

Care Quality Commission

Inspection Evidence Table

Somerset Medical Centre, Grand Union Village Health Centre (1-8659864234)

Inspection date: 6 July 2022

Date of data download: 01 July 2022

Overall rating: Good

Safe

Rating: Requires improvement

We rated the practice as Requires Improvement for being safe because through reviews of patient records, we found care plans did not always include sufficient detail about what advice or care planning measures had been put in place or discussed with the patient . We also found not all patients prescribed high-risk drugs had been monitored and reviewed accordingly.

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice's safeguarding lead was the lead GP. Staff we spoke with knew who the safeguarding lead was and where the practice's safeguarding policies, both for safeguarding adults and children, were held on the practice's shared computer drive. These also contained	

Safeguarding	Y/N/Partial
<p>details for local authority safeguarding leads. Contact details to report any safeguarding concerns were on display in the practice.</p> <ul style="list-style-type: none"> Meeting minutes we examined showed safeguarding was discussed at practice meetings. Records showed all staff had undergone safeguarding training to the level commensurate with their role. Practice staff attended webinars run by the local safeguarding lead. GPs attended case conferences, where convenient. Where they could not attend in person, they submitted reports. Patients with a safeguarding concern were discussed at multidisciplinary team meetings. It was the practice's policy to contact the parents of any children not brought to appointments to check on their welfare. Out of hours services were able to access a summary of patients' notes. This included an alert if the patient was on the practice's safeguarding register. The practice regularly reviewed its safeguarding registers (child protection and vulnerable adults) to ensure it was current and complete. Patients on the safeguarding registers were discussed at practice meetings and multidisciplinary team meetings to ensure their needs were being met. Multidisciplinary team meetings took place every three months and were attended by district nurses, health visitors and mental health practitioners as well as practice staff. Any newly registered children with a safeguarding concern were immediately booked an appointment with the lead GP. It was the practice's policy for all staff to undergo DBS checks prior to employment. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Recruitment checks included DBS checks, two references, proof of identity, proof of address and right to work in the UK. For locum GPs, proof of these checks was required from their agency before they could start work. Staff were asked to provide evidence of vaccination against certain diseases. Staff were offered any that were outstanding. If the member of staff declined vaccination, they were asked to sign a waiver and a risk assessment was carried out to decide what roles were safe for that member of staff to carry out. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: October 2021	Partial
There was a fire procedure.	Y
Date of fire risk assessment: 14/12/21 Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence:	

- Health and Safety risk assessments are carried out by the building landlord, Community Health Partnership (CHP). The most recent health and safety risk assessment had been carried out in July 2021. This was due to be reviewed in October 2021. The provider was unable to provide evidence that this review had taken place. building. We were told the provider had started an internal health and safety risk assessment but it had not been completed at the time of this inspection.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: April 2022	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Records showed all staff had undergone infection control training within the last year. • The lead GP was the practice's lead for infection control. Cleaning tasks were carried out by the landlord and checked by the nurses who had their own checklist. • Infection control audits were carried out regularly, most recently in April 2022. Three action areas had been identified by the audit and they had all been completed by the landlord. • The landlord was responsible for managing waste removal from the practice. • Staff did not handle patients' specimens. There were bags in a designated area for patients to deposit samples which were collected by a specialist external company. 	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There were enough staff to provide appointments and prevent staff from working excessive hours	Y

Explanation of any answers and additional evidence:

- The practice used a staff rota to plan staffing requirements and holidays. Reception and administrative staff covered each other for leave and unplanned absences.
- The practice sometimes used locum GPs and nurses. They were provided with a locum pack which set out all of the important information about the practice.
- Staff had undergone basic life support, anaphylaxis and sepsis training within the last year. The practice had a process in place to be followed if staff encountered a seriously unwell patient on the premises.
- The practice held appropriate stocks of emergency medicines and had a defibrillator and oxygen. Records showed all of these items were regularly checked to ensure they were available and suitable for use.

