

Care Quality Commission

Inspection Evidence Table

The Marshside Surgery (1-7257744138)

Inspection date: 17 and 21 June 2022

Date of data download: 13 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
Explanation of any answers and additional evidence: A risk assessment had been carried out with regards to the requirements for DBS checks for staff across the team. All new staff were required to undergo a DBS check, clinicians were required to have a three yearly update and administrative staff who did not have direct contact with patients were required to provide an annual declaration as to any convictions. Staff were aware of the designated lead for safeguarding and the lead had undertaken the required level of safeguarding training for both children and adults. The safeguarding register was reviewed regularly alongside relevant professionals/agencies and safeguarding was a standard agenda item at practice meetings.	

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.	Yes
Explanation of any answers and additional evidence: Staff recruitment records were well maintained and the provider could demonstrate that all required checks had been carried out.	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 24/05/2022	Yes
There was a fire procedure.	Yes
Date of fire risk assessment: 16/05/2022 Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: A health and safety risk assessment and audit had been carried out by an outside agency. A schedule of monthly health and safety checks were carried out.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 23/05/2022	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
Explanation of any answers and additional evidence: Staff undertook regular training in infection prevention and control. The last infection prevention and control audit was carried out on 23/05/2022. An action plan was produced following the audit and required actions determined the timeframe for a re-audit. A recommendation for improvement was carried out with immediate effect. Cleaning schedules and audits were in place and regular infection control and prevention checks were carried out.	

Risks to patients

There were effective 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
Explanation of any answers and additional evidence: An induction programme was in place for new members of staff. This was linked to staff roles and responsibilities. A handbook was provided to clinicians to ensure they had the relevant information they needed to support them in their work. Staff were provided with annual training on sepsis awareness. Protocols were in place in clinical areas and reception as to sepsis warning signs. Reception staff also had access to call handling protocols for dealing with patients presenting as a possible emergency.	

Information to deliver safe care and treatment

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

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

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)	0.96	0.90	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)	12.4%	10.0%	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)	5.60	5.60	5.29	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	258.7‰	207.4‰	128.2‰	Tending towards variation (negative)
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)	0.77	0.87	0.60	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	6.1‰	8.1‰	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.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Partial

Medicines management	Y/N/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.	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.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A
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
<p>Explanation of any answers and additional evidence:</p> <p>Patient records showed that the required checks were carried out on patients who were prescribed high risk medicines for the sample of patients we looked at.</p> <p>There was a system to assign prescriptions to clinicians and ensure accountability for prescription security. All blank prescriptions were kept securely.</p> <p>Non-medical prescribers were supported in their role with regular day to day support and there was a system of annual appraisal. However, the oversight and supervision of their practice and prescribing did not form part of a formalised process.</p>	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	N/A
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	N/A
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	N/A
Where the Electronic Prescription Service is not used for dispensary prescriptions, prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	N/A
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	N/A
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	N/A
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	N/A
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	N/A
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	N/A
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	N/A
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	N/A
Explanation of any answers and other comments on dispensary services:	

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:	4
Number of events that required action:	4
Explanation of any answers and additional evidence: The provider could clearly demonstrate the actions taken in response to incidents and significant events. Events had been investigated and action had been taken to rectify any shortfalls in the operating procedures. Incidents and events were discussed and reviewed in practice meetings and the learning was also shared in the practice record system and via e mail.	

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

Event	Specific action taken
Business continuity – reception team absence.	Staff reminder was made for booking annual leave and risk of multiple absences factored into leave requests. Staff sourced to work additional hours as required.
Business continuity – phone lines fault.	Staff retrained on instigating divert procedures. Change of provider for mobile phone to ensure improved signal.

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
Explanation of any answers and additional evidence: A system was in place for managing safety alerts. This ensured relevant staff were informed of the alert and required to take action if appropriate to their role. Actions were set and the alerts could not be closed until these had been met. Alerts were reviewed on a monthly basis at clinical 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
Explanation of any answers and additional evidence: We carried out a number of searches on the patient record system to assess the care and treatment provided to patients and reviewed a sample of patient records. Overall, the results of these searches were positive. Where any queries were raised the provider took immediate action to review patient care and they provided an action plan to support this. The practice had trialed having the role of a patient liaison manager prior to the COVID-19 pandemic and had continued with this role since. The patient liaison manager ran searches for vulnerable patients and contacted these patients throughout the pandemic to check if they needed any support. Vulnerable patients were identified on the patient record system with an alert and they were provided with a priority telephone number to aid quick access to the service.	

