients with long term conditions had received the required medicine reviews and monitoring in the correct time frames.

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

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	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
The practice prioritised care for their most clinically vulnerable patients.	Y
Explanation of any answers and additional evidence:	
At our last inspection we found:	
<ul style="list-style-type: none">• Medicine reviews for some patients with long term conditions had not always been completed in line with guidance and failed to identify patients who were overdue their monitoring.	

- Reviews of patient records showed that patients presenting with possible illness were not consistently followed up including those who had diagnostic results indicating chronic kidney disease or diabetes.

At this inspection we found:

- The practice maintained up to date registers for all long term conditions. Patients were assigned a named lead GP who coordinated their care. The practice was working towards all patients attending their annual reviews during their birthday month. The practice used text messaging and online consulting to allow follow-up and prompt reminders to attend medicine reviews.
- We reviewed patient records for long term conditions and found patients whose test results indicated a potential of a long term condition was appropriately followed up and additional tests completed. This included chronic kidney disease and diabetes.

Effective care for the practice population

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty.
- Those identified received a full assessment of their physical, mental, and social needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles, and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments. There was appropriate and timely follow up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.
- Patients with poor mental health, including dementia, were referred to appropriate services.
- The practice offered a fortnightly in-house ear micro suction clinic.
- The practice could offer patients 24-hour blood pressure monitoring and had recently acquired monitors which clinicians could use to check a patient's ECG via fingertip tracing (an ECG monitor measures and records your heart rate and rhythm). One of the GPs had a Diploma in Cardiology and could advise on ECGs and what to do with results of 24-hour ECGs and echocardiograms.

Findings

- Patients with long-term conditions were offered an effective annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.

Child Immunisation	Numerator	Denominator	Practice	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) (i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	138	148	93.2%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	155	167	92.8%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	155	167	92.8%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	152	167	91.0%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	154	169	91.1%	Met 90% minimum

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

Cancer Indicators	Practice	SICBL average	England	England comparison
Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	66.9%	N/A	62.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	70.1%	N/A	70.3%	N/A
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (12/31/2022 to 12/31/2022) (UKHSA)	73.3%	N/A	80.0%	Below 80% target
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (4/1/2021 to 3/31/2022) (UKHSA)	38.8%	56.7%	54.9%	No statistical variation

Any additional evidence or comments

The practice continued to review the uptake of cervical screening. Nurses ran cervical screening clinics, as well as providing ad hoc cervical screening. Non-attenders were flagged on the patient's record so that the screening test could be discussed opportunistically. The practice contacted eligible patients for cervical screening who did not attend, via a letter and a phone call to encourage patients to attend their appointments.

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
<p>Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years:</p> <p>The practice was completing a full comprehensive programme of clinical audit and second cycle audits. For example, there were audits of prescribing and medicines management undertaken. Audits had also been completed for patients using the link to self-book appointments, undiagnosed diabetes, thyroid monitoring, chronic kidney disease, an audit to ensure all required actions were completed and notes updated accurately in patient records, antipsychotics medicine monitoring and gestational diabetes monitoring.</p>	

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We reviewed the training matrix and all staff had completed training the practice identified as mandatory. Staff were sent system generated email reminders when their training was due.</p> <p>We saw evidence of formal inductions and probation meetings with new staff members.</p> <p>We saw evidence of monthly clinical meetings. Meeting minutes evidenced actions required and completed, discussions on subjects such as safeguarding, individual patient discussion, medicines management, complaints and significant events. There were a variety of audits and patient searches completed to ensure the competency of all staff.</p> <p>Staff members told us they were encouraged to take on additional training and learning for their own development. Several staff members had been trained to take on additional roles and felt extremely supported by the practice in doing so.</p>	

Coordinating care and treatment

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

	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	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 examples of staff working together to support individual patients. For example, managing complex cases, including safeguarding concerns and working with other practitioners to coordinate patient care.</p>	

Patients flagged on the practices computer system as frail had been contacted by a care coordinator to check if a referral to the local Frailty Hub would be beneficial. A GP attended the bi-monthly locality meetings and had the opportunity to feedback on this service on behalf of the patients should the need arise. Frailty team community colleagues were invited to clinical meetings to discuss any changes in their processes.