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
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:

- We looked at a sample of patient notes and found whilst patients had been coded correctly, some dementia care plans did not include up to date information and did not clearly reflect reviews which had been carried out subsequently. They also contained limited information about care planning and future decisions.
- We looked at a sample of notes for patient diagnosed with diabetes and asthma. We found whilst patients had been coded correctly care plans did not always include sufficient detail about what advice or care planning measures had been put in place or discussed with the patient.
- New patients were asked to complete a registration form and invited for a new patient health check. At the time of this inspection the practice was going through digitalisation of its patient records. Patients' records were received through the health authority or directly from the previous GP. If there were any delays the practice could request a summary of records directly from the practice.
- The practice had a policy in place for managing referrals. This included patients referred under the two week wait cancer referral pathway. The medical secretary was responsible for managing referrals and had been trained for this role. There was also a process for monitoring the progress of referrals to ensure appointments were received.

- There was a policy in place for the management of test results. Once the results arrived into the practice's inbox, they were placed in the workflow system and processed by a clinical administrator. Any abnormal or urgent results were passed to a GP to contact the patient or advise the administrators about next steps. We looked at the system and found the oldest result was received on 29/6/22. This was not an urgent result.
- The workflow system was monitored daily by one of the administrators to ensure all incoming results were dealt with. We checked the system during this inspection and found nine letters in the system, the oldest dated 4/7/22, the day before. These letters did not contain urgent information.

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHS Business Service Authority - NHSBSA)	0.58	0.57	0.79	Tending towards variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2021 to 31/03/2022) (NHSBSA)	4.2%	9.1%	8.8%	Variation (positive)
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 (01/10/2021 to 31/03/2022) (NHSBSA)	6.27	5.54	5.29	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	21.0‰	57.8‰	128.2‰	Significant Variation (positive)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHSBSA)	0.22	0.47	0.60	Variation (positive)
(to) (NHSBSA)		-		-

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	N/A
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
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimize patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice held appropriate emergency medicines to enable them to manage a medical emergency. We saw emergency medicines were stored securely in a locked cupboard in the nurse's room, which was also kept locked. There was a policy in place for the safe management of blank prescription pads. They were removed from printer trays in all consultation rooms at the end of each day and the numbers of the top and bottom form were recorded. The pads were placed in folders which were designated to each room. The folders were stored in a locked cupboard overnight. 	

Medicines management	Y/N/Partial
<ul style="list-style-type: none"> The practice had a process for receiving requests for repeat prescriptions. Patients could post requests in a lockable box in reception or request them on the practice website or in writing. The policy set out all of the checks to be followed by reception and admin staff on receiving requests for repeat prescriptions. Identity checks were in place for remote prescribing. We reviewed a sample of patient notes of patients prescribed high risk drugs. We found most of these patients were monitored appropriately. However we did find out of the 25 patients prescribed direct oral anticoagulants (DOACs) (medicines that thin the blood), five of those patients had not been monitored appropriately prior to issuing the prescription. We also found two of those patients had not been coded correctly, one patient had been diagnosed with atrial fibrillation but there was no evidence in their notes of a discussion about anticoagulation or how long they should remain on the drug. For another there was no reference to required weight monitoring. We raised this with the provider who undertook to follow up these patients. We checked the provider's defibrillator and oxygen and found these were regularly checked and were fit for use. The practice had two fridges to store vaccines. Records showed these were regularly checked to ensure they were operating within the safe temperature range. Checks were carried out by designated members of staff. Staff we spoke with knew what to do in the event of a break in the cold chain (a rise of temperatures beyond those prescribed). 	

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: 6	
Number of events that required action: 6	
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had a policy which directed staff in identifying and managing a significant event. The policy included a template for staff to record significant events. Staff we spoke with knew where the policy was kept and how to identify and report a significant event. They were able to give examples of significant events and learning that was identified. Significant events were discussed at practice and clinical meetings and were a standing agenda item. We looked at a sample of records of significant events which had occurred at the practice and found these had been reported and managed appropriately. 	

