

Care Quality Commission

Inspection Evidence Table

Alexandra Road Surgery (1-569297394)

Inspection date: 8 July 2021

Date of data download: 30 June 2021

Overall rating: Requires Improvement

At our previous inspection we rated the practice as requires improvement overall because:

- The practice had made some improvements since our inspection on 11 October 2018, however they had not sufficiently improved quality and outcomes data relating to people with long term conditions.
- Whilst patients could access care and treatment in a timely way in an emergency, the way the practice organised and delivered routine services did not always meet patients' needs.
- The practice had a clear vision, but that vision was not supported by a credible strategy.

At this inspection we found that the practice had made significant improvements in some of the areas identified at our last inspection, however other areas required continued improvement and our inspection identified some new areas for improvement. The practice had already identified most of the improvement areas and had put in place appropriate action plans to address concerns, however these actions needed to be embedded and their effectiveness demonstrated. We rated the practice as requires improvement for providing safe, effective and well-led services because:

- The practice did not always ensure the safe management of medicines
- There was a high number of patients with a potential missed diagnosis of diabetes as the clinical coding system was not effective.
- Quality and Outcomes Framework performance data was below local and national averages for a range of indicators, with Personalised Care Adjustment (PCA) rates significantly above local and national averages.
- Performance was also lower than national target rates for cervical cancer screening and childhood immunisation uptake rates.
- Systems and processes for managing risks, issues and performance required further improvement, however the practice had the leadership capacity and capability to make necessary improvements, supported by a strengthened clinical and non-clinical team.

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

Safe

Rating: Requires Improvement

We have rated the practice as requires improvement for providing Safe services because the way the practice managed medicines was not always safe:

- The systems in place for the monitoring of high-risk medicines and acting on patient safety alerts was not always effective.
- The practice had a system for monitoring and had taken action to reduce prescribing rates in line with guidelines, however prescribing rates for Pregabalin, Gabapentin and psychotropic medicines were higher than the local and national average.

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y

There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
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Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: September 2020	Y
There was a record of equipment calibration. Date of last calibration: September 2020	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
A fire risk assessment had been completed. Date of completion: March 2021	Y
Actions from fire risk assessment were identified and completed.	Y ¹
Explanation of any answers and additional evidence: ¹ The practice had reviewed, prioritised and acted on the recommendations and actions from the last fire risk assessment. The practice maintained oversight of actions which were still in progress, for example additional fire warden training was scheduled to take place at the end of July. Another fire risk assessment was scheduled for September to follow up on recommendations.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: June 2021	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: June 2021	Y

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: May 2021	Y ¹
The practice had acted on any issues identified in infection prevention and control audits.	Y

There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: ¹ The practice carried out infection prevention and control assurance checks every three months at both sites to identify and act on any risks.	

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

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.	Partial ¹
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
Explanation of any answers and additional evidence: ¹ Patient records we reviewed showed an inconsistent approach to the recording of clinical information with some expected information, such as height, weight and Body Mass Index calculations not recorded in some records and present in others.	

Appropriate and safe use of medicines

The practice systems for the appropriate and safe use of medicines, including medicines optimisation, were not always effective.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2020 to 31/03/2021) (NHS Business Service Authority - NHSBSA)	0.81	0.78	0.70	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2020 to 31/03/2021) (NHSBSA)	12.0%	12.0%	10.2%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2020 to 31/03/2021) (NHSBSA)	5.79	5.76	5.37	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2020 to 31/03/2021) (NHSBSA)	271.7‰	194.4‰	126.9‰	Tending towards variation (negative)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2020 to 31/03/2021) (NHSBSA)	1.10	1.08	0.66	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2020 to 31/12/2020) (NHSBSA)	16.2‰	12.0‰	6.7‰	Variation (negative)

