

Inspection Evidence Table

Ash Grove Medical Centre

(1-553247350)

Inspection Date: 13 and 15 June 2023.

Date of data download: 30/05/2023

Overall rating: Good

Following a previous comprehensive inspection on 4 and 20 April 2022 we rated the practice as requires improvement overall, and for the safe, effective, responsive and well-led key questions. We rated caring as good.

At the April 2022 inspection, we found not all staff were trained to appropriate the levels for their role, the practice's systems for the appropriate and safe use of medicines and the management of patients with long-term conditions required review. The practice was unable to demonstrate that consent to care and treatment was obtained in line with legislation and guidance, and patients were not able to access care and treatment in a timely way. We found the practice's governance and management systems did not always operate effectively.

This was a comprehensive re-inspection of the service which included the review of the requirement notices issued for the breach of Regulation 12, safe care and treatment and Regulation 17, good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Overall, at this inspection we found the provider had responded to the concerns identified.

Safe

Rating: Good

At the inspection in April 2022, we found the provider had failed to ensure staff had the required mandatory training appropriate for their role; the monitoring and oversight of medicine fridge temperatures and the management of blank prescriptions was not effective. Additionally, the provider's systems for the appropriate and safe use of medicines were not always effective. At this inspection on 13 and 15 June 2023, we found the practice had responded to the concerns regarding the management of prescription stationery, medicines fridges and staff training. We found some issues remained with the appropriate use of medicines, however, the practice responded to these concerns following our inspection.

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
At the inspection in April 2022, we found not all staff had completed the necessary training or were trained to the appropriate levels for their role. At this inspection in June 2023, we saw evidence the provider had responded to these concerns and staff had completed their mandatory training, including safeguarding children and adults training, and were trained to the appropriate level. During the inspection, the CQC GP specialist advisor, spoke with the safeguarding lead who chaired regular meetings at the practice and who also attended a district wide, multidisciplinary meeting where safeguarding cases were discussed. We were shown evidence of good practice in safeguarding. The appropriate use of the clinical system enabled services such as the out of hours service and the ambulance service, to access necessary information.	

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.	Partial
Explanation of any answers and additional evidence: The new-to-post, practice management team held a record of staff vaccinations. At the time of our inspection this was being reviewed as not all staff records were complete.	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Y
Date of last assessment: Ash Grove Surgery: 7/03/2023 Whitley Bridge Surgery: update booked 22/06/2023	Y
There was a fire procedure.	Y
Date of fire risk assessment: Ash Grove Surgery: 21.4.2023	Y

Whitley Bridge Surgery: update booked 26/6/2023	
Actions from fire risk assessment were identified and completed.	Y
<p>The provider could evidence that portable appliance testing (PAT testing) and the calibration of medical equipment was up to date.</p> <p>Up to date assessments of the electrical hard wiring, gas services and the lift had been completed. Issues were identified during these assessments, and we saw evidence the practice manager was liaising closely with the landlord to rectify these.</p> <p>We saw that actions following the health and safety risk assessment and fire risk assessment at Ash Grove Surgery were ongoing, this included weekly fire alarm testing. This had been carried out consistently in line with the action plan since early April 2023.</p> <p>Actions had been taken following previous risk assessments at the Whitley branch surgery. The surgery had closed during 2022 and undergone extensive refurbishment. Up to date assessments for the surgery were booked to be completed the week after our inspection. Additionally, we saw that servicing and maintenance of the fire alarm systems, fire extinguishers and water testing had taken place.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out.	Y
Date of last infection prevention and control audit: 9 June 2023	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
Action had been taken following the recent audit and improvements made. Both the main location and the branch surgery scored over 93% on their respective IPC audits. Further improvements which reflected IPC actions and improvements were added to the overall practice action plan.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	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
Each newly recruited member of staff was presented with a personalised induction pack. This was completed with a team member and included opportunities for new staff to shadow experienced staff. Competencies were reviewed frequently, and support given where needed.	
Staff had the capability and competencies to respond to emergencies. The reception team were trained care navigators and new systems which were in place, enabled call handlers to access the immediate support of a triage nurse. Sepsis training had been completed; this had included a presentation by a senior member of the clinical team.	