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

Event	Specific action taken
Internet outage. Staff unable to log on to clinical records system.	All the staff were informed. Practice manager printed off a copy of the rota and appointment list for the day. IT services and clinical commissioning group (CCG) were informed. IT services gave instructions on how to rest the server. Staff became aware of how to reset server. Following this incident the appointment list for the following day was printed in advance by the evening staff.
Patient collapsed in reception area	Staff followed the practice's emergency procedure and informed the practice manager and lead GP. The incident was reflected on in a practice meeting and it was concluded that staff had managed the incident accordingly.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had a written protocol for managing safety alerts. Alerts were received by the practice manager, pharmacist and GPs. The pharmacist was responsible for carrying out searches of the clinical records system and identifying and contacting all affected patients. Alerts were discussed in clinical meetings. Non-clinical staff did not deal with alerts. We saw examples of actions taken on recent alerts for example, Pregabalin (a drug used to treat epilepsy, anxiety and to treat nerve pain). The alert concerned a risk of fetal malformations if used in pregnancy. The advice was for patients to continue to use effective contraception during treatment and avoid use in pregnancy unless clearly necessary. Searches indicated no patients were affected by this alert. 	

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 not always assessed, and care and treatment was not always 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.	N
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">We reviewed a sample of notes for patients for patients diagnosed with long term conditions. We found not all patients diagnosed with asthma (six out of 187 patients on the register) were being monitored appropriately. For example for two of these patients an adequate annual asthma review had not been undertaken in the last 12 months. For another patient, their asthma care plan had not been filled in and for another who had presented with chest symptoms no face to face review was carried out.We also found, in relation to patients diagnosed with hypothyroidism, five of the 87 patients had not had a thyroid function test for 18 months and of those five we found various issues including initial failure to pick up the condition and lack of appropriate monitoring.We found concerns in the monitoring of 20 patients out of 253 diagnosed with diabetes. These concerns included failing to code medication reviews or it being unclear in the notes if a review	

of diabetic medication was carried out. We also found concerns around how some of these patients were followed up on or managed following blood tests. Specifically, where blood tests showed irregularities, efforts made by the practice to contact patients to carry out a review were not always clearly recorded. We discussed these concerns with the provider who undertook to review these patients and the management of patients with long-term conditions in general.

- Vulnerable patients had been identified by an alert in their records. During the pandemic all of these patients were prioritised for face to face appointments.

Effective care for the practice population

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice maintained a register of housebound patients which was reviewed regularly.
- Monthly meetings were held with care coordinators to ensure patients which more complex needs were planned for,
- 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.
- All patients with a learning disability were offered an annual health check.
- Pregnant patients aged under 18 years were prioritised for appointments and referred for additional support until the baby was two years old.
- 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.
- 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

- We reviewed a sample of notes for patients for patients diagnosed with long term conditions. We found concerns around the management of patients with asthma, hypothyroidism and diabetes. For example we looked at a sample of notes for patient diagnosed with diabetes. We found whilst patients were coded correctly, we did not always see clear, individualised care plans for these patients. Some care plans did not include information about what advice or care planning measures had been put in place or discussed with the patient.

- Patients with long-term conditions were not always offered a structured annual review to check their health and medicines needs were being met.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice shared information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	33	34	97.1%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	26	31	83.9%	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) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	28	31	90.3%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	28	31	90.3%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	5	11	45.5%	Below 80% uptake

Any additional evidence or comments

- The practice had achieved targets for most childhood immunisations but was aware of challenges around boosters for two years olds and the MMR vaccination for five years olds. The practice's sister practice ran an immunisation clinic which they could refer patients to. Staff monitored registers of eligible children and ensured parents and carers were contacted.
- Information about childhood immunisations was available at reception and patients were booked in opportunistically.
- The practice had a lead member of staff for childhood immunisations who was responsible for contacting parents to invite them to make appointments. They were also trained to educate parents should they have any queries.
- The practice ran a Saturday clinic where children could be brought for immunisation. They could also go to the local HUB clinic.
- The practice provided results for the first quarter of 2022/23 (April to May 2022) which showed for patients aged two years the practice had achieved the 90% target with 116 out of the 124 required courses having been completed. For 5 year olds, for the same period, the practice had not achieved the 70% target (18 out of 29 completed – 62%) This data was unverified at the time of this inspection.

