

Inspection Evidence Table

Horizon Healthcare

(1-569754090)

Inspection Date: 24 and 28 November 2023

Date of data download: 21/11/2023

Overall rating: Good

At our previous inspection on 26 May 2016, the practice was rated good overall and for all key questions. We have continued to rate the practice as good overall because it provided safe, effective and well-led services. We rated the practice as requires improvement for providing responsive services because the results of the National GP Patient Survey showed that patient satisfaction with telephone access to appointments and overall experience of making an appointment was low.

Context

Horizon Healthcare is an inner city GP practice that provides care and treatment to a diverse population. This includes vulnerable and hard to reach groups of patients such as asylum seekers. There is a high number of Eastern European patients registered with the practice and a highly mobile population.

Information published by the Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the second lowest decile (2 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 74.4% White, 16.7% Asian, 3.8% Black, 3.4% Mixed, and 1.7% Other.

The age distribution of the practice population demonstrates a lower proportion of older patients and a higher number of working age patients compared to local and national averages:

- The percentage of older people registered with the practice is 12.6% which is below the local average of 20.5% and the national average of 17.8%.
- The percentage of working age patients registered with the practice is 65.9% which is above the local average of 60.2% and the national average of 62.4%.

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Partial
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
<ul style="list-style-type: none">• We found that vulnerable adults were reviewed regularly at the community support team meetings. The community support team was a multidisciplinary team which included for example, social workers, district nurses, care co-ordinators, community psychiatric nurses and representatives from the practice.• Safeguarding meetings were held with the health visitor to review the care of children with safeguarding concerns.• Safeguarding concerns were added to the home page of patients' records and those living in the same household.• We reviewed the recruitment files of 4 permanent members of staff and found that DBS checks had been completed for all of these staff. There was a memorandum of understanding in place for staff employed by the Primary Care Network (PCN) to provide assurance that staff employed by the PCN and working in the practice had been appropriately recruited. However, we reviewed the records of a locum advanced nurse practitioner and found that evidence of a DBS check was not available in their records. The provider informed us that the locum agency held the DBS checks however, the practice did not have a copy in their file. Following our inspection, we held a video call with the provider who showed us that the required information for locum staff had been attained and stored in their files.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial

Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes
<ul style="list-style-type: none"> We reviewed the recruitment files of 4 permanent members of staff and found that most checks had been made in line with legislation. We reviewed the recruitment file for a locum clinical member of staff and found that appropriate checks were not in place. The provider informed us that the locum agency held the required checks however, the practice did not have a copy in their file. Following our inspection, we held a video call with the provider who showed us that the required information for locum staff had been attained and stored in their files. Of the 4 staff files we reviewed we found that immunisations had been documented in their records. In 2 of the records we reviewed there was evidence of hepatitis B immunisation however, there was no evidence that immunity had been acquired. There was a standard operating procedure in place that provided clear guidance to clinical and non-clinical staff when handling samples such as urine and blood. We observed non-clinical staff following this guidance on the day of our inspection. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Yes
Date of last assessment: 13 February 2023	Yes
There was a fire procedure.	Yes
Date of fire risk assessment: Horizon Healthcare: 17 August 2023 and 5 September 2023 Humbleton Road Surgery: 17 April 2023	Yes
Actions from fire risk assessments were identified and completed.	Yes
<ul style="list-style-type: none"> We reviewed fire safety documents and found that regular fire safety drills had been completed at the main practice and there was evidence of learning from them. The provider told us that a fire drill had been carried out at the branch practice in April 2023 however there was no evidence to demonstrate this. A suite of risk assessments had been completed for the practices. For example, control of substances hazardous to health (COSHH) and legionella. Where required, action plans had been put in place to address any issues identified. Safety certificates for electricity, gas, emergency lighting, calibration of equipment and portable appliance testing had been obtained. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out.	Yes
Date of last infection prevention and control audit:	23 December 2022
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes

- A standard operating procedure was in place that provided clear guidance to nursing staff in the cleaning of medical equipment such as metal speculums and ear irrigation machines.
- Whilst there was evidence of cleaning audits and spot checks we found that cleaning schedules had not always been signed where they were required to be to demonstrate cleaning had been completed. The provider had raised this with the cleaning company.

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours.	Yes
<ul style="list-style-type: none"> • Protocols were in place to support receptionists and patient co-ordinators when they encountered acutely unwell patients. • Staff told us they felt that there was adequate staffing and an effective approach was in place to manage staff absences. 	