Effective care for the practice population

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty to carry out an assessment of their needs.
- 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 with a learning disability were offered an annual health check. The practice had reviewed the services offered to patients who had a learning disability and had agreed actions to improve outcomes for these patients.
- 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.
- A system was in place to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

- A review of patient records showed that patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. Some patients were offered more frequent checks if for example their blood sugar levels were raised.
- Patients with hypertension or chronic kidney disease were seen every 6 months.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- Patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma were reviewed.
- Patients with asthma were offered an asthma management plan.
- The practice shared information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were referred for ambulatory blood pressure monitoring.

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)	29	29	100.0%	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) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	19	20	95.0%	Met 95% WHO based target
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)	19	20	95.0%	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)	19	20	95.0%	Met 95% WHO based target
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)	29	29	100.0%	Met 95% WHO based target

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

Staff followed up with the parent/guardian of children who had not attended for childhood immunisation to encourage uptake. The practice had met World Health Organisation targets for childhood immunisation as detailed above.

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)	79.1%	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)	68.9%	55.9%	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)	67.0%	64.1%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	52.2%	56.7%	55.4%	No statistical variation

Any additional evidence or comments

The practice was proactive in encouraging patients to undertake cancer screening. Patients were written to to encourage uptake and text messages were also sent. Patients were informed of the choice to attend the local GP extended access service for cervical screening if this was more appropriate for the patient.

Monitoring care and treatment

The practice had a 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

<p>The provider had carried out the following clinical audits:</p> <ul style="list-style-type: none">• Vitamin B12 audit - looking at patients receiving vitamin B12 injections who may have dietary vitamin B12 deficiency who may be suitable to change to an oral vitamin B12 preparation.• Joint injection audit - to look at any complications arising from joint injections.• Chronic kidney disease coding audit- looking for patients coded as having chronic kidney disease, but whose estimated glomerular filtration rate (eGFR) (measures your kidneys' ability to filter toxins or waste from your blood) results were greater than 60, with a view to removing them from the register.• Pregabalin in women of childbearing age - following an MHRA alert regarding the potential to cause fetal abnormalities an audit was done to identify women prescribed pregabalin who were of childbearing age and had no record of effective contraception coded on their clinical record. Our search of the clinical system identified that patients of childbearing age had not been informed of the risk if they were prescribed contraception. Following the inspection visit the audit was re-run to include all women of childbearing age and those patients were then contacted to advise them of the risks.• B12 and metformin audit - an audit of patients on long term metformin, in light of the association between metformin use and low vitamin B12 levels. <p>Medicines audits were also carried out by the local medicines management team on a quarterly basis, looking at high risk drug searches, the prescribing of , appropriateness of antibiotic prescribing, and other indicators felt to be a practice or Clinical Commissioning Group (CCG) priority.</p>

Any additional evidence or comments
The practice was signed up to the Primary Care Network (PCN) and the provider was the clinical director for the locality. The PCN was involved in an area of work to reduce/avoid hospital admissions.

The practice had been involved in pilots and quality improvement initiatives.

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
<p>Explanation of any answers and additional evidence:</p> <p>Staff training needs had been assessed and a training plan was in place to meet these. Staff had been provided with the training they required to support them in their role.</p> <p>Staff performance and development were managed as part of the appraisal process.</p> <p>Staff disciplinary and performance management protocols were in place.</p> <p>The practice had a schedule of meetings including:</p> <ul style="list-style-type: none"> Clinical meetings that the Lead GP, salaried GP, ANP, practice nurse and managers attended. Reception staff meetings where information from the clinical meetings was shared as required. Multi-disciplinary meetings where district nurses, health visitor, social prescriber, palliative care nurse, frailty team, and mental health practitioners were invited to attend. <p>Representatives from the practice also attended locality meetings with neighboring practices (Primary Care Network) and Clinical Commissioning Group (CCG) wide meetings.</p>	

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
Explanation of any answers and additional evidence:	

Helping patients to live healthier lives

Staff were 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
Explanation of any answers and additional evidence:	

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
Explanation of any answers and additional evidence:	
Members of the clinical team had undergone training in the Mental Capacity Act.	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff 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
Explanation of any answers and additional evidence: Staff had been provided with training in equality and diversity. Staff we spoke with or received feedback from demonstrated a patient centred approach to their work.	