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group	Y

Medicines management	Y/N/Partial
Directions or Patient Specific Directions).	
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	N ¹
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
Explanation of any answers and additional evidence:	
<p>¹ Our inspection included searches of the practice clinical system to identify any areas for improvement in the monitoring of patients prescribed a high-risk medicine. We found evidence that appropriate monitoring was in place for some high-risk medicines such as Methotrexate and Leflunomide. However, for other high-risk medicines there was inconsistent monitoring in place. For example, our searches identified 19 patients prescribed Lithium. Of these, nine patients were identified as potentially not having up to date monitoring. We reviewed five records and found that whilst there was monitoring in place, a recent weight had not been recorded for the patients we reviewed. One patient had been taking the medicine for six months without a baseline blood test showing on their record or lithium levels being recorded.</p>	
<p>Following the inspection, the practice put in place an appropriate action plan to ensure monitoring arrangements were up to date including running searches for serum lithium levels and arranging for the results to be entered into the record with appropriate coding.</p>	
<p>There were 82 patients prescribed Spironolactone, of which 17 had not had up to date monitoring.</p>	

Medicines management**Y/N/Partial**

Three of five records we reviewed identified that patients had not had blood tests in the last six months in accordance with evidence-based guidelines.

Following the inspection, the practice put in place an action plan to review patients prescribed Spironolactone and ensure up to date monitoring was in place. The practice found that of the 17 patients identified, 11 had been invited to book a blood test, eight of whom had booked, and six patients had been contacted. Regular searches of the clinical system and quality audits were scheduled to monitor quality and safety.

The practice had systems in place for the monitoring of prescribing rates, in conjunction with local clinical pharmacists, and had identified higher than local and national average prescribing rates for Pregabalin and Gabapentin and for prescribing multiple psychotropic medicines. Action plans were in place for managing the reduction in prescribing rates including patient review, patient information and information for prescribers on meeting prescribing guidelines.

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:	24
Number of events that required action:	24

Example of significant events recorded and actions by the practice:

Event	Specific action taken
Referral delay due to secretarial team not being tasked by clinical team.	Twice weekly searches of the clinical system to ensure any referrals, including routine, urgent and two week wait cancer referrals, have been actioned.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>There was an appropriate system for receiving, reviewing and acting on patient safety alerts and we saw evidence that recent safety alerts had been appropriately actioned, however longer standing safety alerts which were still active were not always acted upon. For example, we searched the clinical system for patients prescribed a combination of Clopidogrel and Omeprazole where the combination is not advised as Omeprazole inhibits the Clopidogrel. Of the 17 patients identified, we reviewed six records and found that four patients had only recently had their Omeprazole stopped. Two patients were still being prescribed the combination.</p> <p>We found similar evidence in searches for patients prescribed a higher dose of Simvastatin in combination with Amlodipine, where dose reductions and patient discussions were evidenced in the record but these had taken place only recently.</p> <p>Our findings demonstrated that the practice were identifying and acting on long standing safety alerts and that this was becoming part of evidence-based practice, however this work needed to continue and become embedded.</p> <p>Following the inspection, the practice put in place an action plan which included regular searches of the clinical system to ensure compliance with recent and historic patient safety alerts and contacting patients to discuss any required changes.</p>	

Effective

Rating: Requires Improvement

At our last inspection we rated the practice as requires improvement for providing effective services because:

- The service had not sufficiently improved the quality of care provided to people with long term conditions.
- Uptake rates for the cervical screening programme were below the national target.
- Exception reporting rates were higher than local and national averages and had increased in some areas in 2018/19.
- Childhood immunisation rates were below national target rate in all four indicators.

At this inspection we rated the practice as requires improvement because:

- Improvements had been made in the quality of care provided to patients with long term conditions, however Quality and Outcomes Framework (QoF) performance data was below local and national averages for a range of indicators. Our clinical searches identified 56 patients whose records indicated they could have a missed diagnosis of diabetes but were not correctly identified as such.
- Uptake rates for the cervical screening programme had improved slightly but were significantly below the national target rate. However, the practice had a detailed action plan to increase screening uptake. The plan had been affected by the COVID-19 pandemic but had been recently reinvigorated with the support of local funding initiatives.
- A new system of removing patients from inclusion in QoF indicators for specific reasons had been introduced, Personalised Care Adjustments (PCA). Whilst the system was new and was not therefore directly comparable to the outgoing Exception Reporting system, PCA rates for seven of nine indicators were significantly higher than local and national averages.
- The practice had made limited improvement in uptake of some childhood immunisations but uptake had dropped for others. Further improvement initiatives had started; however, the practice had failed to meet the minimum uptake rate of 90% in all five indicators.