Information to deliver safe care and treatment

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

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

- We reviewed a sample of patients' records during our remote clinical searches and found that care records were managed in a way to protect patients. For example, history, examination, management plans, safety netting and follow up were documented within the patients' records.
- We reviewed the tests results that were awaiting review and found that tests requested by practice staff had been reviewed within a timely manner.

Appropriate and safe use of medicines

The practice mostly 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) (01/10/2022 to 30/09/2023) (NHSBSA)	0.68	0.88	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). (01/10/2022 to 30/09/2023) (NHSBSA)	6.7%	7.7%	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 (01/04/2023 to 30/09/2023) (NHSBSA)	4.80	5.04	5.19	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/04/2023 to 30/09/2023) (NHSBSA)	103.2‰	159.8‰	130.7‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2022 to 30/09/2023) (NHSBSA)	0.29	0.48	0.53	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	6.8‰	7.4‰	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.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Partial
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	No
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including medicines that require monitoring (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Controlled drugs were not held at the premises.
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Partial
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<ul style="list-style-type: none"> We checked the prescription stationery stored at the branch practice and found it was stored securely. Records to track stationery throughout the practice did not include the items held at the branch practice. Immediately after our inspection the provider forwarded evidence to us that old prescription stationery had been destroyed in line with national guidance and the records updated to include the remaining stationery. They also sent evidence that their protocols had been updated and shared with staff. There were systems for auditing the prescribing of medicine types, for example antibiotics, however systems for auditing the prescribing of non-medical prescribers were not formally in place. Following our inspection, the provider forwarded to us their updated prescribing policy which clearly detailed that the lead clinical pharmacist would carry out audits of the prescribing of non-medical prescribers. Feedback would be provided through clinical supervision and, any trends identified through clinical meetings. One of the GP partners planned to audit the prescribing of the lead clinical pharmacist. 	

- From our remote clinical searches, we found that medicine reviews were detailed and well structured.
- Emergency equipment was available at the main and branch practices. There was a system in place for checking the emergency equipment however it was not always effective. At the branch practice we found that paediatric pulse oximetry, a spare set of defibrillator pads and adult nebuliser masks for patients with an exacerbation of their asthma (asthma inhalers were available) were not available. Immediately after our inspection the provider sent us photographic evidence to demonstrate that these items had been replaced at the branch practice and that paediatric pulse oximetry equipment had been ordered.
- We checked the emergency medicines held at the practices and found that all of the suggested medicines were not available. In particular, medicines used in the treatment of nausea and vomiting, the treatment of croup in children, fast acting analgesia and a medicine used to reverse the side effects of opiates for patients that misused substances. Risk assessments to mitigate potential risks had not been completed. The provider ordered the medicines on the day of our inspection and sent photographic evidence when they were received. They updated their list of emergency medicines to reflect these changes.

The provider was able to demonstrate that it remained safe to prescribe medicines to patients where specific, frequent, monitoring was required. From our remote clinical searches, we found that:

- Patients prescribed medicines used in the treatment of inflammatory conditions, such as rheumatoid arthritis, had all received the required monitoring in the last 6 months.
- Of the 291 patients prescribed a medicine used in the treatment of nerve pain, 48 may not have received a review in the last 12 months. We reviewed 5 of these records and found that 3 patients had received a review and 2 patients were overdue monitoring by less than 2 months. We found that these 2 patients had been invited for a review.
- Of the 363 patients prescribed medicines used to prevent blood clots, 69 may not have received the required monitoring. We reviewed 5 of these records and found that 2 patients were overdue weight monitoring which was needed to assess their kidney function and dose of medicine. Immediately following our inspection, the provider contacted the 2 patients, and a further 14 patients, to request an up to date weight. They told us that all of the patients had been prescribed the correct dose of the medicine.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	18 plus 6 learning events