Information to deliver safe care and treatment.

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
As part of our inspection, CQC's GP specialist advisor (SpA) undertook a number of in-depth searches of the practice clinical records system. During the inspection in April 2022, we previously identified the practice had 1,427 tasks yet to be managed, some of which dated back to November 2021.	
At this inspection we did not identify any concerns with the management of tasks and information received into the practice, and found these were actioned in a timely manner.	

Appropriate and safe use of medicines

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

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

Indicator	Practice	SICBL average	England	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related	1.01	1.00	0.86	No statistical variation

Prescribing Unit (STAR PU) (01/01/2022 to 31/12/2022) (NHSBSA)				
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/01/2022 to 31/12/2022) (NHSBSA)	5.8%	6.1%	8.1%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2022 to 31/12/2022) (NHSBSA)	6.04	5.20	5.24	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2022 to 31/12/2022) (NHSBSA)	197.6‰	172.8‰	130.3‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2022 to 31/12/2022) (NHSBSA)	0.87	0.63	0.56	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2022 to 31/12/2022) (NHSBSA)	8.0‰	7.1‰	6.8‰	No statistical variation

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	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.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Y

If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y
<p>At the inspection in April 2022, concerns were identified with the management and monitoring of blank prescriptions, the monitoring and oversight of medicine refrigerator temperatures, and the location of emergency medicines.</p> <p>At this inspection in June 2023, we saw evidence that all these concerns had been addressed. Prescriptions were closely monitored and managed by allocated staff members, and 'spot checks' on compliance with the policy were undertaken and acted upon. The management of vaccines and their transportation was in line with guidance and processes were in place to keep patients safe. Additionally, the team had re-located the emergency medicines at Ash Grove Surgery. Following advice from the external health and safety advisor, the medicines were re-located to a suitable room which was accessible to staff but not to patients. A risk assessment was in place for medicines which were not held at the Whitley Surgery branch location.</p> <p>The team offered debrief sessions to all non-medical prescribers and appraisals and support was in place. Clinical supervision was timetabled. The duty GP was allocated a 20 minute debrief slot daily as were the nursing team. Additionally, an audit had been undertaken of their antibiotic prescribing. A new framework which had been developed to document the support given to non-medical prescribers, was due to be introduced post-inspection. All non-medical prescribers had been allocated to a senior clinician for monthly reviews, support and competency assessment. The clinical team had been involved in the changes.</p> <p>As part of our inspection, CQC's GP specialist advisor (SpA) undertook a number of in-depth searches of the practice clinical records system. We reviewed how the practice monitored the prescribing of a high-risk drug called Methotrexate. 47 patients were prescribed this drug and we reviewed the care of 5 patients in detail. The GP SpA found evidence of good quality, comprehensive, medication reviews for patients. However, shared care agreements and dosing instructions for medicines which reflected good practice, were not always easily accessible in the patient record. We saw that plans to review these regularly, were incorporated into the competency framework for non-medical prescribers, which had been devised and was due to be introduced.</p> <p>The practice discussed with us that they were continuing to prioritise patients who were taking 10 or more medicines for their medication reviews as some of these were past the 12 month review date. We additionally reviewed the clinical record of 5 patients in this group who were aged over 75 years. The GP SpA found evidence the medicines reviews were structured, comprehensive and in all cases involved the patient and/or their carer.</p> <p>The GP SpA performed a search of patient records and found that 1,856 patients were prescribed either an ACE inhibitor or an Angiotensin receptor blocker. (These medicines are used to treat high blood pressure and reduce cardiovascular risk.) An in-depth review of 5 patients who had not had the necessary monitoring over</p>	

the last 18 months, found evidence that the practice had made several attempts to recall these patients for review, but the patients had not responded or had declined. Repeated attempts were made to engage these patients.