Cancer Indicators	Practice	CCG average	England average	England comparison
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). (Snapshot date: 31/12/2021) (UK Health and Security Agency)	60.6%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	52.9%	49.0%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	47.0%	57.1%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	33.3%	55.9%	55.4%	No statistical variation

Any additional evidence or comments

- The provider was aware of its below target achievement for cervical smears. This was regularly discussed in team meetings and all staff were aware of the challenge to improve uptake.

- The practice nurse was the lead for cervical screening at the practice. They were responsible for ensuring all eligible patients had been contacted and followed up if they failed to attend their appointment. They performed regular audits and benchmarked their achievement against local and national uptake.
- Patients were booked in opportunistically. The lead GP was also trained to undertake cervical screening and appointments were designated for this.
- There was information about cervical screening on display in the practice.
- The practice ran a Saturday clinic and appointments for cervical screening were also available at local HUBs.
- The provider told us some of their practice population were hesitant about cervical screening but they continued to encourage and educate patients on the issue.
- The practice provided us with their data for cervical screening achievement as at 31/3/22. This showed for those aged 25 to 49 years and those aged 50 to 64 years they had performed 80% of smears within the requiesite periods (3.5years and 5.5 years respectively). This data was unverified at the time of this inspection.
- The practice worked with a local charity with multi-lingual staff to encourage take up of bowel and breast screening.

Monitoring care and treatment

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

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

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

- The practice had carried out a two-cycle audit around methotrexate (a medicine which slows down your body's immune system and helps reduce inflammation) from January to June 2022 to ascertain if patients had been monitored in line with national guidelines.
- The results of the first cycle showed the five patients prescribed methotrexate had been prescribed and reviewed accordingly. The second cycle showed there was one additional patient prescribed methotrexate in secondary care. The other five patients had all been reviewed by the practice accordingly. The findings of the audit were discussed with the clinical team.

Any additional evidence or comments

- The practice was involved in a local quality improvement initiative around blood pressure monitoring where blood pressure machines were loaned out to patients who measured/uploaded their blood pressure at set intervals for a set period of time, as determined by the clinician. This

project provided a framework for the analysis of high-risk patients with earlier notification of potential problems.

- The practice followed local targets key performance indicators (KPI) and incentive schemes to monitor its performance.

- Following the lifting of Covid 19 restrictions, the practice had recognised there may have been a substantial increase in the number of diabetic diagnoses following the pandemic, particularly within high-risk groups. As a result, one of the practice GP partners (with a special interest in diabetes) led an initiative to invite high-risk pre-diabetic patients to come into the practice for blood tests to ascertain whether they were now diabetic, and ensure their health needs were met.

- An asthma nurse from the REACT team (Respiratory Excellence Achieving Control Today) held regular clinics at the practice to review poorly controlled asthma patients.

- Patients who regularly attended A&E were booked for an appointment with the lead GP who tried to ascertain how future unnecessary attendances could be avoided. They had identified a common reason patients attended A&E was due to their medications running out. The practice took steps to educate patients about other routes to obtain their medication in an emergency and about the availability of Advanced Nurse Practitioners (ANPs) and physician's associate at the practice who could prescribe and/or deal with minor ailments, rather than patients having to go to A&E.