Number of events that required action:	18
<ul style="list-style-type: none"> Significant events were reviewed in a timely manner and acted on. There were systems in place for sharing learning with staff when it was appropriate to do so. However, a system to review trends of significant events over time was not in place. 	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Two children (new into the UK) were registered with the practice through the practice's online service. A digital copy of the children's birth certificates were provided, and the parent details were checked to ensure they matched the children's. Concerns were raised by a health visitor when they tried to visit the children and there was no evidence of them residing at the address provided. Subsequent investigations by the police uncovered that the registrations were fraudulent. This highlighted a gap in the practice's verification process.	The practice underwent a thorough review of their registration protocols and implemented changes to prevent similar incidents from occurring again. For example, assigning a dedicated team member to contact the parents of all newly registered children with the practice. Also, asking the parents of a child to bring the child, their birth certificate and passport into the practice to confirm that child and parent identifiers matched and the child was a resident in the country.
A patient attended the practice for a medicine review. The patient was short of breath and had chest pain. An ambulance was called however, when the GP tried to administer aspirin for the chest pain, the aspirin was out of date.	Systems were improved to ensure that the expiry dates of emergency medicines were checked monthly or more frequently if medicines had been used following an incident.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Yes
<ul style="list-style-type: none"> There was a system in place for recording and acting on safety alerts and staff we spoke with aware of the process and recent alerts. Through our remote clinical searches, we reviewed a Medicines and Healthcare Products Regulatory Agency (MHRA) alert which was published in February 2019. The MHRA alert related to potential side effects of medicines used in the treatment of diabetes. Our searches identified 299 patients prescribed these medicines. We reviewed the records of 5 of these patients and found that 2 of the patients had been informed of the risks. However, there was no evidence in the records of 3 of the patients that they had been informed of the risks. In response to these findings, the provider sent a link to an appropriate leaflet to all of the 299 patients who had a mobile phone and posted a paper copy to those without. This reduced the risk to this group of patients. 	

Effective

Rating: Good

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

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic.	Yes
The practice prioritised care for their most clinically vulnerable patients.	Yes
<ul style="list-style-type: none">National guidance and alerts were discussed at clinical meetings. Minutes from these meetings confirmed this.During the Covid-19 pandemic, the provider had worked with public health nurses to provide a national centre for covid vaccinations for patients across the country. They also set up roaming covid immunisation clinics in areas where there was a low uptake of the vaccine.To support patients near the end of their lives, patients were provided with priority telephone access to ensure a rapid response to their calls.	

Effective care for the practice population

Findings
<ul style="list-style-type: none">Patients received a full assessment of their physical, mental and social needs when it was appropriate to do so.

- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Weekly ward rounds were carried out at the care homes where the practice provided care and treatment to provide regular assessment of patients' needs.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients were offered 1 appointment to incorporate all of their long-term conditions and medicine reviews completed at the same time.
- 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. This group of patients were cared for by the 3 GP partners.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

- Patients with long-term conditions were offered an annual review to check their health and medicines needs were being met. These appointments included all of their long-term conditions and a medicine review at 1 appointment. For patients with the most complex needs, clinicians worked with other health and care professionals to deliver a coordinated package of care.
- Clinical pharmacists who were responsible for reviews of patients with long-term conditions had received specific training.
- Clinicians 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 diabetes, 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 when it was appropriate to do so.

From our remote clinical searches, we found that:

- All of the 66 patients with chronic kidney disease, stages 4 or 5, had received the required monitoring in the last 9 months.
- All of the 470 patients with hypothyroidism had received the required monitoring in the last 18 months.
- Out of 1,241 patients with diabetes, 72 had diabetic retinopathy (a complication of diabetes causing eye damage) and high blood glucose levels. We reviewed the records of 5 of these patients and found 4 patients had been appropriately managed and 1 patient was overdue their diabetic and medicine review. The provider contacted this patient immediately after we shared the results of our remote clinical searches.

- Out of a total of 1,728 patients with asthma, 77 patients had been prescribed 2 or more courses of rescue steroids. We reviewed the records of 5 of these patients and found that 4 of them had not received a follow up within 1 week of administration in line with national guidance. The provider amended their procedures to include the need for the clinical pharmacists to review these patients within 5 days of being prescribed these medicines or, if a patient was particularly unwell, for clinicians to book a face to face appointment to enable a follow up review.

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)	187	210	89.0%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	166	213	77.9%	Below 80% uptake
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	167	213	78.4%	Below 80% uptake
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	172	213	80.8%	Below 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)	178	266	66.9%	Below 80% uptake

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

Any additional evidence or comments

- All of the 5 childhood immunisation indicators were below the minimum uptake rate. Of these, 3 were significantly below. Immunisation rates for 4 of the indicators had continued to fall over time. However, the uptake rate for children aged 1 had increased over time. The provider was aware the uptake rates were below national targets and told us many of their patients from eastern Europe chose to return to their country of origin to receive the vaccinations. They also had a highly mobile population making it difficult to catch up on the immunisations before patients moved to another area. They told us there was a dedicated team who contacted the parents of children who failed to attend for their immunisations.

They also informed the health visitor and their internal safeguarding team of children who had not attended for their immunisations after several recalls. A practice nurse told us that they received a monthly list of children that had failed to attend for their immunisations and text messages were sent to their parents to encourage them to attend for the next appointment. The practice had provided pop up immunisation clinics at the asylum hotel to support this group of patients. Evening and weekend appointments were available for working aged parents to bring their child for their immunisations.