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.	Partial
There were appropriate referral pathways to make sure that patients' needs were	Y

addressed.	
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
Explanation of any answers and additional evidence: There was an inconsistent approach to the coding of patient records in the records we reviewed. This had the impact of patients not always having up to date monitoring in line with evidence-based guidelines.	

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> • The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. • The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. • The practice carried out structured annual medicines reviews for older patients. • Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. • Health checks, including frailty assessments, were offered to patients over 75 years of age. • COVID-19, flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Inadequate

Findings
<ul style="list-style-type: none"> • Our clinical searches of the practice computer system identified 56 patients with a potential missed diagnosis of Diabetes. We reviewed six patient records and found that four of the six patients were not coded as being in a 'prediabetic' range. Five of the six records we reviewed showed that there were elements of expected monitoring which were missing from the record. There was an inconsistent approach to the management of patients with suspected diabetes. Following the inspection, the practice provided an action plan setting out how the practice would use the clinical system to identify, code and set up management plans for prediabetic patients, patients with diabetes who were not appropriately coded or patients requiring further blood tests to confirm a diagnosis. • Quality and Outcomes (QOF) data showed that performance against key quality indicators for some long-term conditions, including Diabetes and Chronic Obstructive Pulmonary Disease (COPD) were lower than local and national averages. The practice had engaged a COPD specialist nurse to assist in reviewing diagnoses, teaching practice nurses including how to use appropriate lung health review templates, and provide specialist clinics for patients with advanced disease. • Patients appropriately coded with long-term conditions, including diabetes, were offered a structured annual review to check their health and medicines needs were being met. The practice had changed the way that patients were engaged with to remind them about their reviews, with the third and final reminder being a letter from their GP explaining the importance of the review and the risks and likely outcomes of not attending. Unverified data for QOF 2020/21 showed that

attendance for reviews had improved and performance data for indicators including those associated with diabetes, had also improved.

- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example 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 atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2019 to 31/03/2020) (QOF)	77.6%	76.4%	76.6%	No statistical variation
PCA* rate (number of PCAs).	40.5% (407)	11.5%	12.3%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2019 to 31/03/2020) (QOF)	74.1%	85.5%	89.4%	Variation (negative)
PCA rate (number of PCAs).	29.9% (137)	13.2%	12.7%	N/A

*PCA: Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) (QOF)	79.0%	81.1%	82.0%	No statistical variation

PCA* rate (number of PCAs).	12.6% (48)	6.0%	5.2%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	52.7%	64.8%	66.9%	Tending towards variation (negative)
PCA rate (number of PCAs).	18.8% (183)	16.5%	15.3%	N/A
The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	66.1%	71.8%	72.4%	No statistical variation
PCA rate (number of PCAs).	16.6% (315)	7.4%	7.1%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2019 to 31/03/2020) <small>(QOF)</small>	90.3%	90.0%	91.8%	No statistical variation
PCA rate (number of PCAs).	7.0% (20)	5.1%	4.9%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	56.3%	75.5%	75.9%	Variation (negative)
PCA rate (number of PCAs).	20.3% (198)	10.2%	10.4%	N/A

*PCA: Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.

Any additional evidence or comments

The practice was aware of their higher than local and national average personalised care adjustment (PCA) rates across a range of quality indicators. The practice had monitored PCA after its introduction to replace the previous exception reporting system. In response to higher than average rates for some indicators, the practice changed their previous approach of giving up to five patient contacts before exception reporting, opting for a system of three contacts, with the third contact being a letter from the patients GP explaining the benefits of attending for reviews and the risks and consequences of not attending. The practice saw a positive response to this approach and unverified data for 2020/21 showed an improvement in PCA rates and quality and outcomes data across a number of indicators including Diabetes.