Effective staffing

The practice was mostly 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.	Partial
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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice had a mandatory training programme in place for all staff. Staff were allocated time to undergo training. • The practice had an online training platform which was accessible to all staff. • The practice healthcare assistant (HCA) carried out some diabetes reviews. We were told they only reviewed low-risk patients and could refer to the GPs for advice or book the patient in to see a GP or nurse if the patient's needs were more complex. We saw protected time in the schedule on Fridays for the HCA to undergo supervision. However, it was not clear how the 	

practice decided which patients were suitable for the HCA. It was also unclear how the provider ensured the HCA was acting only within their competency.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Multidisciplinary team meetings took place every three months and were attended by district nurses, health visitors and mental health practitioners as well as practice staff. These were opportunities to discuss and plan for patients with more complex needs, requiring the input of a range of services. The practice used an integrated referral management platform which managed referrals into secondary care. Some secondary care services were able to access the practice's clinical records system and add notes directly into patients' notes. 	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice used registers to identify, review and monitor patients who needed extra support. This included older patients with additional needs, patients receiving palliative care and those identified as being at "high risk" for any reason. These patients were flagged on the clinical records system. These registers were audited regularly. 	

- Health checks were offered to new patients, for example those aged 75 and above and carers. Early dementia checks were available as well as those with long term conditions including diabetes, chronic obstructive pulmonary disease (COPD), asthma and cancer.
- Patients were referred to an NHS digital weight management service. Regular health checks were offered to patients with serious mental illness and they were referred to community based resources such as the local NHS Trust's mental health integrated network teams (MINT), Improving Access to Psychological Therapy (IAPT) counselling and appointments with the primary care mental health nurse.
- The local authority set targets for certain registers, for example flu, pneumococcal and shingles vaccinations, cervical smears and hypertension which the practice used for benchmarking.

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Y

Explanation of any answers and additional evidence:

- We reviewed a sample of patient notes and saw decisions around consent were sought and recorded appropriately.
- DNACPR decisions were recorded in patients' Coordinate My Care (CMC) care plans. (Coordinate My Care is an NHS service that coordinates urgent care for patients). The practice had one patient on the DNACPR register. The decision had been recorded appropriately in the patient's records. However, the low number of patients with DNACPR decisions in place appeared unusually low for the demographic. The provider undertook to carry out a review and ensure all patients with DNACPR decisions had been coded correctly.

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The provider demonstrated a detailed knowledge and understanding of its practice population. This informed decisions around staff recruitment, communication and room utilisation. For example many of the staff spoke a variety of South Asian languages and a room was made available for prayers.• Staff were trained as chaperones and their availability was advertised around the practice.• We were told some patients put forward religious or cultural reasons for declining vaccination and cervical screening. Staff told us they tried to educate and inform patients around these issues, whilst respecting their views and beliefs.• The practice had access to a telephone translation service.	

Patient feedback	
Source	Feedback
Patient interview	Patient told us the practice staff were very caring, patient and accommodating. They were very caring, respectful and polite.
Patient interview	Patient told us they were happy with the service they received. They wouldn't change anything about the practice.
Email from patients	The practice is very quick to adapt and respond to its surrounding climate. The practice was quick to set up its Covid-19 Hub and was proactive in booking patients in for their vaccinations. They are innovative and early adopters of new software to improve the running of the practice. The only area for further development was supporting patients to see their GP of choice, although this was challenging due to the availability of specific GPs.

National GP Patient 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)	73.8%	87.7%	89.4%	Tending towards variation (negative)
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)	78.7%	86.0%	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)	90.5%	94.2%	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)	73.6%	80.9%	83.0%	No statistical variation

Any additional evidence or comments

- Meeting minutes showed the practice had reviewed the results of the most recent GP patient survey. They identified the areas where patient experience could be improved, which were around patient experience, being given enough time during their appointment and feeling listened to. We were told the practice had devised an action plan in response to the results of the survey, however we did not see evidence of this action plan or information about the provider's progress towards completing it.
- Staff had been trained on managing demanding patients and complaints to help them respond to patients who felt they were not listened to.
- The practice team had taken part in practice development programme aimed at supporting practices use time more effectively in order to save GP time, reduce waiting time for patients and using the practice team more efficiently. One of the modules concerned ensuring patients saw the right professional or service first time, improving experience and outcomes. The practice had incorporated the learning from this programme to improve patient access following the lifting of Covid 19 restrictions.

