

Care Quality Commission

Inspection Evidence Table

Royal Primary Care Chesterfield West (RFSFH)

Inspection date: 4 and 5 July 2022

Date of data download: 06 June 2022

Overall rating: Good

Safe

Rating: Good

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.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
<ul style="list-style-type: none">Safeguarding policies for children and vulnerable adults were in place. They identified safeguarding leads within the practice and contact information for external advice and support.Records we reviewed showed there was a system in place for reviewing children and vulnerable adults with a safeguarding concern.There was a system in place to add alerts to the records of family members of children with a safeguarding concern. However, we reviewed the records of five children with a known safeguarding concern and found that alerts had only been added to family members for one out of the five children.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Partial
<ul style="list-style-type: none"> The provider had developed a 'letter of access' checklist to ensure that staff working within the practice, but not employed directly by the provider, for example staff employed by the Primary Care Network, had been recruited appropriately and had received the appropriate training and support to carry out their role. Due to a change in provider there were two systems in place for recording staff immunisation status. The provider had not reviewed the system in place by the previous provider. We reviewed the records of five permanent staff and one locum GP. We found that appropriate immunisations had been provided for staff employed by the previous provider. Whilst there was a system in place for checking staff immunisation for recently recruited staff, a complete record of immunisations was not available for the two members of staff whose staff records we reviewed. Risk assessments were in place for non-clinical staff who had not received immunisation for hepatitis B. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: Royal Primary Care Chesterfield West: 9 December 2021 Royal Primary Care Holme Hall: 30 November 2021 Royal Primary Care Old Whittington: 9 December 2021	Yes
There was a fire procedure.	Yes
Date of fire risk assessment: Royal Primary Care Chesterfield West: 16 September 2020 Royal Primary Care Holme Hall: 13 April 2021 Royal Primary Care Old Whittington: 15 September 2020 Actions from fire risk assessment were identified and completed.	Yes
The provider had carried out various safety checks at the main and branch practices. For example, legionella, electricity and gas checks. Where issues had been identified we found that action plans had been put in place and the required action taken.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met/not met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: Royal Primary Care Chesterfield West: 18 May 2022 Royal Primary Care Holme Hall: 7 March 2022 Royal Primary Care Old Whittington: 19 May 2022	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes

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

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Partial
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
<ul style="list-style-type: none">There was a backlog of 2,812 patient records, that were more than three months old, that had not been summarized. To mitigate potential risks a plan was in place to prioritise the records of children under five years old and clinical staff had access to complete sets of electronic and paper records.	

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)	0.79	0.76	0.79	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2021 to 31/03/2022) (NHSBSA)	7.2%	8.2%	8.8%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2021 to 31/03/2022) (NHSBSA)	5.12	5.02	5.29	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	220.2‰	149.9‰	128.2‰	No statistical variation
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)	0.76	0.53	0.60	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	10.7‰	7.3‰	6.8‰	Tending towards variation (negative)

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

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

Medicines management	Y/N/Partial
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.	Partial
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Not applicable
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<ul style="list-style-type: none"> Tracking of prescription stationery was not always monitored in line with national guidance. Two days after our inspection the provider forwarded to us a revised prescription security policy and evidence that prescription stationery had been appropriately tracked throughout the practice. There was a process in place for auditing the clinical consultations and prescribing of advanced nurse practitioners and advanced clinical practitioners. The process did not include practice nurses that prescribed. The provider informed us they would extend this to the practice nurse. A formal system of clinical supervision was not in place for this group of staff. Two days after our inspection the provider forwarded to us a clinical supervision policy they had started to implement to support non-medical prescribers. Dates had been set for the clinical supervision sessions to commence. There was a policy in place to support the prescribing and monitoring of patients prescribed high-risk medicines. Our remote searches demonstrated that prescribing of high-risk medicines was effective and supported by clinical searches and clear documentation. The prescribing of Pregabalin or Gabapentin was above the national average. Our remote searches identified that they had been prescribed appropriately. The provider had reviewed 70% of this group of patients and appointments had been booked for the remaining patients. 	