The remote searches of the clinical records system identified 74 out of 320 patients who had had more than 3 prescriptions for pregabalin or gabapentin. These drugs have addictive potential and should be subject to regular review. There was no evidence in the 5 records we reviewed that the practice had discussed the potential harm of these drugs with patients or discussed reducing pain strategies.

Following our inspection, patients were sent information and an advice sheet on these medications and booked for a medicines review with the pharmacist. The practice were also able to evidence that they had audited the use of strong pain killing drugs and had participated in a pilot of the management of chronic pain within the primary care network (PCN). This offered patients taking these medicines additional support to manage their condition from health and well-being coaches and an expert patient. The GP SpA commented this approach was innovative and commendable.

At this inspection we did not identify any patients with a missed diagnosis of diabetes. 8 patients were noted to be potentially at low risk of a missed diagnosis of chronic kidney disease (CKD). We reviewed the patient record of 5 of these patients. In 2 patients it was found their renal function had recovered at a second review. However, in 3 patients, although the diagnosis was borderline and correctly reflected in the clinical notes, it was noted that best practice would be to discuss this with the patient. All 3 patients were found to be low risk. During inspection interviews, the lead clinicians assured us they would respond to this.

The clinical searches found that 53 women of child-bearing age were prescribed drugs which were known to have the potential to harm an unborn child. We reviewed 5 patient records and found the practice had not reviewed historical patient safety alerts and updates relating to the use of these medicines in women of child-bearing potential. Following our inspection, the practice contacted each of the 53 patients identified, reminding them of the risks of the medication and offering them a consultation to discuss any concerns or appropriate contraception, if necessary. Reminders were also placed on the patient record so their care could be reviewed. For the management of this issue and other historical patient safety alerts, the lead GP liaised with the practice pharmacist post-inspection and processes were put in place to ensure that the same issue did not re-occur.

The practice were part of a project to reduce the prescribing of antibiotics to their patients. In May 2023, the Lowering Antimicrobial Prescribing (LAMP) report, (specific to GP practices in West Yorkshire), showed that the percentage of patients who were prescribed an antibiotic had fallen by 5% over the last 4 years. The practice was in the top quartile of practices which showed that the percentage of patients who were prescribed an antibiotic, was 5.7% which was comparable to the top achieving practices locally. Alongside this positive result, the practice had also audited the antibiotic prescribing of relevant clinicians. Results were reviewed and discussed in meetings with further audits planned.

The provider did not store any controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).

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:	23
Number of events that required action:	23
<p>At the inspection in April 2022, we found that the practice should improve their processes to record and share any learning from significant events. At this inspection, staff told us they knew about significant events at the practice and learning was shared at practice meetings. Following the meetings notifications were sent to staff which included learning points.</p> <p>Graphs to show the types of significant events which were reported, and trends were displayed in the staff room. The practice had also implemented a learning group to further improve the management of significant events and discuss and learn from incidents.</p>	

Example of significant event recorded and actions by the practice.

Event	Specific action taken
Missed patient referral	Spoke to staff involved regarding not being distracted by other tasks, discussed in meeting and apologised to patient. No harm noted.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Partial
<p>Staff told us they received safety and medicines alerts, and these were discussed at meetings. We saw that a comprehensive log of actions taken in response to safety alerts was maintained. However, as noted previously, during the clinical searches of the patient record system, it was found that the practice did not always review historical patient safety alerts to ensure that patients medicines needs were met.</p>	

Effective

Rating: Good

At the previous inspection in April 2022 the provider was rated as requires improvement for providing effective services. The management of patients with long-term conditions was ineffective and not all staff had completed all required statutory and mandatory training. The practice was not always able to demonstrate that consent to care and treatment in line with legislation and guidance was always obtained. At this inspection we found these concerns had been responded to. The practice had ensured staff had completed the required statutory and mandatory training, taken steps to improve the management of consent to care and treatment and we found that the management of patients with long-term conditions had improved.