The practice's GPs and allied healthcare professionals had been formally trained to use a dermatoscope to check for skin cancer and other skin lesions (A dermatoscope is a hand-held visual aid device a doctor or person can use to examine and diagnose skin lesions and diseases, such as melanoma). The practice had a close working relationship with local dermatologists through the advice and guidance service for skin lesions, and the local community photo hub. The practice was able to send a picture of a skin lesion off to a specialist with a turnaround time of only a few days to be able to fast track a referral if needed or give a patient the reassurance their skin lesion was benign.

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
Explanation of any answers and additional evidence: The practice had installed a health pod within a private area of the waiting room. Patients did not need to book an appointment to use the health pod. Patients were able to perform their own checks such as blood pressure, height and weight which was recorded directly into their clinical records. Any abnormalities were reviewed and discussed with the patient.	

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. 1	Y

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: Staff at the reception desk were observed to engage with patients in a professional and supportive manner. Training records confirmed staff were supported to complete training in key areas such as equality and diversity. This helped staff to understand anti-discriminatory behaviour and the importance of treating people with compassion.	

Patient feedback	
Source	Feedback
NHS.uk website (formerly NHS Choices)	In the last 12 months 4 reviews had been left for the practice. All of these reviews were extremely positive.
Friends and Family Test	In January 2023 and February 2023 the practice had received 867 responses to the question 'how was your experience of the service'. 795 (92%) of these were either good or very good.

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2022 to 30/04/2022)	76.6%	87.8%	84.7%	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 (01/01/2022 to 30/04/2022)	72.0%	86.6%	83.5%	Tending towards variation (negative)
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 (01/01/2022 to 30/04/2022)	93.3%	95.3%	93.1%	No statistical variation

The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	55.7%	75.6%	72.4%	No statistical variation
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Any additional evidence or comments

The practice was aware of their patient survey figures and had taken immediate action to improve. Updated results from the new GP patient survey have not been released and we are unable to include any new figures here.

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

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

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2022 to 30/04/2022)	89.2%	93.2%	89.9%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	<p>At the time of this inspection, the practice told us 425 patients were identified as being carers. This represented around 3% of the practice population.</p> <p>A carer is anyone who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, mental health needs or drug or alcohol problem and cannot cope without their support. The care they give is unpaid.</p>
How the practice supported carers (including young carers).	<p>Carers were identified through registration processes and by the clinicians during consultations.</p> <p>The practice provided carer's packs and information on carer services via phone, text and letter and additional advertising on their Facebook page. The practice offered on-going emotional, psychological and practical support.</p> <p>There was a named administrative lead for carers support and offered financial support in the form of a carer's allowance. Patients were offered the opportunity to be linked with a social prescriber from the council who could further support their social needs.</p>
How the practice supported recently bereaved patients.	<p>Staff told us that if families had suffered bereavement, the practice contacted them. This may be followed by a patient consultation and/or by giving them advice on how to find a support service.</p>

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y

Responsive

Rating: Good

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: The practice was able to offer extended access appointments available through the GP Federation Improved Access scheme where certain appointment times are accessible outside of working hours. For example, late evenings and weekends. This included additional appointment capacity for acute illness, physiotherapy, and phlebotomy appointments.	

Practice Opening Times	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm

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

- 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.
- The provider was responsive to the needs of older patients and offered home visits (conducted by paramedics) and urgent appointments for those with enhanced needs and complex medical issues. The provider also had a system in place to ensure care home residents received clinical review by a paramedic if needed.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- All parents or guardians calling with concerns about a young child were offered a same day appointment when necessary.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travelers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	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 (including those who might be digitally excluded).	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
<p>Explanation of any answers and additional evidence:</p> <p>All appointment requests for urgent or routine appointments were requested using an online form. Patients unable to use a digital platform could call the practice and a form could be completed with the patient by a member of staff. All online form requests were then triaged by a doctor, who would decide the most appropriate clinician to deal with the problem and within what timeframe. If the problem was urgent and needed to be dealt with on the day, the patient was phoned with an appointment time. If the problem was routine, and the patient was able to receive a text, an appointment booking link would be sent. The patient could then book an appointment on the day and time convenient to them. Appointments could be either face-to-face or via telephone consultation, depending on the problem. Patients could also be offered advice and guidance via text or have an appointment booked with the NHS Community Pharmacist Consultation Service.</p>	