Medicines management**Y/N/Partial**

- The practice carried out regular audits to ensure that vaccines were stored in line with the manufacture's guidance.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	32
Number of events that required action:	28
<ul style="list-style-type: none"> • There was a system in place of rating significant events for their potential risk to patients, staff or the provider. • We found that significant events were a standard agenda item at the monthly governance meetings and that monthly meetings were held to review significant events. Trends were identified and reviewed through the provider's end of year quality report. 	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
A box of vaccines received by the practice had not been stored in line with the manufacture's guidelines.	The vaccines were destroyed and staff updated on the storage of vaccines. Training on storage of vaccines was added to new staff inductions.
A patient was prescribed an incorrect medicine.	For learning and reflection, the incident was shared with the medicines order team and the clinician responsible.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
<ul style="list-style-type: none"> • There was an effective system in place for acting on Medicines and Healthcare products Regulatory Agency (MHRA) alerts. We looked at MHRA alerts for patients of child-bearing age prescribed medicines that could potentially cause abnormal fetal development. Patients on these medicines had been appropriately managed, however clearly documented evidence that risks had been discussed with the patients was not always available for two out of the three medicines we reviewed. • MHRA alerts were a standard agenda item at the monthly governance meetings. 	

Effective

Rating: Good

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

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Yes

Effective care for the practice population

Findings
<ul style="list-style-type: none">• The care co-ordinator provided help and support to older patients. Health needs for this group of patients were identified at an annual health review.• Flu, shingles and pneumonia vaccinations were offered to relevant patients.• The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.• Patients had access to appropriate health assessments and checks including new patient health checks and NHS checks for patients aged 40 to 74.

- All patients with a learning disability were offered an annual health check. If a patient was housebound or socially isolated, the nursing team offered health checks in the patient's own home.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice offered an inhouse ear nose and throat (ENT) clinic on alternate Wednesdays which provided patients with access to a dedicated ENT service. This potentially reduced referrals into secondary care.
- The practice demonstrated that they had a system to identify people who misused substances.
- The provider provided a weekly pain management clinic for patients with chronic pain. The aim of the clinic was to improve the quality of life for this group of patients through cognitive behavioral therapy and a possible reduction in the use of opioids.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder. This group of patients were supported by the practice's mental health team and referrals were made to the social prescriber if additional support was required.
- Patients with poor mental health, including dementia, were referred to appropriate services. The practice was a dementia friendly practice and patients with dementia were supported by the care co-ordinator.
- We spoke with representatives of three care homes where the practice, along with the Ageing Well Team, provided care and treatment. They told us that either the practice or the Ageing Well Team provided weekly ward rounds to review the care and treatment of people living in the homes.

Management of people with long term conditions

Findings

- From our remotes searches we found that long-term conditions, for example hypothyroidism, asthma, chronic kidney disease and diabetes, were appropriately managed. We identified 21 patients with a possible missed diagnosis of diabetes. The provider was aware of these patients and took action where required.
- Patients with long-term conditions were offered a structured annual review to check their health and medicine 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. Due to the high number of housebound patients with long-term conditions, the provider had employed a community nurse with the specific role to provide domiciliary long-term condition reviews.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. They offered support to patients to manage these conditions. For example, referrals for smoking cessation or the pre-diabetic programme.

- 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 and provided with information on how to effectively use the 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) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	130	133	97.7%	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)	112	118	94.9%	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) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	113	118	95.8%	Met 95% WHO based target
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)	112	118	94.9%	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)	112	120	93.3%	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

- Two of the indicators for childhood immunisations were above the World Health Organisation target of 95%.