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: <ul style="list-style-type: none"> Many of the staff spoke a variety of South Asian languages which were spoken by a large number of their patients. Interpreting services were also available. The practice had a hearing loop in place to support patients with a hearing impairment. Information about external support and advocacy services were available on the practice's website and in the surgery. The practice referred patients who needed support with social needs such as housing, food and benefits to the social prescriber. 	

Source	Feedback
Interviews with patients.	Staff are very helpful, friendly, like a family. The doctors are willing to listen and will give you enough time. They take feedback seriously and genuinely want to meet their patients' needs.

National GP Patient 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)	93.3%	90.4%	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.	44 carers/1.7%
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> • Seasonal vaccinations, Covid • Offer them help • Communicate regularly • Register include child carers • Health checks annually • Social prescriber • Leaflet available and staff are aware of policy
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> • The practice had a policy around supporting bereaved patients. This included ensuring the correct codes were added on patients' records, cancelling any upcoming appointments for the deceased. All staff were made aware and GPs contacted the patient's family to offer condolences and support.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice was located within modern, purpose built premises which were accessible. Posters and leaflets with information about local services were on display, as well as information about the practice such as how to request repeat prescriptions. Practice and health information was available in a number of languages principally used by most of its patients. Patient choice around appointment times and which professional they saw was accommodated as far as possible. The practice operated extended hours from 6.30pm to 7.30pm as well as a Saturday clinic to support access for working or school age patients. Following the lifting of Covid 19 restrictions the practice had considered which patients may need particular support and contacted those patients to see if they required assistance. This included patients who had been identified as pre-hypertensive and/or pre-diabetic and children who were due for vaccination, cervical and other preventive screening. They had also contacted patients known to be young carers to see if they needed any help. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.30am to 6.30pm
Tuesday	8.30am to 6.30pm
Wednesday	8.30am to 6.30pm
Thursday	8.30am to 6.30pm
Friday	8.30am to 6.30pm and extended hours 6.30pm to 7.30pm
Appointments available:	
Monday	9.30am to 12.30pm and 3pm to 6pm
Tuesday	9.30am to 12.30pm and 3pm to 6pm
Wednesday	9.30am to 12.30pm and 3pm to 6pm

Thursday	9.30am to 12.30pm and 3pm to 6pm
Friday	9.30am to 12.30pm and 3pm to 6pm and extended hours 6.30pm to 7.15pm

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

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The provider was aware of patients religious and cultural needs and aimed to support these wherever possible.
- There was a medicines delivery service for housebound patients.
- 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.
- Appointments for children outside of school hours were available.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability. They were invited for regular reviews of their holistic needs.
- 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 adjusted the delivery of its services to meet the needs of patients with a learning disability.
- Patients who were discharged from hospital were contacted by the practice within 72 hours. Discharge letter were added onto the workflow system to be reviewed by a pharmacist or GP.

Access to the service

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

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Y

The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Y
Patients were able to make appointments in a way which met their needs	Y
There were systems in place to support patients who face communication barriers to access treatment	Y
Patients with most urgent needs had their care and treatment prioritised	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had changed its telephone system from analogue to digital to increase the number of lines into the practice. This helped patient access as more people could answer calls than previously. The practice was also able to analyse how busy the phone lines were in order to flex the number of staff answering the phones depending on how busy they were. Patients were offered appointments with a range of professionals depending on their needs. Reception staff followed a protocol and had received training on which conditions could be dealt with by each type of professional. Telephone appointments were available as well as face to face appointments. Patients were able to choose which they preferred. 	