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)	62.9%	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)	62.2%	N/A	70.3%	N/A
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)	34.8%	51.6%	54.9%	Tending towards variation (negative)
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). (6/30/2023 to 6/30/2023) (UKHSA)	59.3%	N/A	80.0%	Below 70% uptake

Any additional evidence or comments

- The indicator for the uptake of cervical screening was below the national target of 80%. We found that it had been consistently below the national target since 2016. The provider was aware of this and told us this was due to a highly mobile population and eastern European women returning to their own country to receive this screening. Due to the language barrier faced by many of their patients, the provider had started a project to get information in different languages to share with patients and were considering developing their own educational videos. They had appointed a cancer co-ordinator to follow up this group of patients. Evening appointments, provided by the Primary Care Network, were available up till 8pm for working aged women to attend.
- The percentage of cancer cases treated as a result of a 2 week wait referral was below the local and national averages. The provider had run a search to review the route of cancer diagnosis for patients, in particular, 2 week wait referrals; acute admissions to hospital; diagnosis whilst receiving care in other secondary care services; screening. The search identified that over a 1 year period, 2 week wait referrals had increased from 48% to 49%; acute admission diagnosis had fallen from 23% to 18%; secondary care diagnosis had increased from 8% to 25%; and diagnosis through screening had fallen from 15% to 8%. Recommendations from the search were that whilst cancer diagnosis from 2 week wait referrals had increased and diagnosis from acute admissions had fallen, the practice needed to improve their cancer screening services. As a result of this, a new role of a cancer co-ordinator had recently been implemented within the practice to promote the uptake of cancer screening within the practice's patient population.

Monitoring care and treatment

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

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Yes
<p>The practice provided us with 4 clinical audits completed in the last 12 months. For example:</p> <ul style="list-style-type: none">An audit had been completed of patients with chronic obstructive pulmonary disease (COPD) at risk of cardiopulmonary complications. The audit identified 419 patients with COPD of which 235 patients were identified as being at an increased risk of future cardiopulmonary events. In line with the practice's protocol, 220 patients were identified to be in need of a further review and 183 patients were offered a consultation with a clinical pharmacist. Patients were offered non-pharmacological interventions following attendance to the pharmacist-led clinics. For example, 63 patients were provided with a spacer device (a device that connects to an asthma inhaler to enable patients to breathe the medicine more easily); 11 patients were referred for smoking cessation advice; 16 patients were referred to pulmonary rehabilitation services; and 96 patients were provided with COPD self-management plans. However, there was no second audit cycle to demonstrate the effectiveness of the interventions. The provider shared with us a plan of scheduled clinical audits that would be completed in 2024.	

Effective staffing

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

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

- We reviewed the training records of 5 members of staff and found that most of the required training had been completed by staff. However, there was minimal training recorded for a nurse working in the practice. Following our inspection, the provider forwarded evidence that the required training had been completed.
- Of the records we reviewed, 1 member of staff had received a recent appraisal and the other staff members had not worked at the practice long enough to receive an appraisal though they had received one to ones. The provider informed us they were aware that not all staff had received a recent appraisal. They showed us a planning document with timeframes to address this.
- We spoke with 2 clinical members of staff employed in advanced roles. They told us formal systems of reviewing the competence of staff in these roles were not in place however, informal systems were. For example, ad hoc clinical supervision, discussion of issues at the regular clinical meetings and a review of their consultations at their annual appraisal. They told us that audits of types on medicines prescribed, for example antibiotics, were regularly carried out and learning was shared with staff. The lead clinical pharmacist was aware of the need to introduce formal clinical supervision for non-medical prescribers and described plans on how this would be achieved.

Coordinating care and treatment

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

	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
<ul style="list-style-type: none"> • The practice worked in collaboration with multiple agencies to support the diverse needs of their practice population. For example, public health nurses when they had delivered pop up Covid centres when delivering vaccinations to the hard to reach groups; voluntary services when providing care to asylum seekers at a local hotel. 	

Helping patients to live healthier lives

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

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

The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
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Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
<ul style="list-style-type: none"> The practice's consent policy included information to support staff in making decisions when patients lacked mental capacity and consent for children and young people. Consent forms were available to complete when it was appropriate to do so. The practice's DNACPR policy reflected national guidelines for example, the Mental Capacity Act 2005 and Amendment 2019 and the Human Rights Act 1998. Our clinical review of notes where a DNACPR decisions had been recorded, identified, where possible, that patients' views had been sought and respected. 	