Findings

- The practice has not met the minimum 90% for any of the five childhood immunisation uptake indicators. The practice has therefore also not met the World Health Organisation (WHO) based national target of 95% (the recommended standard for achieving herd immunity) for any uptake indicators.
- The practice Health Care Assistants had previously contacted the parents or guardians of children due to have childhood immunisations. Due to lower than expected uptake, the practice changed this to a nurse led approach, providing information, guidance and support for parents and guardians and arranging appointments at quieter times for anxious parents and children. Unverified data showed that this approach had slightly improved uptake rates in some indicators.
- Patients records were updated to alert clinicians if a patient had failed to attend or was overdue an immunisation. This allowed opportunistic immunisation of patients attending for other reasons.
- There were dedicated immunisation clinics promoted by the practice. Clinic times were based on feedback and were during school hours so that younger children could attend, however the practice also offered immunisations at any other time the practice was open.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2019 to 31/03/2020) (NHS England)	124	141	87.9%	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) (01/04/2019 to 31/03/2020) (NHS England)	138	156	88.5%	Below 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) (01/04/2019 to 31/03/2020) (NHS England)	139	156	89.1%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)	135	156	86.5%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)	152	179	84.9%	Below 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>

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

Findings

- Practice uptake in the national cervical cancer screening programme had improved slightly since our last inspection, however uptake remained significantly below the 80% national target.
- The practice had planned an information and uptake improvement campaign, which included sending invites on pink paper, using social media and having a 'pink day' to raise awareness of women's health and the importance of screening. Cervical screening appointments were still offered during the COVID-19 pandemic however uptake rates were low as a result of the pandemic. The promotional campaign had to be suspended due to the pandemic but the practice plans to relaunch the campaign for 2021/22 and has also used additional funding from a local support service to provide six additional cervical screening clinics which were fully booked up to August 2021.
- 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 could book or cancel appointments online and order repeat medicines without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (Snapshot date: 31/12/2020) <small>(Public Health England)</small>	68.5%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2019 to 31/03/2020) <small>(PHE)</small>	69.0%	72.3%	70.1%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2019 to 31/03/2020) <small>(PHE)</small>	62.1%	66.3%	63.8%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis (01/04/2019 to 31/03/2020) <small>(QoF)</small>	87.8%	93.3%	92.7%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2019 to	44.7%	50.4%	54.2%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings

- Same day appointments and longer appointments were offered when required.
- Patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

People experiencing poor mental health (including people with dementia)

Population group rating: **Good**

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medicines.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in line with their role.
- Patients with poor mental health, including dementia, were referred to appropriate services.
- The practice were aware of higher than local and national average PCA rates for mental health indicators and had taken action to address issues with the administration of the system. Care plans we reviewed as part of the inspection were recorded in line with guidelines.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	80.0%	83.6%	85.4%	No statistical variation
PCA* rate (number of PCAs).	43.6% (85)	23.9%	16.6%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	72.7%	81.3%	81.4%	No statistical variation
PCA rate (number of PCAs).	34.5% (29)	9.8%	8.0%	N/A

*PCA: Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.

Monitoring care and treatment

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

Indicator	Practice	England average
Overall QOF score (out of maximum 559)	515.6	533.9
Overall QOF score (as a percentage of maximum)	92.2%	95.5%
Overall QOF PCA reporting (all domains)	11.8%	5.9%

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

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

The practice engaged with local Primary Care Network (PCN) improvement initiatives to assess the quality of care provided to patients at the surgery and across the PCN. Initiatives included assessing whether monitoring was in place for patients prescribed Amiodarone – used to restore normal heart rhythm. Searches of the clinical system were built to identify relevant patients. Of 10 patients prescribed

Amiodarone, all 10 had an appropriate dose recorded. The search did however identify where monitoring could be improved. The practice put in place coding for these patients to ensure appropriate testing was carried out, including six monthly blood tests, annual ECG tests, eye checks and where monitoring was required if the medicine was stopped.