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2022 to 30/04/2022)	26.4%	N/A	52.7%	Significant variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	39.2%	58.3%	56.2%	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 (01/01/2022 to 30/04/2022)	45.4%	57.1%	55.2%	No statistical variation

The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	66.5%	73.9%	71.9%	No statistical variation
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Any additional evidence or comments

The National GP Patient Survey results figures were from January 2022 to April 2022. The provider was aware of their low scores from the patient survey and to address it they had changed the appointment system and updated their telephone system in March 2023. The practice was able to call patients back instead of being held in a queue. All appointments were requested via an online appointment form. These were then triaged by a GP to ensure patients were seen by the most appropriate clinician within the most clinically appropriate timescale (effective care navigation increases GP capacity and improves outcomes for patients). The practice also had a new system for patients to book appointments once requested by a GP. A text message could be sent to the patient with an appointment booking link. This meant that the patient could book a day and time convenient to them. For any urgent appointments the practice called the patient to make the appointment. All of the changes were communicated to the patients to ensure they were aware of the new ways to book appointments.

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.	20
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	1

	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>At our last inspection we found:</p> <ul style="list-style-type: none"> We found a lack of information recorded on the complaints log. This meant that that practice could not easily see trends or how complaints had been actioned. We also found that minutes to meetings where complaints were discussed could be strengthened to ensure a greater shared learning for the wider team. <p>At this inspection we found:</p> <ul style="list-style-type: none"> We noted an open culture in which all complaints were highly valued as being integral to learning and improvement. Information about the complaint and actions taken were recorded in detail. Discussions on complaints were minuted in meetings and shared learning was communicated widely to support improvement. The practice kept a record of all complaints received and any action taken as a result of complaints. We also noted that a 3 monthly trend analysis was completed. Staff we spoke with were aware of how to support patients to make a complaint. 	

Well-led

Rating: Good

At our previous inspection we rated this domain as requires improvement because:

- Governance around patient safety alerts, fire risk assessments and the monitoring of fridge temperatures was not robust. Minutes to meetings needed to be strengthened and the central recording of significant events and complaints needed to show more detail to allow for trend analysis and wider learning for all staff.
- There was not effective oversight of risks, such as management of patients on high-risk medicines, the monitoring of patients with long term conditions and health and safety risk assessments.

At this inspection we found:

- Governance structures and systems had been reviewed and changes made to ensure they were working as intended. For example, patient safety alerts, fire risk assessments and the monitoring of fridge temperatures were now working as intended. We saw evidence of the shared learning from significant events and complaints including trend analysis. Central information was clearly recorded and contained detailed information to allow for wider learning for all staff.
- The practice had systems in place for identifying, managing, and mitigating risks. These were regularly reviewed to ensure they were working as intended. For example, monitoring of patients with long term conditions and health and safety risk assessments.
- The provider demonstrated that they understood the challenges to quality and sustainability and had the capacity and skills to deliver high quality care.
- There were systems and processes for learning, continuous improvement, and innovation.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels. Leaders could demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: Leaders were aware of the improvements needed and practice staff had worked as a team to improve processes to ensure they were working as intended. There was an understanding of what the challenges were, and leaders had put actions in place to address them.	

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: There was a realistic strategy which aligned with local plans in the wider health and social care economy and services were planned to meet the needs of the relevant population. Staff in all areas understood and supported the vision and values of the practice and how their role helped in achieving them.	

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

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

Source	Feedback
Staff interviews via Teams meetings.	Staff members told us there was a friendly and supportive environment to work in. They told us leaders, managers and GPs were approachable.
Face to face conversations.	Staff members told us how they felt supported by the whole team. Staff members commented positively on the opportunities to learn and develop.
Staff questionnaires via email.	We were told that ideas and suggestions were welcomed by leaders, and we heard of examples where suggestions had been acted upon.