Responsive

Rating: Requires improvement

At our previous inspection on 26 May 2016, we rated the practice as good for providing responsive services.

At this inspection we rated the practice as requires improvement for providing responsive services. This was because:

- The results of the National GP Patient Survey showed that patient satisfaction with telephone access to appointments and overall experience of making an appointment was low. We recognise the pressure that practices are currently working under and the efforts staff are making to maintain levels of access for their patients. At the same time, our strategy makes a commitment to deliver regulation driven by people's needs and experiences of care. Although we saw the practice was attempting to improve access, this was not yet reflected in the GP patient survey data. Therefore, the rating is requires improvement, as ratings depend on evidence of impact and must reflect the lived experience that people were reporting at the time of inspection.

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
<ul style="list-style-type: none"> To support patients near the end of their lives, patients were provided with priority telephone access to ensure a rapid response to their calls. To support patients with a disability, there were parking spaces for patients with a disability, electronic access doors, a disabled toilet, hearing loop and lifts to the first floor. 	

Practice Opening Times	
Day	Time
Burton Road Surgery	
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm

Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Humbleton Drive Surgery	
Monday	8am-4pm
Tuesday	Closed
Wednesday	8am - 4pm
Thursday	8am - 4pm
Friday	8am - 4pm

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 community matron provided weekly ward rounds to patients living in care homes to provide care and treatment.
- 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 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 child were offered a same day appointment when necessary.
- Extended access appointments were provided by Derby City North Primary Care Network for patients between 5.30-8pm Monday to Friday and Saturday 9am-5pm.
- There was a multi-disciplinary team working in the practice to ensure that patients were seen by the most appropriate person. For example, GPs, practice nurses, community psychiatric nurses, advanced clinical practitioners, clinical pharmacists, physiotherapists, dieticians, social prescribers and care co-ordinators.
- The practice held a register of patients living in vulnerable circumstances including Travellers and those with a learning disability.
- The practice worked closely with public health nurses to support asylum seekers, living in a nearby hotel, to register with the practice and receive care, treatment, health checks and immunisations.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as Travellers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. Longer appointments and quiet areas were available to wait in before their appointment.

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.	Partial
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Yes

Patients were able to make appointments in a way which met their needs.	Yes
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Yes
Patients with the most urgent needs had their care and treatment prioritised.	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Yes
<ul style="list-style-type: none"> Patients could choose if they received a face to face or telephone consultation and information on how to access appointments was available on the practice's website. Patients could book appointments 2 weeks in advance with the nurses, pharmacists and the mental health team. GP appointments were triaged by receptionists that had been trained to carry out this role. Support was provided by the duty GP. There were systems in place to monitor and respond to demand for appointments. For example, the practice had identified that in November 2022, 1,222 appointments had been provided for frequent attenders. In response to this, the practice identified patients who had received more than 40 appointments a year. This group of patients were offered appointments with the practice's mental health team to explore, understand and support these patients. Data for November 2023 showed that appointments offered to this group of patients had reduced to 974. The practice was in the process of expanding this support to patients who had received over 30 appointments per year. Non-clinical staff had received training in signposting patients to alternative services where it was appropriate to do so. For example, community pharmacy support. Staff had been provided with a list of local pharmacists and the types of services they offered. The provider had established a multidisciplinary team (MDT) to support patients to be seen by the most appropriate person. For example, a GP, practice nurse, pharmacist, dietician, physiotherapist or the mental health team. There was a team of clinicians that supported patients with long-term or chronic conditions and a team that supported patients with acute conditions. There was a duty GP, this was always one of the GP partners, available for staff to go to each day for advice and support. The practice had easy access to translation services for patients whose first language was not English and British Sign Language interpreters for patients with a hearing impairment. 	

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2023 to 30/04/2023)	32.7%	N/A	49.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 30/04/2023)	39.9%	52.4%	54.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with	49.6%	51.5%	52.8%	No statistical variation

their GP practice appointment times (01/01/2023 to 30/04/2023)				
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2023 to 30/04/2023)	70.4%	72.9%	72.0%	No statistical variation

Any additional evidence or comments

The indicator regarding patient satisfaction with telephone access to appointments was below the national average however, we found that this had increased from 17.2% in 2022 to 32.7% in 2023. The indicator regarding patient satisfaction with overall experience of making an appointment was below the national average however, we found that this had increased from 36.1% in 2022 to 39.9% in 2023. Indicators for patient satisfaction with appointment times and the appointment they were offered were comparable with the local and national averages and had improved over time.