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

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Partial
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had prioritised care for their most clinically vulnerable patients during the pandemic.	Y
The practice prioritised care for their most clinically vulnerable patients.	Y
As noted, the practice was continuing to prioritise patients who were taking 10 or more medicines for their medication reviews as some of these were past the 12 month review date and had responded to concerns regarding historical patient safety alerts.	

Effective care for the practice population

Findings
<ul style="list-style-type: none"> The practice was an armed forces veteran friendly accredited practice. A dedicated clinician with specialist knowledge of providing care and treatment to ex-forces personnel was able to support this patient group. A workforce pledge had been developed to provide additional support to women experiencing the menopause. The team were working towards menopause accreditation and were passionate in their support of this group of patients.

- Patients with a learning disability were offered an annual health check, 88 registered patients were noted to have a learning disability. 81 patients had been offered a health check in the last 12 months, and this was completed for 91% of patients.
- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. The GPs and ANPs would discuss who was the best person to support the patient prior to undertaking a visit.
- Over 100 patients with a diagnosis of diabetes had attended a weekend lifestyle event organised and held at the practice. Talks were given by the team which included a GP, nurse, pharmacist, counsellor and an expert patient. Healthy snacks were provided, and support and advice given.
- A pulmonary rehabilitation event was also held by the team which included support from a consultant, the nursing team and a physiotherapist.
- The surgery was used as a location to enable patients and members of the local community to access psychological therapies (IAPT) and as a hub for children and young people involved in a local authority programme to be supported.
- Patients with poor mental health, including dementia, were referred to appropriate services or could self-refer. Health and wellbeing support was available.
- The practice worked collaboratively within other practices in the PCN to meet the needs of elderly and vulnerable patients. Regular visits were made to care home patients to ensure their health and medicines needs were met.

Management of people with long term conditions

Findings

- At the inspection in April 2022, the clinical searches found 23 patients with a potential missed diagnosis of diabetes. At this inspection in June 2023, we did not find any patients who met this criteria.
- The clinical searches found that 8 patients were noted to be potentially at low risk of a missed diagnosis of chronic kidney disease (CKD). On review it was noted that good practice recommendations were necessary for 3 patients only.
- The practice supported patients with higher levels of respiratory disease, diabetes and hypertension than local or national averages.
- We reviewed the clinical records of 5 patients with asthma. All the patients we reviewed had a good quality asthma review undertaken by a specialist nurse in the last 12 months and were given appropriate advice about what to do if their condition worsened. However, we found that 1 patient had not been followed up as per NICE guidance after they were seen in an emergency setting and 2 patients who had been prescribed multiple courses of steroids should have been given a steroid advice card, which would be best practice.
- Patients with long-term conditions were offered an effective annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GPs and the nursing team worked with other health and care professionals to deliver a coordinated package of care.
- Diabetes reviews were undertaken by the practice nurse prescriber and involved close support and liaison with a pharmacist with additional qualifications in diabetes and lifestyle.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training, for example in diabetes and respiratory.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.

Child Immunisation	Numerator	Denominator	Practice	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	128	132	97.0%	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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	140	150	93.3%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	140	150	93.3%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	141	150	94.0%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	129	142	90.8%	Met 90% minimum

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

Any additional evidence or comments

The number of children requiring vaccination at the practice had increased slightly since April 2022. For example, in April 2022 there were 137, 2 years olds requiring vaccination, at this inspection that had risen to 150. Despite this increase the team had managed to maintain a vaccination rate which met the minimum standard or above.

When parents did not present their child for vaccination, the team offered further appointments and support.

Cancer Indicators	Practice	SICBL average	England	England comparison
Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	64.9%	N/A	62.3%	N/A

Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	69.3%	N/A	70.3%	N/A
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (31/12/2022 to 31/12/2022) (UKHSA)	73.2%	N/A	80.0%	Below 80% target
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2021 to 31/03/2022) (UKHSA)	51.3%	53.6%	54.9%	No statistical variation

Any additional evidence or comments

At the inspection in April 2022 the practice were told they should increase their uptake of cervical screening. At this inspection data showed this had increased by 1%. However, the practice was taking steps to recruit to nursing posts and increase the skill mix within the team. Text messages had been sent to eligible patients with links to recognised accredited cancer screening support, and nursing staff told us they were more proactive in prompting patients and offering screening appointments at evenings and weekends as part of the extended access provision.