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)	75.2%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	69.1%	62.2%	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)	65.7%	70.3%	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)	53.8%	53.0%	55.4%	No statistical variation

Any additional evidence or comments
<p>The indicator for the uptake of cervical screening was below the 80% national target. To understand why the uptake rate was below the national target, the provider had carried out a survey of patients to understand the barriers to attending appointments for cervical screening. The survey found that:</p> <ul style="list-style-type: none"> • 32% of patients had not booked an appointment for cervical screening due to appointments not being available when needed. • 20% stated work commitments made it difficult to attend. <p>The results demonstrated the need for additional extended hours appointments. Throughout March and April 2022 the practice offered additional appointments, outside of normal working hours, to accommodate patients that required morning or evening appointments. The provider planned to review the effectiveness of the changes made and if there was a need to continue these appointments on a permanent basis.</p>

Monitoring care and treatment

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

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

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

- The practice had carried out a suite of clinical audits to monitor the effectiveness of their prescribing of medicines. For example, an audit of patients prescribed a medicine used in the treatment of mood disorders was completed to monitor if they had received the appropriate blood test monitoring. The first audit cycle identified that 82% of patients had received the appropriate care and treatment. The second audit cycle identified this had increased to 92%. This demonstrated that there had been an improvement in the adherence to the protocols for monitoring the care of this group of patients. Appropriate actions were taken to complete the outstanding blood tests. The findings were shared at prescribing and clinical governance meetings and with the practice nurse team to highlight the improvements made and raise awareness where further action was needed. A re-audit was planned for 12 months time.
- An audit had been completed to monitor that the cervical screening inadequate rate was in line with the national standard of 4%. The audit looked at the number of smears taken by each sample taker and recorded their inadequacy rate. The audit identified 776 patients had received cervical screening between January 2021-2022 of which 15 of these results were inadequate samples. This gave an overall inadequate rate of 1.93% which was below the national target. Where issues were found, support was offered to the appropriate clinician and a re-audit was planned for 12 months time.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<ul style="list-style-type: none"> There was a system in place to audit the prescribing and consultations of clinical staff working in advanced roles. However, a formal system of clinical supervision was not in place. We raised this with the provider during our inspection. Two days following our inspection they forwarded to us a policy and action plan of how this would be implemented and monitored. 	

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.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
<ul style="list-style-type: none"> The practice had developed links with local schools to promote active healthy lives, exercise and healthy eating. The practice participated and supported local and national campaigns. For example, one of the staff members working at the practice supported the work of a local and national charity in preventing sudden cardiac deaths in young people. To support this work, the practice had hosted a screening day at the practice to raise awareness, screening and support to affected families. People attending the event did not have to be registered with the practice. A second event was arranged for September 2022. The practice hosted a breast pain clinic and abnormal aortic aneurysm screening clinic for the whole community. 	

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.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
<ul style="list-style-type: none"> There was a policy in place to support DNACPR decisions and Recommended Summary Plans for Emergency Care and Treatment (ReSPECT). Consent forms were in place for surgical procedures and joint injections. 	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

Patient feedback	
Source	Feedback
NHS website	There were three positive comments on the NHS website which stated that staff were caring, efficient and friendly.
Patient feedback to the CQC	Patients were provided with an electronic link to provide feedback to the CQC as part of this inspection. We received 106 complaints of which 15 related to rude and uncaring staff. We received 19 positive or mixed comments of which 13 related to friendly, professional and helpful staff.

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)	88.9%	90.8%	89.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2021 to 31/03/2021)	92.1%	90.5%	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)	94.9%	96.5%	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)	73.4%	84.6%	83.0%	No statistical variation

Any additional evidence or comments

- The provider was aware that some patients had not been satisfied with the conduct of some members of staff. In response to this we found that staff had been provided with customer care training.

Question

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

Any additional evidence

- The provider had carried out patient surveys into access to appointments, uptake of cervical screening and why patients failed to attend their appointments.
- The provider used data from the Friends and Family test to gather patient feedback. For example, feedback during May 2022 showed that eight patients would not recommend the practice to their friends or family, five did not know and 87 would recommend it.