In response to the findings above, the provider participated in the NHS England Accelerated Access Improvement Programme to reduce workload and improve patient access to appointments. As part of this programme the provider had identified that:

- The staffing of the phone lines did not align to call volumes which resulted in a significant lack of staff capacity between 8-9.30am and significant over capacity between 9.30am – 6.30pm.
- Telephonists were not sufficiently trained to support other administrative teams during periods of lower demand resulting in 10 hours of administration time being lost each day.

In response to this, the following changes were implemented:

- The administration team was reorganised to increase staffing of the telephone lines between 8- 9:30am to provide increased support during periods of high demand.
- The provider identified all the administrative tasks that telephonists supported. They created a workflow board to capture all the activity that needed completing each day and enabled teams to confirm who was doing what each day.

The outcomes of these changes were:

- Six-hundred minutes a day of administration time was saved.
- Staffing of telephone lines between the busy period of 8-9.30am was increased from 7 to 12 staff members which provided an additional 450 minutes a day.

To review the effectiveness of these changes and in response to patient feedback in the National GP Patient Survey, the practice had carried out regular patient surveys to monitor improvements in patient satisfaction.

Unverified practice data showed that:

- In April and May 2023, the provider sent out 585 patient questionnaires regarding patient satisfaction with access to appointments. The practice received 531 replies, giving a response rate of 91%. The provider's patient survey found that satisfaction with overall experience of making an appointment was 80%, in contrast to the national survey results of 39.9%. The national patient survey showed that patient satisfaction with telephone access to appointments was 32.7% compared with the findings of the practice's survey which showed that 58% of patients got through to the practice on their first attempt at calling.
- Data from the Friends and Family test carried out in August 2023 showed that, out of 154 responses, 103 were positive. There were 24 negative comments regarding getting appointments, 6 negative comments about pre-booking appointments and 7 negative comments about telephone access to the practice. In response to this a 22 point action plan was put in place to address the issues raised which

included for example, increase staffing on the phones at peak demand times; the addition of more clinical appointments; introduction of a call-back option on the telephone lines; patients were supported to prebook an appointment if the clinician had requested a follow-up. The provider planned to re-audit the effectiveness of the changes in February 2024.

The practice had also reviewed the GP Appointments Data (GPAD) dashboard to monitor the effectiveness of their response to demand for appointments. The GPAD dashboard provided information about scheduled activity and usage of GP appointments at practice level. The aim of the dashboard was to inform users about activity in their own practice and the impact of seasonal pressures for management information. The data showed that between April and October 2023, the total number of appointments offered had increased month on month with an increase from 5,761 appointments in April to 8,052 between 18 September to 15 October 2023. It also identified that the 'did not attend rate' had increased from 215 to 404. In response to this an action plan had been put in place to try to address this issue.

Source	Feedback
NHS.uk website (formerly NHS Choices)	Five positive comments had been posted on the website within the last 12 months. <ul style="list-style-type: none"> • Receptionists went out of her way to sort out a prescription request. • Welcoming receptionists and GP put patient at ease. • Good access to appointments, helpful receptionist and attentive GP. • Good access to appointments and especially likes the appointment app. • Understanding staff member.
Healthwatch	Healthwatch had Received 20 comments from patients during the period of September 2022 to September 2023 which related to access to appointments. There were 12 negative comments which related to long telephone waits to get through to the practice and poor access to appointments. There were 8 positive comments regarding access to appointments, patients described access to appointments as easy.
The Integrated Care Board (ICB)	Information provided by the ICB showed that the percentage of appointments offered within 14 days of booking was 93.6% which was above the ICB average of 80%. The information also showed that the percentage of appointments offered in 2023 compared to 2019 had increased by 11% in June, 1% in July, 22% in August and 33% in September.
We asked the provider to add a link to their website for patients to provide feedback directly to the CQC	We received 1 mixed response. They told us it could be difficult to get through on the telephone to book an appointment however, once they had an appointment the clinicians were very helpful and caring.
Interviews with representatives of 3 care homes where the practice provided care and treatment.	We spoke with representatives of 3 care homes where the practice provided care and treatment. Two of the representatives were very positive about the responsiveness of the practice to their concerns and told us they had a direct telephone number to enable them to access support from the practice quickly. The representative for the third care home told us the practice was slow in responding to their concerns. All of the 3 representatives told us there were delays in receiving prescriptions for patients however, this was improving over time and that the clinical

	pharmacists within the practice were working closely with them to address the issues.
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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.	61
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 (PHSO).	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<ul style="list-style-type: none"> We tracked 3 complaints and found that acknowledgement and response letters were sent to patients in a timely manner and in line with the practice's complaints policy. Patients were informed of their right to contact the PHSO if they were not satisfied with the investigation carried out by the practice. Information about how to complain was displayed on the practice's website and in the waiting room. Learning from complaints was shared with appropriate staff and at team meetings. There were systems in place to review trends in complaints over time. 	