National GP Patient Survey results

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)	82.7%	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)	75.3%	71.3%	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)	64.1%	68.1%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	80.2%	78.3%	81.7%	No statistical variation

Source	Feedback
Patients	Patients we spoke with said they could get appointments when they needed them and were supported to see doctor of their choice. In an emergency can be seen even earlier.

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.	1
Number of complaints we examined.	1
Number of complaints we examined that were satisfactorily handled in a timely way.	1
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.	No
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had a complaints policy which was advertised on the practice website and leaflets were available in the practice. We were told complaints were discussed with all staff at practice meetings and any learning was shared. However as there was only one recorded complaint within the last year, we could not assess if/how complaints were used by the practice to inform and drive improvement. 	

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	N/A
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The provider had demonstrated a clear vision and understanding of the needs of their population as well as the challenges. For example, they told us about challenges around cancer screening, obesity and mental health, particularly as a result of the Covid 19 pandemic. They described their vision around what was necessary for them to be able to meet the needs of their patients.• The provider told us the partnership was stable and there were no plans to make any changes at the time of this inspection.• Staff we spoke with told us the partners were approachable and supportive.	

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice held regular practice meetings which were an opportunity for all staff to give feedback and share their views on how the practice operated. Staff told us they took decisions collectively and discussed any problems to resolve them together.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> A staff survey had been carried out in March 2022 as part of a quality improvement initiative they were involved in. There were 12 responses, all of which were positive about their experience of working at the practice. Staff told us their wellbeing was prioritised and they regularly met to socialise outside of work. The practice had a zero tolerance policy towards aggressive or rude patients and staff told us they felt supported by the leadership. The practice's Freedom to Speak Up Guardian was one of the partners. Staff told us they felt free to speak up if they had any concerns about the practice or leadership and were encouraged to do so by the partners. They told us they were able to raise any concerns in one to one meetings, appraisals and in staff meetings or they could approach the manager or partners at any time. All staff had undergone training in Equality and Diversity and duty of candour. The practice had a relevant policy in place. 	

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

Source	Feedback
Reception/administrative staff	<p>The leadership are very open. Can ask to speak with them in private if necessary.</p> <p>They listen and will encourage staff to speak up.</p> <p>Feel free to raise anything without fear of reproach.</p> <p>Relationships between managers and staff are very good, very friendly. They are approachable.</p>

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: <ul style="list-style-type: none">Practice policies were accessible to all staff on the practice's shared drive.We were told all policies were reviewed twice a year or whenever there was a change.The practice had policies in place for sharing information with third parties, for example primary care network (PCN) staff.The practice had recently given a presentation to all staff on information governance (IG) in the workplace. This included identification of key roles around IG, how it impacts on improving patient care, correct use of email and internet, mobile and remote working and how to manage requests for information.	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice undertook a range of risk assessments, for example around fire, electrical safety and equipment calibration and infection control. However we did not see an up to date health and safety risk assessment. These were done to ensure risks were identified and managed and improvements were made.	

- There was a business continuity plan in place. Staff were aware and knew where this could be accessed. Staff had been trained on how to respond to incidents such as medical emergencies, fire, loss of utilities or relocation due to the premises becoming unusable.

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

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Y
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Y
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Y
The practice actively monitored the quality of access and made improvements in response to findings.	Y
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Changes had been made to infection control arrangements to protect staff and patients using the service.	Y
Staff were supported to work remotely where applicable.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • During the pandemic the practice offered telephone and face to face appointments, where deemed necessary. Following the lifting of Covid 19 restrictions the practice had gradually returned to offering more face to face appointments. • The practice had increased use of its digital messaging service to provide continuity of care to patients during lock-downs. This also allowed clinicians to make video calls to patients who were able to send documents, readings and pictures directly to clinicians. • The practice had contacted patients known to be in vulnerable situations. During the pandemic all of these patients were prioritised for face to face appointments. • Following the pandemic the practice worked with the local authority to identify which patients needed to be prioritised for appointments. • Patients who were identified as being at serious risk of ill health were prioritised for face to face appointments. This was whether they were identified through triage having contacted the practice or those patients who were known to be at high-risk for example, those who were pre-diabetic or hypertensive. • The practice had carried out health checks for carers following the pandemic, having identified these patients as being at high-risk of conditions such as mental ill-health. • The practice provided laptops for staff who were at high-risk to work from home, if required. 	