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.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
<ul style="list-style-type: none"> Easy read and pictorial materials were available for people with a learning disability. 	

Source	Feedback
Interviews three care home representatives.	We spoke with representatives of three care homes where the practice provided care and treatment. They told us patients and their families were involved in decisions in their care.

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)	90.3%	94.1%	92.9%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	There were 306 patients registered with the practice as a carer. This was approximately 2.3% of the practice population.
How the practice supported carers (including young carers).	Carers were supported to register with the practice as a carer and supported by the carer's champion. The carer's champion maintained a list of carers and offered keep in touch calls. They acted as a single point of contact for carers to ensure their health needs were met. Carers were sent a carer's pack which offered advice and signposted carers to additional support. Carers were also offered flu immunisations.
How the practice supported recently bereaved patients.	Patients that had recently been bereaved were sent a bereavement card which included information and links to additional 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.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

Responsive

Rating: Requires Improvement

We have rated the practice requires improvement for providing responsive services because patient satisfaction with access to appointments in the national patient survey was significantly below the national average. This was supported by a large number of patient complaints received by the CQC.

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
<ul style="list-style-type: none"> The provider had reviewed the key indices for mental and physical disease for their practice population. They had developed an evidence based approach for community interventions and areas of ill-health to target. For example, there was an inhouse mental health team to support patients experiencing poor mental health and a practice nurse was on secondment with the locality specialist diabetic nursing team to develop their skills and knowledge in the management of patients with diabetes. 	

Practice Opening Times

Day	Time
Opening times:	
Royal Primary Care Chesterfield West	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Royal Primary Care Holme Hall	
Monday	8am – 12.30pm and 1.30-5.30pm
Tuesday	8am – 12.30pm and 1.30-5.30pm
Wednesday	Closed
Thursday	Closed
Friday	Closed
Royal Primary Care Old Whittington	
Monday	8am – 12.30pm and 1.30-5.30pm
Tuesday	8am – 12.30pm and 1.30-5.30pm
Wednesday	8am – 12.30pm and 1.30-5.30pm

Thursday	8am – 12.30pm and 1.30-5.30pm
Friday	8am – 12.30pm and 1.30-5.30pm

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

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues. We spoke with a representative from a care home where the practice provided care and treatment and they confirmed this.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Chesterfield GP Practices had joined together to provide patients with extended access to appointments from 8am until 8pm on weekdays and from 8am to 12pm at weekends. Outside of usual opening hours, patients from Royal Primary Care Chesterfield West had access to evening appointments between 5pm and 8pm on weekdays and between 8am and 12pm on weekends at two local practices.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were able to register with the practice, including those with no fixed abode such as homeless people and Travelers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- Patients experiencing poor mental health were supported by a dedicated inhouse mental health team.
- The practice was registered as a safe space organisation offering help to people who were anxious, scared or at risk.

Access to the service

People were not always 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	Partial
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes
Patients were able to make appointments in a way which met their needs	Partial
There were systems in place to support patients who face communication barriers to access treatment	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
<ul style="list-style-type: none"> Results from the National Patient Survey and comments received by the CQC and Healthwatch demonstrated that patient satisfaction with access to appointments and telephone access was very low. However, on the day of our onsite inspection we found that urgent and pre-bookable appointments were available that day for patients to book. Staff told us if there were no available appointments and patients were happy to travel, they could offer appointments at their other practices if they were available. 	

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)	41.8%	N/A	67.6%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	47.0%	69.9%	70.6%	Variation (negative)
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)	53.2%	67.0%	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)	65.8%	82.7%	81.7%	Variation (negative)

Any additional evidence or comments

- The provider was aware that patient satisfaction with access to appointments was low. In response to this they had carried out a patient survey in May 2022. The survey was sent to patients aged 18 years old with a mobile phone to determine if they preferred a remote or face to face consultation. The survey demonstrated that 83% of patients preferred a face to face consultation and 17% preferred a remote consultation. In response to this the provider changed the way that appointments were offered by offering a choice of either a face to face or remote consultation for each appointment.
- The provider had put in place an action plan to address concerns regarding access to appointments. The plan identified the problems, the actions needed to address them, the cost and benefits. We found that the plan was reviewed on a regular basis. For example, the provider had introduced an online booking system that triaged the appropriate type of appointment the patient required or signposted them to the most appropriate source of support. At the time of our inspection, this new system had only been in place for two weeks meaning the impact of the changes made had not yet been completed.