Effective staffing

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

Coordinating care and treatment

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

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

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	Y

own health.	
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

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.	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.	Partial ¹

Explanation of any answers and additional evidence:

¹ We reviewed five records of patients identified as having a DNACPR in place. We found that three of the five records demonstrated a clear rationale for the decision and a record of discussion with the patient or their representative. Two of the records only had a code added where the decision had been instigated outside of the practice. There was inconsistency in whether DNACPR forms were included in the patient record. Following the inspection, the practice put in place actions to ensure forms were scanned onto notes, and to flag to clinicians where records were not in line with relevant legislation.

Caring

Rating: Good

At the last inspection we rated the service as requires improvement for providing caring services because national GP patient survey data was significantly below local and national averages and had fallen since the last GP patient survey.

At this inspection we saw that the latest national GP Patient Survey data showed significant improvement in patient satisfaction. The practice is now rated as Good for providing Caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was generally 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 ¹
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: ¹ Feedback from patients to the practice through the NHS.uk website and complaints suggested that reception staff sometimes had a poor attitude when dealing with patient enquiries. The practice acknowledged and responded to comments on the NHS website and complaints. The practice took action by raising awareness of patient satisfaction levels and accessing customer services training for staff. The practice presented actions to patients in a 'you said, we did' format in the practice and online. Other feedback was positive about the whole patient experience. Patients were pleased with the speed and ease of using the online appointment system, speaking to a clinician and then getting a face to face appointment in a timely manner. The practice received personalised thanks and gratitude when patients felt staff went above and beyond to care for them. The latest GP Patient Survey data for the practice showed that 84% of patients found the receptionists at this GP practice helpful.	

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2021 to 31/03/2021)	88.2%	90.3%	89.4%	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 (01/01/2021 to 31/03/2021)	87.0%	90.3%	88.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	96.6%	96.3%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	82.1%	85.3%	83.0%	No statistical variation

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

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: Easy read and pictorial materials and information in different languages, were available.	

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2021 to 31/03/2021)	96.4%	94.6%	92.9%	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.	421 – 2.8% of the practice population.
How the practice supported carers (including young carers).	Patients with caring responsibilities were encouraged to register with the practice and received a letter containing further information as well as contact details for a lead member of staff in the practice for further support and guidance. The practice had a carers information board, carers information pack and were able to refer carers to local support services.
How the practice supported recently bereaved patients.	Recently bereaved patients were sent a condolences card by the practice and offered any appropriate support required.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y

Responsive

Rating: Good

At our previous inspection we rated the practice as inadequate for providing responsive services as national GP Patient Survey data was significantly lower than local and national averages, and had fallen since the last GP Patient Survey, in relation to patient satisfaction with accessing services via the telephone, making appointments and the availability and type of appointments offered. Patient feedback collected by the inspection team and the practice reflected these findings. Measures taken by the practice to improve patient satisfaction required further evaluation to determine their effectiveness.

At this inspection the latest national GP Patient Survey data showed significant improvement in patient satisfaction. This demonstrated the impact of the measures the practice had put in place to develop services and improve patient satisfaction. The practice is now rated good for providing responsive services.

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

Practice Opening Times

Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- There was a medicines delivery service for housebound patients.
- The practice supported patients who may be digitally excluded to access services over the telephone, by booking appointments direct with surgery staff and by assisting patients with online forms where required.

People with long-term conditions

Population group rating: Good

Findings

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

Families, children and young people

Population group rating: Good

Findings

- Additional nurse appointments were available outside of school hours for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Pre-bookable appointments were available to all patients at additional locations within the area, as the practice was a member of a primary care network, however this service had been suspended during the COVID-19 pandemic so that practices could focus on delivering additional services such as vaccination clinics.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances such as homeless people, Travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