Examples of learning from complaints.

Complaint	Specific action taken
A patient made an early request for a prescription as they were going on holiday. The prescription was not issued until 2 days prior to their holiday. The pharmacy did not have the prescription item in stock despite it being a common item. The patient had to revisit the pharmacy on a very tight timescale to get their medicine.	An apology was given to the patient. The complaint was discussed within the practice and processes were changed to provide prescriptions 5 working days before future holiday departure dates.
A patient made a complaint because the practice had refused to provide a	Information sent to the practice from secondary care highlighted the need to reduce the prescribing of the medicines contained in the rescue packs over a 3 week period and then to stop them. The

prescription for a rescue pack of medicines for their long-term condition.	practice had acted on the advice of secondary care to ensure appropriate treatment was provided to the complainant. A letter informing the patient of this decision was sent to the complainant with details of the PHSO if they were unsatisfied with the outcome of their investigation.
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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.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
<ul style="list-style-type: none"> The provider was aware of the challenges they faced and had taken action to address them. For example, to ensure that patients were seen quickly and by the most appropriate clinician, a multidisciplinary team had been developed which included community psychiatric nurses, physiotherapists, pharmacists and dietitians; the cancer co-ordinator role had been developed to address the low uptake of cervical screening; shorter prescription intervals had been introduced to ensure that patients with long-term conditions who were prescribed medicines that required monitoring attended the practice for the appropriate tests. To address the challenges of recruiting nursing staff, the practice had supported the recruitment of newly qualified nurses into primary care and had employed a nurse associate and trainee nurse associate. Lead nurses within the practice had been supported to complete clinical mentorship training to support them. Feedback from staff was overwhelmingly positive about the support provided by the GP partners and the management team. 	

Vision and strategy

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

	Y/N/Partial
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The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
<p>The practice's mission statement was: 'To provide exceptional primary healthcare services to our community with compassion, expertise, and accessibility at the forefront of our commitment. We are dedicated to fostering a culture of trust, respect, and innovation, empowering individuals to achieve their optimal health and well-being'.</p> <p>Their vision was: 'To be the trusted healthcare partner of choice for our patients, offering comprehensive and personalised medical care. We aim to continually improve and adapt to meet evolving healthcare needs, striving for excellence in patient outcomes, and promoting a healthier and happier community'.</p> <p>These were clearly displayed in the practice waiting room for patients to see.</p>	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<ul style="list-style-type: none"> Feedback from staff working in the practice was overwhelmingly positive about the well-being support they received. Staff told us that the partners and management team were open, supportive and approachable. To support staff well-being, there was a wellbeing coordinator and a member of staff had been trained as a mental health first aider for staff to go to for support. The practice provided food, drinks and toiletries to staff who were struggling financially. The provider had converted a small piece of waste land into an outside well-being space for staff to sit in and relax. Staff told us that the culture within the practice was very supportive, inclusive, positive and friendly. They told us the culture promoted learning and development and that staff enjoyed working at the practice. Many members of staff told us it felt like belonging to a family. 	