Source	Feedback
The NHS website	There were 29 comments on the NHS website of which 26 were negative stating that there was poor access to appointments, it was very difficult to get through to the practice on the telephone and appointments once arranged had been cancelled by the practice.

Healthwatch	Healthwatch had received two negative comments regarding access to appointments. One regarding difficulties in getting through to the practice on the telephone and one regarding failure to provide a telephone consultation at the arranged time.
Patient feedback to the CQC	Patients were provided with an electronic link to provide feedback to the CQC as part of this inspection. We received 106 complaints from patients of which 83 related to poor or very poor access to appointments. We received 19 positive or mixed comments of which eight related to good access to appointments.
Care homes	We spoke with representatives from three care homes where the practice provided care and treatment. Two care homes told us that telephone access to appointments was difficult however, once their calls were answered the care provided was good. The third care home told us that they had been provided with a direct number to contact the practice to avoid delays in getting access to the practice.

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.	51
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	1

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<ul style="list-style-type: none"> Patients were provided with an electronic link to provide feedback to the CQC as part of this inspection. We received 106 complaints from patients of which 83 related to poor or very poor access to appointments and 15 related to rude and uncaring staff. The practice was aware of these concerns and had developed a patient leaflet to support patients to share their concerns with the practice. The leaflet included an acknowledgement of these concerns and the actions they had taken to address them. For example, they had upgraded their telephone system and introduced a Royal Primary Care app to support easier access to book online appointments. They had implemented customer care training for staff to address poor staff attitudes. We found that complaints were a standard agenda item at the monthly governance meetings and trends were identified and reviewed through the provider's end of year quality report. 	

Examples of learning from complaints.

Complaint	Specific action taken
A referral to secondary care was not sent after a consultation with a clinician.	An apology was given to the patient and staff were reminded of the process for referrals and the policy shared with all staff.
Poor attitude of a temporary member of staff.	An apology was given to the patient and a decision to remove the temporary member of staff from the practice was made.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
<ul style="list-style-type: none"> Leaders were aware of the challenges within the practice and had taken action to address them. For example, to address issues with the recruitment of GPs, they had developed a multidisciplinary team to support patients. This included a mental health team, paramedic, advanced nurse practitioners and in-house clinics such as a pain clinic and ear nose and throat clinic. We reviewed minutes from two recent leadership meetings and found that strategies had been developed to improve the health of the local population including tackling health inequalities and deprivation. For example, an advanced nurse practitioner was working with secondary schools to promote healthy eating and discussions were in place to support smoking cessation. 	

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.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
<ul style="list-style-type: none"> The provider's vision was to be an exceptional provider of family medicine dedicated to their patients and community provide exceptional patient care by exceptional people. Their mission was to improve the health of their communities and reduce health inequalities. The provider's five strategic priorities were: Improving the populations health and wellbeing Pursuing excellence Addressing funding inequalities Empowering people Building collaboration, transformation and integration 	

Culture

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

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

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

Source	Feedback
Interviews with staff	Staff we spoke with told us there was an open, compassionate and supportive culture within the practice. They told us they felt able to raise any concerns, were listened to and that the provider acted on concerns raised.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
<ul style="list-style-type: none"> Royal Primary Care was a division of Chesterfield Royal Hospital NHS Foundation Trust and delivered care to patients registered at Royal Primary Care Chesterfield West. The Trust worked to secondary care reporting and governance standards in addition to the Clinical Commissioning Group reporting processes. There was a clearly defined governance and accountability structure in place. Staff we spoke with were aware of who to go to if they needed support or guidance. 	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<ul style="list-style-type: none"> • There was a business continuity plan in place to support staff in the event of for example, loss of IT or domestic services or a pandemic. • There was a system in place for recording, addressing and monitoring risks. Service wide risks were reviewed at regular Performance & Quality Board Meetings. 	