The uptake of bowel cancer screening had increased by 4% and was comparable to the national average. The number of new cancer cases treated which had resulted from a two week wait referral had positively increased from 45.9% in April 2022 to 51.3% at this inspection.

Patients were asked to contribute to this inspection by completing the 'Share your experience' link temporarily added to the practice website. Several patients specifically feedback they had received timely support, advice and care to enable them to manage cancers identified by the team.

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
When a second cycle audit of the prescribing of tramadol at the practice did not show any improvements. (Tramadol is a strong opioid analgesic.) The practice had involved itself in a pain pilot which offered wellbeing coaches and an expert patient for support, the awareness of prescribers had also increased.	

The practice also evidenced audits into antibiotic prescribing. The audits were reviewed by the GP Specialist advisor (GP SpA) who noted these reflected good practice in the antibiotic choices made to treat infections.

Effective staffing

The practice was able to demonstrate 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
At this inspection, the practice was able to demonstrate that staff had completed all required statutory and mandatory training. Staff also told us they were offered additional opportunities to enhance their skills, this included the reception team attending training on medical terminology. Staff were also encouraged to attend training courses which would assist them to improve patient care. A competency framework was in place for non-clinical staff which ensured they were supported to achieve the required standards and competencies to carry out their role with skill and confidence.	

Coordinating care and treatment

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

	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
Explanation of any answers and additional evidence: The practice attended external safeguarding meetings and liaised with members of the multidisciplinary team, as necessary.	

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
Patients could access social and wellbeing support, including support to manage their mental health. A primary care network (PCN) funded mental health nurse offered consultations at the practice, on a Wednesday and a Friday. First contact physiotherapy support and advice appointments were available to patients without the need to see a GP. A review of patient medication reviews found that these consistently involved the patient or their carer.	

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 Cardiopulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Not reviewed
At the inspection in April 2022, we said that the team should improve their processes for the recording of patient consent and Do Not Attempt Cardiopulmonary Resuscitation. At this inspection, the practice had responded to these concerns and recognised the limitations of the DNACPR system used in the practice. Clinical team members had completed training for the introduction of ReSPECT forms. (Recommended Summary Plan for Emergency Care and Treatment, the ReSPECT process	

creates a personalised recommendation for clinical care in emergency situations where patients are not able to make decisions or express their wishes.)

The practice had firm plans to introduce ReSPECT forms based on priority, for example for care home residents and those considered to be very frail. As the practice had yet to start using ReSPECT processes, it was not possible at the time of the inspection to comment on appropriate handling of consent and capacity issues related to the process. The provider gave assurances that the introduction of this process was imminent.

However, the inspection team felt assured that this would be implemented and managed appropriately.

Caring

Rating: Good

At the inspection in April 2022 the practice was rated as good for providing caring services. At this inspection in June 2023, we found the practice to be caring and saw evidence that staff treated patients and each other, with kindness and respect.

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

Patient feedback	
Source	Feedback
Share your experience. (CQC online feedback form)	We requested patient feedback to inform this inspection. 110 responses were received from patients. 71% of responses were positive, 4.5% of responses were mixed and 24.5% of responses were negative about some aspect of the practice. However, 96% of patients felt the staff were caring during consultations. Several patients said that staff went above and beyond to help them and described the team as caring, reassuring and supportive.