	Staff were committed to providing a high-quality service to patients. They consistently told us the quality of clinical care provided was excellent and something they were proud of. Staff we spoke to reported that the new ways of working within the practice had made a positive impact on patients.
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Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At our last inspection we found:</p> <ul style="list-style-type: none"> The practice's governance and management systems did not always operate effectively, as we identified several concerns during the inspection that had not been identified by the practice. This included concerns regarding the practice's procedures on management of test results, storage of medicines, and management of patients on medicines that require monitoring or with long-term conditions. <p>At this inspection we found:</p> <ul style="list-style-type: none"> Governance structures, processes and systems of accountability, were clearly set out, understood and effective. Staff were clear about their roles and accountabilities. We saw evidence that systems for test results, storage of medicines, and management of patients on medicines that require monitoring or with long-term conditions were working as intended and were regularly monitored. 	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
At our last inspection we found:	
<ul style="list-style-type: none">• The practice's arrangements for managing and mitigating risks were not always effective in some areas. Significant events and complaints were centrally recorded but lacked detail with regard to the information required.• Whilst we saw evidence that regular clinical meetings and governance meetings were in place, it was not always possible to identify accountability of identified actions, action plan monitoring and timescales for completion within the minutes.	
At this inspection we found:	
<ul style="list-style-type: none">• The practice had reviewed how they managed and mitigated risks. Changes made were effective and monitored to ensure they were working as intended. For example, we saw evidence of detailed information regarding significant events and complaints which was centrally recorded.• We saw evidence of the actions taken from risk assessments, audits and from meetings. These were clearly recorded with information relating to the action required, the timeframes involved and was monitored to ensure it was completed.	

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:	
At our last inspection we found:	

- Medicines prescribed by hospitals were not always added to patients' medical records.
- Results from hospital test and monitoring was not being recorded as being reviewed by the GPs or added to the patients' medical record.
- The practice was not re-calling patients who did not attend follow up appointments requested by the GP. It was not always recognised that patients had outstanding monitoring when they attended further appointments.
- Medication reviews did not always happen within the required time frames or recognise current guidance for prescribing. For example, safety alerts, issuing of steroid cards.

At this inspection we found:

- We saw evidence that medicines prescribed by hospitals were added to patients' medical records. This included ensuring test results and monitoring were recorded accurately on to the patient records.
- The practice had recognised that patients were not always booking requested follow-up appointments. Where patients needed to book a follow up appointment there was a new system in place. Patients were sent a text message with a link to an online booking system. This meant the patient could book a day and time suitable for them and did not have to phone the practice to book. Patients could be sent reminder texts to book appointments.
- We saw evidence that medication reviews were scheduled within the required time frames and that prescribing guidance was regular reviewed, discussed and audited.

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
Staff are supported to work remotely where applicable.	Y

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: Because of patient feedback the practice changed the way appointments were booked and now had a GP triaging all appointment requests via an online form. The practice had also updated their telephone system	

Feedback from Patient Participation Group.

Feedback
We had feedback from the PPG which was positive. They told us there was a close working relationship with the practice.
They told us the practice listened to issues and tried to work out a solution together. Information brought to the meeting was listened to and accepted as valuable feedback. The PPG was able to share intelligence from local people.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: The provider had completed a variety of audits for quality improvements. We saw evidence of meeting structures where all staff were included and there was a culture of shared learning.	

Examples of continuous learning and improvement
The practice had introduced contraceptive self-injections as an option to increase autonomy and self-care, whilst following national guidance.
The practice's gynaecology lead GP had recently trained to be able to offer patients a contraceptive coil insertion service.

The practice was routinely using the NHS Community Pharmacist Consultation Service (CPCS). This is an NHS service which facilitated patients having a same day appointment with their community pharmacist for minor illness or an urgent supply of a regular medicine, improving access to services and providing more convenient treatment closer to patients' homes.

The practice was able to offer extended access appointments available through the GP Federation Improved Access scheme where certain appointment times were accessible outside of working hours for example late evenings and weekends. This includes additional appointment capacity for acute illness, physiotherapy and phlebotomy appointments.

The practice could offer in-house physiotherapy, phlebotomy and ultrasound services and point of care testing for INR and D-Dimer; minimising the patients need to attend secondary care.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have “Met 90% minimum” have not met the WHO target of 95%.

- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules-based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

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

Glossary of terms used in the data.

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