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.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes
The practice actively monitored the quality of access and made improvements in response to findings.	Yes
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
<ul style="list-style-type: none"> The provider employed a data & analytics analyst to undertake population, community and disease mapping to support evidence based service planning. This work was carried out in collaboration with The University of Derby Data Science Research Centre. 	

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
<ul style="list-style-type: none"> Policies were in place to support staff in the management of patient online access to medical records and online consultations. A checklist for conducting online video consultations was also available for clinicians to refer to. 	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
<ul style="list-style-type: none"> Royal Primary Care had an active Patient Participation Group (PPG) made up of volunteer patients from the practice's eight surgeries in Chesterfield, Clay Cross, Grassmoor, Inkersall, Staveley, Ashgate, Holme Hall and Whittington. They met bi-monthly. From the minutes we reviewed we found that the provider updated patients on changes within the practices and worked with the PPG when making changes. 	

Feedback from Patient Participation Group.

Feedback
<p>We spoke with a member of the PPG as part of our inspection. They told us that virtual PPG meetings had continued throughout the pandemic and that they continued to meet virtually every two months. They told us that the support from the provider was excellent and they could not fault the communication with the PPG. The provider had listened to the views of the PPG and acted upon them. For example, the provider asked the PPG to review the health advice information displayed on the television screens in the reception areas. The provider acted on the feedback from the PPG. They also told us that the provider had worked with the PPG in testing the new online appointment booking system that triaged the most appropriate type of appointment for a patient or signposted them to the most appropriate source of support for example, a pharmacy or emergency department.</p>

Any additional evidence

<ul style="list-style-type: none"> We spoke with a representative from a nursing and residential care home where the practice provided care and treatment. They told us the practice was responsive to improvements they had suggested and met regularly with the home to address issues. They told us as a result of these meetings, telephone access to the practice and responses to requests for prescriptions had started to improve. The practice had carried out patient surveys into access to appointments, uptake of cervical screening and why patients failed to attend their appointments. The practice had identified that since January 2022 4.1% of allocated appointments had not been attended by patients.

Continuous improvement and innovation

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

	Y/N/Partial
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There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
<ul style="list-style-type: none"> The provider used complaints, significant events, audits, patient feedback and data analysis to drive improvement and innovation. 	

Examples of continuous learning and improvement

- Patient satisfaction with access to appointments was low. In response to this the provider had introduced a new telephone system to support the volume of calls. They had also installed a validated and indemnified online symptom checker which appropriately triaged patients into a GP appointment or, signposted patients to the most appropriate care for example, a pharmacy or NHS 111. Patients could book an appointment within one hour or within four weeks, depending on the outcome of the symptom checker results, provided appointments were available within the system. If patients did not have online access the provider was installing ipads within the practice for patients to access the system. This system had recently been installed and the provider planned to review the effectiveness and impact this had on improving access to appointments for patients.
- The provider offered several services for the whole population, not just their own patients. For example an abnormal aortic aneurysm screening clinic.
- The provider offered inhouse clinics to provider faster access to services for patients and reduce the burden on secondary care. For example, an ear nose and throat clinic, pain clinic and access to an inhouse mental health team.
- There was a strong ethos of using digital technology to reach out to and support patients. The provider's website offered information for the local community and its patients and provided access for patients to submit information to the practice. For example, information for long-term condition reviews, pill checks and blood pressure readings. They used social media to advise patients of health campaigns and challenges and had developed an inhouse health app that provided health information and direct access to practice. The app had approximately 4,500 users.

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.