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare	85.4%	82.7%	84.7%	No statistical variation

professional was good or very good at listening to them (01/01/2022 to 30/04/2022)				
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2022 to 30/04/2022)	81.9%	82.8%	83.5%	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 (01/01/2022 to 30/04/2022)	92.3%	92.1%	93.1%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	70.8%	71.2%	72.4%	No statistical variation

Any additional evidence or comments
<p>The above indicators showed slight improvements, or outcomes which had remained the same for patients, when compared with the April 2022 inspection.</p> <p>Respondents to the National 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 had decreased by 2.8%, but this was less than the 5% decrease noted nationally.</p> <p>85.4% of patients said the last the healthcare professional (they saw) was good or very good at listening to them, this had increased by 1% while the national average had decreased by 4.7%.</p>

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

Any additional evidence
The practice requested feedback from patients each month via the NHS Friends and Family Test. The Test asks how the patient experience was, and would patients recommend the practice to their friends and family. Data was submitted by the practice for the 12 months prior to our inspection and was consistently positive. Comments included that staff at all levels were caring, listened and were kind and considerate.

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

Support and information for carers was available on the practice website and leaflets offering support were available in the practice.

Source	Feedback
Share your experience (CQC online feedback form)	We requested patient feedback to inform this inspection. 110 responses were received from patients. Less than 3% of patients said they did not feel involved in decisions about care and treatment. Patients said that staff were knowledgeable and gave good explanations.
NHS website.	No feedback regarding the caring nature of services provided.

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2022 to 30/04/2022)	85.8%	89.8%	89.9%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Leaflets were translated into languages relevant to the patient population and were accessible to patients in the waiting area. Patients were also able to use the check in screen for their appointment in a number of different languages.	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 215 carers, which equated to 1.8 % of the practice list.
How the practice supported carers (including young carers).	The practice provided support to carers and young carers, and provided information on dedicated pages on their website. This included information on how to inform the practice of being a carer, and links to the potential financial support available.
How the practice supported recently bereaved patients.	The practice had a page on their website dedicated to supporting recently bereaved patients. This included contact details for bereavement services, as well as mental health and wellbeing support services.

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

At the last inspection in April 2022, we rated the practice as requires improvement for providing responsive services. Patients were not able to access care and treatment in a timely manner and the process for sharing and learning from complaints was ineffective. At this inspection in June 2023, we found that the team had implemented a number of positive changes to improve patient choice and access. Complaints were regularly reviewed and discussed with the team and staff we spoke with during the inspection confirmed this.

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
The practice understood the needs of their diverse patient population and discussed how historical job roles such as mining, impacted on their prevalence of respiratory conditions.	
The Whitley branch surgery re-opened in December 2022 after significant refurbishment works were completed.	
The practice made reasonable adjustments as necessary to enable patients to access services. A specific email address was in place for deaf patients to enable them to communicate appropriately with the practice. This was further extended to patients who did not have English as a first language and were also deaf.	

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 – 6.20pm
Tuesday	8am – 6.20pm
Wednesday	8am – 6.20pm
Thursday	8am – 6.20pm
Friday	8am – 6.20pm

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

The practice was responsive to the needs of older patients, vulnerable patients and those requiring end of life care. Home visits and urgent appointments were available for those with enhanced needs and complex medical issues.

Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a group of practices called GP Care Wakefield. Appointments were available Monday to Friday from 6pm until 9.30pm, Saturday 9am to 5pm and from 9am until 1pm on a Sunday.

The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability. The reception team had also completed online training to support homeless people in general practice.

The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. An experienced Healthcare Assistant (HCA) led the management of health checks for this patient group. Person centred care was evident, with the HCA initiating contact and maintaining continuity for individuals throughout the review process. Experienced GP support was available for complex issues.

Public health data from the Office for Health Improvement and Disparities, showed in April 2023 the practice offered approximately 7 appointments per registered patient which positively compared to the England average of 5.5 appointments.

The practice has re-introduced education sessions for patients. Nursing staff, GPs and the pharmacist had delivered a session on a weekend aimed at patients with diabetes, which 106 patients attended. Feedback from the event was very positive.

Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y
Patients were able to make appointments in a way which met their needs.	Y
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Y
Patients with most urgent needs had their care and treatment prioritised.	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y
<p>At the inspection in April 2022, we found there was not always appropriate oversight and management of the practice triage list, which meant patients were not always able to access care and treatment in a timely way. At this inspection in June 2023, we saw that the team continued to frequently review patient access to appointments. A Clinical Access Lead was appointed in January 2023, to review and improve access and patient flow.</p> <p>The experienced triage nurse was subsequently located in the same area as the care navigators, who were answering the telephones. This enabled the team to access immediate support for patients with concerning symptoms from a clinician. Additional changes to the triage process and enhanced training within the team, ensured that patients with the most urgent needs who called the practice throughout the day, were directed to appropriate services, or reviewed by the duty doctor.</p> <p>The newly appointed practice manager was also involved with an access task and finish group within the local area, with a view to sharing learning and suggestions on improving patient access to appointments. In addition, a regular patient newsletter detailed the different types of services available to patients and promoted several ways to access the service which included through the online system, by text message, in person, video link or telephone. This information was also available on the practice website.</p> <p>Public health data from the Office for Health Improvement and Disparities showed that in April 2023: 56.7% of appointments took place at the practice within 2 days of booking (England average, 51.2 %). 94.9% of appointments took place at the practice within 14 days of booking (England average, 84.5%).</p>	

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
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The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2022 to 30/04/2022)	37.4%	N/A	52.7%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	53.7%	56.3%	56.2%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2022 to 30/04/2022)	56.7%	55.3%	55.2%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	78.3%	73.3%	71.9%	No statistical variation

Any additional evidence or comments

We requested patient feedback to inform this inspection. 110 responses were received from patients. 71% of responses were positive, 4.5% of responses were mixed and 24.5% of responses were negative about some aspect of the practice. The majority of the negative comments related to access to the practice. 14% of patients said they struggled to get an appointment or get through to the practice by phone.

However, the remaining patient feedback regarding access was positive. Patients commented positively on the new online appointment service which had been introduced, and numerous patients said they were able to get an appointment when they needed one.

Source	Feedback
NHS.uk website (formerly NHS Choices)	Two reviews had been posted on the NHS.uk website in the last 12 months. Both posts related to difficulty accessing appointments and issues with the telephone system.
Care home	During the inspection we spoke with a care home manager of a large home supported by the practice. The manager feedback positively about the responsiveness of the practice to requests for support and visits, and said these were always undertaken in timely manner. Visiting clinicians listened to concerns from staff and residents and were person centred. The support from the team was described as very good overall.
NHS Friends and Family Test	The practice requested feedback from patients each month via the NHS friends and family test which asks how the patient experience was, and would patients recommend the practice to their friends and family. Data was submitted by the practice for 12 months and was consistently positive. <ul style="list-style-type: none"> In March 2023, 243 responses were submitted, with 87% of patients being extremely likely or likely to recommend the practice.

	<ul style="list-style-type: none"> • In April 2023, 144 responses were submitted, with 93% of patients being extremely likely or likely to recommend the practice. • In May 2023, 165 responses were submitted, with 94% of patients being extremely likely or likely to recommend the practice.
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Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	29
Number of complaints we examined.	9
Number of complaints we examined that were satisfactorily handled in a timely way.	9
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(of learning from complaints.

Complaint	Specific action taken
Patient request for a home visit was declined as it was thought they were not within the practice boundary.	Review of information given to patient and found to reside within practice boundary, discussion with staff involved. Information was shared with reception team and an alert was placed on the patient record to prevent it happening again.
<p>At the inspection in April 2022, we said the practice should improve processes to record and share any learnings identified from a complaint or significant event investigation. At this inspection we found that the processes to record and manage complaints had improved. Staff were clear that they knew how to record and respond to a complaint and that they were included in discussions. Outcomes and learnings were shared verbally or via notifications.</p> <p>We reviewed in detail the complaints that had been received since the new practice management team were introduced in March 2023. The team recorded all complaints regardless of whether they were verbal or written. Where necessary complaints were escalated to significant events.</p> <p>We saw that all complaints were recorded and responded to. However, we discussed with the provider they should improve the supporting documentation in the management of complaints.</p>	

Well-led

Rating: Good

At the last inspection in April 2022, we rated the practice as requires improvement for providing well-led services as the practice's governance and management systems did not always operate effectively.