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

Access to the service

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

National GP Survey results

	Y/N/Partial
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y
Patients were able to make appointments in a way which met their needs.	Y ¹
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y
There were systems in place to support patients who face communication barriers to access treatment.	Y ²
Patients with urgent needs had their care prioritised.	Y
The practice had systems to ensure patients were directed to the most appropriate person to respond to their immediate needs.	Y
Explanation of any answers and additional evidence:	
<p>¹ The practice used an online access tool as their primary means of access to appointments and advice for patients. Appropriate and timely triage of requests for appointments was made with patients offered a range of appointment types with a range of clinicians based on their presenting need and urgency.</p> <p>² Staff supported those unable to use the online system by booking appointments over the phone, directly with patients in the practice, or by helping people to fill out a paper version of the online form which staff then transcribed.</p>	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2021 to 31/03/2021)	48.2%	N/A	67.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	60.8%	74.5%	70.6%	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 (01/01/2021 to 31/03/2021)	62.9%	70.8%	67.0%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	75.1%	85.4%	81.7%	No statistical variation

Any additional evidence or comments

The practice had made significant improvements in patient satisfaction levels since our previous inspections. Measures included improving access by using the online 'Footfall' website and appointment booking system which reduced telephone demand, allowing more people to access services over the phone in a timelier manner.

The practice demonstrated to patients that they had listened and acted on complaints and issues raised by patients through the 'You said, we did' feedback system. Improvements included customer service training for reception staff, adding five additional telephones to the appointment line and increasing the number of call handlers at busy times to eight, allowing patients to 'book ahead' follow up appointments where a clinician has requested this, and developing a patient newsletter to provide patients with up to date information about the practice. Appointments with nurses and healthcare assistants were pre bookable online for patients and certain types of appointments were made available to pre-book online such as blood tests and same day appointments.

Source	Feedback
Healthwatch	<p>The provider had a three out of five-star rating on Healthwatch Suffolk website, with mixed patient experiences of one- or five-star reviews. Most negative reviews since our last inspection related to patient experience of accessing services during the pandemic, with patients unhappy about having to access telephone and online appointments instead of having their expectations met of having a face to face appointment.</p> <p>Positive experiences included patients overall experience of being well looked after by the practice and being treated appropriately following a medicines review.</p>
NHS.uk	<p>A mixed patient experience was projected on the NHS.uk website, with one- or five-star reviews predominantly. Negative comments reflected patients experiences of accessing care and treatment during the pandemic. Positive experiences reflected the good care and treatment patients received from clinicians using telephone and online consultations.</p>

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.	11
Number of complaints we examined.	11
Number of complaints we examined that were satisfactorily handled in a timely way.	11
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

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

Example(s) of learning from complaints.

Complaint	Specific action taken
Delay in responding to call passed over from NHS111.	The practice sent an explanation and apology to the patient. Relevant staff were informed of the complaint. Practice put in place measures for staff to review urgency of calls received from NHS111.

Well-led

Rating: Requires Improvement

At our previous inspection we rated the practice as Requires Improvement for providing Well-led services because:

- The practice had made improvements since our inspection on 11 October 2018 but had not sufficiently improved quality and outcomes data relating to people with long term conditions.
- Whilst patients could access care and treatment in a timely way in an emergency, the way the practice organised and delivered services did not meet patients' needs which was reflected in patient feedback.
- The practice had a clear vision, but that vision was not supported by a credible strategy.

At this inspection we found that the practice had made significant improvements in the areas identified at our last inspection, however some areas, including newly identified areas, required continued improvement. The practice had already identified most of the improvement areas and had put in place appropriate action plans to address concerns, however these actions needed to be embedded and their effectiveness further demonstrated. We rated the practice as requires improvement for providing Well-led services because:

- The practice systems and processes to ensure the safe management of medicines were not always effective.
- There was a high number of patients with a potential missed diagnosis of diabetes as the clinical coding system was not effective.
- Quality and Outcomes Framework performance data was below local and national averages for a range of indicators, with Personalised Care Adjustment (PCA) rates significantly above local and national averages.
- Performance was also lower than national target rates for cervical cancer screening and childhood immunisation uptake rates.
- Systems and processes for managing risks, issues and performance required improvement.
- The practice leadership team had the capacity and capability, supported by an enhanced clinical and non-clinical team, to continue their improvement journey and had sustained performance throughout the COVID-19 pandemic.