Patient feedback	
Source	Feedback
NHS Friends and Family test.	The provider shared the feedback they had received in the NHS Friends and family test survey. This showed high levels of patient satisfaction in terms of the scores received and in the written feedback provided by patients.
National GP patient survey.	The provider had taken action to make improvements to the service in response to the national GP patient survey. Two areas had been identified for improvement. In response the provider had secured a new phone system to improve patient experience of getting through to the practice by phone. They had also reviewed the appointment system to increase flexibility for types of appointments.

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)	94.6%	92.1%	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)	92.8%	91.3%	88.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	98.0%	97.9%	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)	88.4%	87.9%	83.0%	No statistical variation

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No

Any additional evidence
The provider told us they intended to re-introduce patient surveys and would involve the patient participation group (PPG) in this process.

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
Explanation of any answers and additional evidence: Alerts were added to the patient record system where patients had specific communication needs. Information about local support services and advocacy services was made available to patients. Notices were available in the waiting area to advise patients of the provision of accessible information and interpretation services.	

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)	94.7%	95.5%	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
Explanation of any answers and additional evidence: The provider had taken action to meet accessible information standards. These standard set out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients. In response the provider had asked all new patients to inform them if they had any communication needs with an aim to meeting these. Alerts had been put on the patient record system to ensure staff were aware of patient's communication needs. Examples	

were provided of how individual patient needs were being met through the provision of easy read and pictorial materials and the use of text talk. Interpretation services were also available.

Information about local support groups was available at the practice and on the website.

Staff had been provided with training on social prescribing and could refer patients directly for social prescribing.

Carers	Narrative
Percentage and number of carers identified.	105 carers had been identified. This equated to 3.5% of the patient population.
How the practice supported carers (including young carers).	Notices were available in the waiting area to advise patients of support for carers. New patients were asked to inform the practice if they were a carer and patients could be referred to a local carer support service.
How the practice supported recently bereaved patients.	The lead GP made bereavement calls to family members and patients could be referred to bereavement support services. The practice reviewed patient care for patients who had passed away.

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
<p>Explanation of any answers and additional evidence:</p> <p>Patients could be directed to a quiet area/room if they appeared distressed or wanted to discuss private matters with members of the team.</p> <p>Screens were fitted in the reception area so that confidentiality could be maintained. A radio was used in the waiting area to sound out conversations and staff were aware of requirements to not use patient identifiable information in the reception area.</p> <p>A clear desk policy was in place to ensure confidentiality of information.</p>	

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a stable clinical team so good continuity of care could be provided.</p> <p>The provider was aware of the patient population needs and supported local developments to meet patient needs within the locality.</p> <p>Reasonable adjustments had been made to ensure the service was accessible to patients both in terms of the building and in supporting patients with different communication needs to access the service. For example, through the provision of translation services and accessible information.</p>	

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	9am-12.00pm and 2pm-5pm
Tuesday	9am-12.00pm and 2pm-5pm
Wednesday	9am-12.00pm and pm-5pm
Thursday	9am-12.00pm and 2pm-5pm
Friday	9am-12.00pm and 2pm-5pm

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.
- Patients requiring a home visit were triaged and referred to the local home visiting service. The practice provided home visits for patients who were receiving end of life care.
- Urgent appointments were available for patients with enhanced needs and complex medical issues.
- The practice liaised with the community services to discuss and manage the needs of patients with complex medical issues or those receiving end of life care.
- Parents or guardians calling with concerns about a child were offered a same day appointment when this was deemed necessary.
- Pre-bookable appointments were available to patients.
- Patients were referred to the GP extended access service for appointments outside of practice opening hours.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travelers and those with a learning disability.
- People in vulnerable circumstances could 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.