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

Source	Feedback
<p>We received 30 staff feedback questionnaires and interviewed 10 members of staff and the 3 GP partners.</p>	<p>Staff told us the GP partners and management team made them feel very valued and had a very caring ethos towards staff well-being. All but 1 member of staff told us that their views were listened to and acted on. For example:</p> <ul style="list-style-type: none"> • The reception team highlighted that they were struggling to provide sufficient pharmacist appointments. In response to this the pharmacy team agreed to increase capacity by 4 appointments each per week (providing an additional 12 appointments per week) and to reduce the availability of appointments to 2 weeks at a time to reduce failure to attend rates. After a trial period, the situation was reviewed. All 3 pharmacists felt that the additional appointments had negatively impacted on their other work. This was discussed with the practice manager and GP partners and it was agreed to step back to the previous appointment levels to ensure the well-being of their staff. <p>We received several examples of where the provider had supported the well-being of staff. For example:</p> <ul style="list-style-type: none"> • A member of staff had experienced difficulties outside of work. They felt comfortable discussing this with their team leader who was very supportive in making adjustments to their role which helped to relieve some of their stress. The practice manager also held regular check-ins with the member of staff to ask if there was anything further that could be done to support them. • A member of staff had experienced deteriorating health for a number of years which affected their ability to drive. The member of staff was supported to change their work pattern to enable them to continue to work at the practice. • A member of staff had experienced family trauma over several years. The staff member told us that the provider offered unwavering support, understanding and flexible working throughout this time. They were also supported to progress their professional development and advance their carer within the practice. They told us there was a commitment to employees' well-being and a dedication to professional growth and inclusivity.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
<ul style="list-style-type: none">The provider had established a structure within the practice to provide effective governance arrangements. The structure was designed so that it could be managed by a single partner in the absence of the other 2 partners and that there was learning and action in response to complaints and audits. Each team within the practice had a lead GP partner and information was shared with the other partners through formal and informal partner meetings. The aim of this was to ensure the smooth running of the practice, to prioritise staff well-being and to reduce decision fatigue. It also ensured continuity of care was provided through systems rather than people.	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<ul style="list-style-type: none">There was a general practice emergency and business continuity plan in place to enable the practice to continue operating during an unplanned event. For example, loss of domestic services, loss of IT services, a pandemic or flooding. There was a buddying system in place within Derby City North Primary Care Network to enable support across 5 GP practices.	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
<ul style="list-style-type: none">We found that the provider used data to drive improvements within the practice. For example, the GP Appointments Data (GPAD) dashboard to monitor the effectiveness of their response to demand for appointments; cervical screening data to inform new key roles within the practice such as the cancer co-ordinator; and data from their IT system which identified frequent attenders who had received over 40 appointments in a year.	

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
Staff are supported to work remotely where applicable.	Yes
<ul style="list-style-type: none">There was a clinical photography policy in place to ensure compliance with data protection legislation in the use of photographic records.The practice supported a member of staff to work remotely at home due to ill health. The provider informed us of the appropriate safeguards and risk assessments that had been completed.	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group (PPG).	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
<ul style="list-style-type: none">One staff member told us how patient feedback from a Saturday morning flu vaccination clinic had been used to change the way that the next clinic was arranged. Patient feedback was that the first clinic had been very busy and patients were waiting for a long time for their vaccination. Changes were made and at the next clinic patients were given specific time slots to attend for their vaccination to stagger the appointments throughout the morning. This was effective and patient satisfaction improved.	

Feedback from Patient Participation Group.

Feedback
As part of our inspection, we spoke with a member of the PPG. They told us that the PPG had been very active prior to the Covid-19 pandemic and that their views and opinions had been listened to and acted on. For example, more online appointments were made available for patients to book appointments at the practice. The PPG had tried to meet remotely throughout the pandemic however, this had been unsuccessful. The practice was eager to re-establish the PPG and a meeting had taken place 3 weeks prior to our call with the PPG representative. They told us the PPG felt valued by the practice and that the GPs, business manager and assistant practice manager kept them informed of developments and challenges within the practice at the meetings. For example, staffing levels and recruitment. The PPG raised concerns at the last meeting regarding access to appointments. In response to this, the PPG members were invited into the practice to observe and understand how the appointment system worked, to make suggestions for improvements and to inform other patients of the challenges faced by the practice.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
<ul style="list-style-type: none">The provider used significant events, complaints and audit to drive improvements throughout the practice. Second cycle audits had not been completed for the clinical audits however, we were shown a schedule of audits to be completed in 2024.	

Examples of continuous learning and improvement

The provider participated in the NHS England Accelerated Access Improvement Programme to reduce workload and improve patient access to appointments. As part of this programme, 3 key issues had been identified:

- Difficulty in determining the appropriate person to answer queries promptly.
- Challenges in locating information and documents on local drives and the intranet.
- Inconsistent use of communication methods across the practice leading to prioritisation and knowledge-sharing issues.

In response to this the provider planned to implement visual management tools, refine virtual spaces and standardise communication methods to optimise efficiency and reduce time wastage. They also planned to carry out an audit of interruptions to provide insight into the effectiveness of these measures.

The provider participated in a trial to use artificial intelligence (AI) software to provide rapid assessment and response to abnormal electrocardiogram (ECG) recordings.

The provider had established a multidisciplinary team approach to patient care to enable patients to be seen by the most appropriate clinician. For example, a GP, nurse, physiotherapist, pharmacist, community psychiatric nurse or dietitian.

During the Covid-19 pandemic, the provider worked with public health nurses to provide a national booking centre for covid vaccinations for patients across the country. They set up roaming Covid immunisation clinics in areas where there was a low uptake of the vaccine.

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
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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 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 those aged 25 to 49, and within 5.5 years for those 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.