Leadership capacity and capability

Leaders 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 ¹
Explanation of any answers and additional evidence:	
¹ The practice had made improvements to the sustainability plans of the leadership of the practice including a recruitment and succession plan. Recruitment initiatives included strengthening clinical support and working with local primary care network partners to sustain and improve performance.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	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: The practice had formally recorded their strategic aims and these were linked to the practices core values. The practice risk register was regularly updated and reviewed and provided oversight of practice performance, with clear direction of travel set out to make and sustain improvements. There was a strategy in place for the future leadership of the practice including recruiting new GP partners. The strategy set out the other options available to the practice to support achieving priorities should the preferred options be unsuccessful.	

Culture

The practice had a culture which supported the provision of high-quality sustainable care.

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

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

Source	Feedback
We reviewed staff feedback forms issued ahead of the inspection.	<p>Staff told us of their positive experiences working in the practice including that:</p> <ul style="list-style-type: none"> • They were proud and happy to be part of the team • All staff had gone over and above their roles and responsibilities to manage the COVID-19 pandemic • They felt valued in being able to take on additional work or roles that interest them and felt the practice encourages and supports staff to work to their strengths. <p>Some staff responses included some constructive feedback and reflections on the current pressures facing general practice including:</p> <ul style="list-style-type: none"> • Some staff valued the opportunity to complete mandatory training outside of normal working hours, but other staff felt more time allocated in working hours would be beneficial. • Staff told us that the practice had acknowledged that more clinical and non-clinical staff and more appointments would help ease pressure and that further recruitment may be needed. • Some staff felt that the COVID-19 pandemic had led to communication barriers both ways between staff and leaders and that this was an area for improvement. This included involving staff in decisions that affect their work. • Staff also reflected that they unfortunately faced verbal abuse most days

	from 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
Explanation of any answers and additional evidence:	
The practice had clear governance structures and systems in place which were regularly reviewed as part of an ongoing improvement process. The governance arrangements were strengthened since our last inspection. Further improvements required for some systems and processes were highlighted during this inspection, which the practice recognised and acted upon.	

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial ^{1&2}
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Partial ^{1&2}
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:	
^{1&2} The practice had systems in place to identify and manage risks in the service and the practice responded well when risks and issues were identified. However regular review and improvement of assurance systems was not always effective as we identified, for example, coding issues which assurance systems should have identified.	

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

	Y/N/Partial
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The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Y
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Y
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Y
The practice actively monitored the quality of access and made improvements in response to findings.	Y
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Changes had been made to infection control arrangements to protect staff and patients using the service.	Y
Staff were supported to work remotely where applicable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Feedback from the Norfolk and Waveney Clinical commissioning group supported evidence that the practice had responded well to the challenges of the COVID-19 pandemic.</p> <p>The practice worked collaboratively across the local Primary Care Network, setting up, hosting and supporting staffing of a 'hot site' and home visiting service for COVID-19 positive patients. This enabled network practices to remain open to provide services to their patients throughout the pandemic.</p> <p>The practice also took a lead role in organizing and managing a successful vaccine delivery programme, allowing resources to be shared equitably across the network to prevent any one practice being overstretched and minimizing disruption to patients whilst maximizing vaccine availability.</p> <p>The practice continued to provide core primary medical services to their patients throughout the pandemic and focused on routine and urgent care needs including disease management and early cancer detection.</p>	

Appropriate and accurate information

There was a 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
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	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

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

Examples of continuous learning and improvement

- The practice was a teaching practice for GP registrars and level one research accredited and supported clinical research in the area.
- Staff valued working with students and identifying and sharing learning.
- There were opportunities for staff to develop, for example staff were training to become GP assistants and apprentices were employed in the practice.
- The practice engaged with the local primary care network to identify and share any improvement initiatives, working with network resources to implement relevant audit and reviews to improve patient care and provide assurance standards were being met.

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