Appropriate and accurate information

The practice did not always act on appropriate and accurate information.

	Y/N/Partial
Staff used data to monitor and improve performance.	Partial
Performance information was used to hold staff and management to account.	Partial
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The provider used some data to monitor performance such as Quality Outcomes Framework performance data and results of the GP patient survey. However the data reviewed did not always capture and accurate picture of how the practice was performing. For example, we looked at sample of notes of patients prescribed certain high-risk drugs and those diagnosed with a long-term condition. We found not all of these patients were reviewed and/or monitored accordingly. We also found whilst the practice reviewed its performance in the GP patient survey, it was unclear how this data was used to inform plans for quality improvement activity. Additionally there was a limited number of and detail around complaints. It was not always clear how this data was used to improve the practice performance. 	

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Patients were informed and consent obtained if interactions were recorded.	N/A
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y
Explanation of any answers and additional evidence:	

- The practice had a policy around online appointment booking. This provided patients with advice around how to keep their personal information secure. They also had a policy around the use of online services which set out considerations around privacy and security.
- The practice had policies around how to access medical records which were available to patients and staff.
- The provider had recently given a presentation to staff on information governance which included guidance on mobile and remote working and email and internet usage.

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Partial
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice gave examples of where patient views had informed changes. For example around supporting patients to see their GP of choice and longer appointments for some patients with language requirements. However they were unable to demonstrate how results from the GP patient survey had been used to inform quality improvement plans. • The practice had an active Patient Participation Group (PPG). They had recently restarted meetings in-person, having moved them online due to the pandemic. Information about joining the PPG was available at reception. • We spoke with two representatives of the PPG and received written feedback from two others. They told us the provider was engaged and welcomed their involvement in the practice. They were asked for their opinion and were told about complaints and significant events and the action taken. They had also been invited to a meeting of the primary care network (PCN) the practice was part of. This had taken place in March 2022. The practice was actively recruiting to increase the number of patients on the PPG and improve its diversity. • Representatives of the PPG told us overall they were happy with how the provider worked with them. An example given of where they had given feedback and improvements had been made was around improving telephone access and supporting patients to see a GP of their choice. These issues had been acted on by the practice installing a new telephone system and flagging on patient's notes when they expressed a desire to only see one particular GP. 	

Feedback from Patient Participation Group.

Feedback
Meetings were every three months. They used to be face to face but have been held online since the pandemic. They told us they could raise any issues with the provider, they would discuss it and it would be sorted out. For example, some patients who had difficulty with English preferred to see a GP who spoke their language and sometimes needed longer appointments. The provider took this on board and

made double appointments available for these patients and flagged it on those patients' records that they see a specific GP.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had changed telephone providers, helping to address the increased patient demand following the pandemic and improve patient experience. This had doubled the number of telephone lines available and decreased waiting time. The practice was involved in a project around digitalisation of medical records. This allowed records being instantly available, rather than staff having to retrieve paper records and also supported better continuity of care for patients and financial savings from not having to send records by mail. During the pandemic the practice had increased its use of its digital messaging service to maintain and improve clinician/patient interaction and support continuity of care. This service allowed for bulk messaging using templates to streamline communication. The provider had been key in the setting up of a Covid 19 vaccine hub in 2021. They told us this was a learning opportunity for all staff to gain experience of and exposure to new ways of working, the learning from which could be applied to other settings in future. 	

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

Glossary of terms used in the data.

- COPD:** Chronic Obstructive Pulmonary Disease.
- 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.