Access to the service

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

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes
Patients were able to make appointments in a way which met their needs	Yes
There were systems in place to support patients who face communication barriers to access treatment	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
Explanation of any answers and additional evidence:	

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)	66.4%	N/A	67.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	75.6%	73.3%	70.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	60.7%	68.7%	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)	86.3%	85.2%	81.7%	No statistical variation

Any additional evidence or comments

The provider had taken action in response to patient feedback in the national GP patient survey. A new phone system had been introduced to improve patient experience of getting through to the practice by phone. The appointment system had also been reviewed to improve the range of appointment types.

Source	Feedback
NHS website.	Patient feedback on the NHS website was highly positive in the vast majority of cases. This included comments that patients felt the practice was well organised and efficient.
NHS Friends and Family test	The practice shared the results of the NHS Friends and Family test for the past 3 months with us. The feedback was highly positive with 100% positive feedback received on two of the three months and 98% positive for the third. Patients

	comments included descriptors such as: Efficient, professional, excellent, helpful, polite, capable and friendly.
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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.	5
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: Information on how to make a complaint was available in the reception/waiting area and on provider's website. The sample of complaints we looked at had been handled in a timely manner, investigated appropriately and responded to with a clear explanation and apology where appropriate. Complaints were discussed at clinical meetings and action was taken to prevent a re-occurrence.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient reporting difficulty getting a face to face appointment.	The appointment system was reviewed and changes were introduced to provide more face to face appointments and to be able to pre-book routine appointments.
Delay in referral to secondary care.	Locum GP information updated and locum GPs reminded of protocol.

Well-led

Rating: Good

Leadership capacity and capability

Leaders could demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	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
Explanation of any answers and additional evidence: The lead GP demonstrated leadership and service development both within the practice and across the locality. The leadership team were described by staff as supportive and approachable. Succession planning had been considered and had been included on the service risk register with measures to address this.	

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
Explanation of any answers and additional evidence: The service ethos to deliver quality primary care was effectively communicated to staff.	

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
Explanation of any answers and additional evidence: A staff wellbeing policy was in place and the provider had communicated the support available to staff. The practice had a designated freedom to speak up champion and there was an external Freedom to speak up Guardian.	

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

Source	Feedback
CQC staff feedback forms	The feedback forms we received from members of the staff team were positive throughout and indicated that staff felt well supported in their roles and responsibilities. Staff reported good team work and a positive and open culture.

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
Explanation of any answers and additional evidence: The practice had systems for governing the service and quality monitoring and a system of regular checks were carried out on areas of work. Policies and procedures were readily available and reviewed. Clinical audits were carried out to check on quality and improve patient care.	

Managing risks, issues and performance

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

	Y/N/Partial
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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
<p>Explanation of any answers and additional evidence:</p> <p>The provider had carried out risk assessments for key areas of work and maintained an overall risk register. This included details of the key controls to manage risks and the sources of assurance that the risks were being managed.</p>	

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice continued to review patients with long term conditions throughout the Covid-19 pandemic. Infection prevention and control practices had been reviewed and increased to protect patients in response to the pandemic.</p>	

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
Explanation of any answers and additional evidence:	

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
Explanation of any answers and additional evidence:	
The provider displayed a data privacy notice in the waiting rooms and on the website.	

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
Explanation of any answers and additional evidence: The practice continued to meet with the patient participation group (PPG) with on line meetings throughout the COVID-19 pandemic. Quarterly PPG meetings had been set up and the patient liaison manager had held two meetings with the PPG to date this year. The provider worked with the Clinical Commissioning Group (CCG) and Primary Care Network (PCN) to address challenges in the locality and plan service provision to meet these.	

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: The provider demonstrated their commitment to work on quality improvement areas within the practice and the locality. System were in place to support learning and improve the service provided.	

Examples of continuous learning and improvement

The practice was involved in locality working to improve outcomes for patients. The provider held a lead within the Primary Care Network. The practice had been involved in numerous local and national pilots to improve outcomes for patients. The provider had recently volunteered to be one of the first cohort of practices to be involved in a piece of work looking at optimisation of cholesterol-lowering medication in secondary prevention and the identification of patients who may have familial hypercholesterolaemia. They were also in discussions to commence a project to optimise heart failure patients' medication regime.

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.