At this inspection in June 2023, we found a cohesive, functioning and visible senior leadership team who had introduced a number of new processes to support the effective management of the practice.

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
At this inspection, staff we spoke with, and staff who submitted feedback forms, confirmed that positive changes had been made, and managers, leaders and senior clinicians were visible and approachable. The team described a variety of formal and informal avenues of support including 'over lunch' meetings, a daily senior clinician and senior leader meeting, team meetings, case histories and the opportunity to reflect. Numerous staff described positive changes and told us the practice was 'moving forward'.	

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
At the inspection in April 2022, not all staff were aware of, or understood the aims of the practice. Feedback from staff showed they had not been involved in their development. At this inspection in June 2023, staff were clear that they understood the vision and values of the practice. The whole staff team had been involved in updating and discussing the vision during 2023, changes and improvements at the practice were discussed and made.	

Culture

The practice had a culture which drove high quality sustainable care

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
At the inspection in April 2022 several staff reported they did not always feel comfortable to raise concerns or had a poor experience when they did so. At this inspection in June 2023, we received 14 confidential feedback forms from staff which asked questions about working at the practice. Staff unanimously told us they felt able to raise concerns and felt listened to. Staff described how a change of management and culture within the team had impacted positively on their wellbeing. This was also reflected during our interviews with staff.	

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

Source	Feedback
Staff feedback forms	Staff told us they worked well as a team. Support was given where needed, staff felt listened to and training offered as required. Staff told us that many recent changes had improved their working environment. Numerous staff said they felt supported by team leaders, managers, higher level management and they were visible and approachable. Several staff said this had improved.
Staff interviews	During the staff interviews the team described a very caring practice, good patient care. Good support, communication and teamwork.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y

Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Y
<p>At the last inspection in April 2022, we found that the practice's governance and management systems did not always operate effectively. We identified several concerns during the inspection that had not been identified or resolved by the practice. This included concerns regarding the practice's procedures on required training compliance, management of test results, storage and reconciliation of blank prescriptions, storage of medicines, and management of patients on high risk medicines or with long-term conditions.</p> <p>At this inspection we found the practice had responded to all the concerns above. The new-to-post practice manager and deputy practice managers had oversight of a comprehensive action plan which was developed post April 2022 inspection, and included additional issues the team wanted to improve or move forward.</p> <p>Where issues were noted from the clinical searches undertaken by the CQC GP SpA, these were responded to by the practice.</p>	

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
During the inspection we found that policies and procedures were updated as necessary, and staff were aware of how to access them.	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y
Staff are supported to work remotely where applicable.	Y
The provider was registered as a data controller with the Information Commissioner's Office (ICO). The ICO upholds information rights in the public interest, promoting openness by public bodies and data privacy for individuals.	

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
The practice had an active patient participation group and held regular meetings which team members attended.	
At this inspection in June 2023, the staff team were clear they felt included in the management of the practice and felt able to raise issues or concerns, and these would be responded to appropriately.	

Feedback from Patient Participation Group.

Feedback

Feedback from a patient participation group (PPG) member we spoke with was positive. Changes were made as a result of feedback from the PPG. For example, the PPG said they would like to see more information leaflets at the practice, which had been arranged. Members of the PPG were also given a 'behind the scenes' tour of the practice to aid their understanding of a modern GP practice. Firm plans were in place to carry out a patient survey in the waiting area in 2023. We were told the team were caring, helpful and responsive. The PPG member told us that feedback from patients about the practice was positive.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Since the inspection in April 2023 the team had appointed a Clinical Access lead who worked to review and improve access for patients. The practice manager also attended external meetings to improve access. At this inspection we saw that there were a number of audits that had been undertaken during the last 12 months with plans to re-audit with a view to continual improvement. One GP was moving towards completing the training to enable them to be a GP Trainer.	

Examples of continuous learning and improvement

When the clinical team attended external courses or information giving sessions, this information was cascaded to the staff team. This included a presentation regarding the pain pilot the practice were engaged with and the prescribing of pain medications.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

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

Glossary of terms used in the data.

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