

Inspection Evidence Table

Green Wrythe Surgery

(1-7852314395)

Inspection Date:

- Visit to the practice 20 July 2023
- Off-site clinical review 24 July 2023

Date of data download: 25/07/2023

Overall rating: Good

Following the last inspection in 2022, we rated the practice as requires improvement overall.

At this inspection we found clear evidence of action to address the issues identified at the last inspection. Many issues had been fully addressed, others necessarily continued to be work in progress.

There was considerable improvement in management of medicines and long-term conditions, however we identified some instances where safety systems and processes had not worked effectively.

We have therefore rated the practice as requires improvement for providing safe services. All of the other key questions have been rated as good, meaning that the overall rating is now good.

Safe

Rating: Requires improvement

Following the last inspection in 2022, we rated the practice as requires improvement for providing safe services because:

- Staff had not completed safeguarding training relevant to their role.
- Recruitment checks were not carried out in accordance with practice policies and staff immunisation records were not maintained according to guidance.
- Infection prevention and control issues were not identified and addressed in a timely manner.
- The practice did not have effective systems in place for the safe management of medicines.

After this inspection we have again rated the practice as requires improvement for providing safe services.

We found that there was considerable improvement in all safety systems and processes, but there were some processes that were not working consistently to monitor and mitigate risks.

- Staff training in safeguarding was up to date, recruitment checks had been completed, immunity information was held in line with guidance, emergency medicines and equipment was in place, and infection prevention and control risks had been identified and were addressed.
- The practice had strengthened processes to monitor patients' health in relation to medicines. We found evidence that these had led to considerable improvement in the management of patients' medicines but we found some instances where processes had not worked effectively, and there was no clear explanation why they had not worked well.
- The practice did not have oversight of all of the activity on the patient information system, so not all test results and tasks were monitored to ensure that necessary actions were taken.

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y ¹
Partners and staff were trained to appropriate levels for their role.	Y ²
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> 1. During the last inspection we noted that the safeguarding policies did not have information on how staff would report incidences of female genital mutilation (FGM). Following the inspection, the provider informed us that they had amended the adult safeguarding policy and had included this information and sent us evidence to support this. We reviewed the policy and found there was a named contact for staff to report incidences of FGM. At this inspection we saw that the policy had information on how to report incidences of female genital mutilation. 2. During the last inspection we found 1 clinical staff and 11 non-clinical staff had not received safeguarding children training appropriate to their role. Following the inspection, the provider informed us that all these staff had completed safeguarding training relevant to their role and sent us evidence to support this. At this inspection we saw that all staff, apart from one who had only joined very recently, were up to date with safeguarding training. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y ¹
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y ²
Explanation of any answers and additional evidence:	

1. During the last inspection, we reviewed the records of 2 members of staff and found that references were not obtained according to the practice's own policies.

At this inspection we looked at the recruitment records of the one member of staff who had been recruited since the last inspection, and saw that references had been obtained according to the practice's own policies.

2. During the last inspection, we found that the provider did not consistently maintain vaccination records for staff. Following the inspection, the provider sent evidence of hepatitis B status for 8 clinical members of staff and evidence of routine immunisations for 4 clinical members of staff; however, they had not shared with us evidence of hepatitis B status and other routine immunisations for all members of staff in contact with patients.

At this inspection we saw that the provider had improved the system to manage staff immunity information, and records we looked at showed full information in line with guidance.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Infection prevention and control audits were carried out.	Y ¹
The practice had acted on any issues identified in infection prevention and control audits.	Y ¹
Explanation of any answers and additional evidence:	
<ol style="list-style-type: none"> 1. At the last inspection the provider was not able to show us evidence of Infection Prevention and Control (IPC) audits. Following the inspection, the provider shared with us a copy of their infection prevention and control audit (dated 11 March 2022) which had identified issues in relation to routine immunisations of clinical staff, waste management procedures and lack of specimen handling policy; however, these issues were not addressed following the audit. We found some of the sinks in the consulting rooms did not have splashbacks which was not in line with IPC standards; this had not been identified in their IPC audits. Following the inspection, the provider informed us that they would discuss this with their landlord. We found 1 expired specimen collection kit (expired December 2021); following the inspection, the provider informed us that they had inspected all the equipment trolleys for out of date equipment. <p>At this inspection we learned that there had been an external Infection Prevention and Control audit since the last inspection. We looked at the action plan and saw that the only outstanding issues were facilities such as sinks that did not meet the latest guidance and the practice was working with their landlord to address these.</p>	

Information to deliver safe care and treatment

Information was not always managed effectively to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Partial
There was a documented approach to the management of test results and this was managed in a timely manner.	Partial
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a secure patient information system. This allowed staff to send each other messages about actions needed to be taken for patients (such as booking an appointment) or with queries about a patient's care.</p> <p>The practice did not have oversight of how staff were using tasks or whether they had been completed. We found 79 unprocessed tasks, some from 2022. We sampled 2 and found tasks between clinical staff which had not, based on the records, been completed.</p> <p>The practice had a system for managing test results and we saw examples of it working well. However, based on information in the practice information system there were 26 unread test results, most dated 14 – 16 July but some from as early as 5 June 2023. The practice was not able to explain why these results had not been managed in line with standard practice process.</p> <p>Following the inspection, the practice told us that they had now set up access for 4 staff members to be able to oversee all tasks and incoming test results and that these will be reviewed weekly to ensure completion of tasks and checking of all test results.</p>	

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation. Most worked well, but we found some that were not consistently effective.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y ¹
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y ²

There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y ³
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <p>1. Blank prescriptions: At the last inspection we found that blank prescriptions were securely stored; however, the practice did not log the serial numbers on receipt of prescriptions (only box numbers were recorded) and serial numbers of prescription forms issued to individual prescribers were not recorded and monitored. Following the inspection, the provider created a log for the prescriptions (with serial numbers) they hold as stock and sent us evidence to support this; they informed us that prescription boxes will be allocated to individual prescribers.</p> <p>At this inspection we saw that systems for monitoring blank prescriptions had been strengthened with full details recorded on receipt and when issued to individual prescribers.</p> <p>2. Authorisations to administer medicines: At the last inspection we found that the healthcare assistant did not have appropriate authorisations to administer medicines. Following the inspection, the provider informed us that they had implemented a procedure to address this.</p> <p>At this inspection we saw that the practice had introduced a new system that gave healthcare assistants appropriate authorisation to administer medicines.</p> <p>3. Monitoring patients' health in relation to the use of medicines:</p> <p>At the last inspection we reviewed the records of 5 patients taking ACE Inhibitors or angiotensin II receptor blocker (medicines used to lower blood pressure) and found that 2 patients had been recently recalled but not seen, 1 patient had no recent recall.</p> <p>We also found that patients on novel oral anticoagulants (medicines used to thin blood) and potassium sparing diuretics (medicines that cause diuresis without causing potassium loss in urine) did not appear to have had the required monitoring.</p> <p>Following the last inspection, the provider informed us that they had tasked an administrative member of staff to recall all patients to arrange for blood tests and a review.</p> <p>At this inspection we saw considerable improvement in the arrangements to monitor patients' health in relation to medicines.</p> <p>We looked in records at patients on specific high risk medicines, at medicines usage and at medicines given for particular long term conditions and in most cases we had no concerns.</p> <p>However there were some instances where the processes had not worked effectively.</p>	

- All patients we looked at on ACE Inhibitors or angiotensin II receptor blocker (medicines used to lower blood pressure) were either up to date with the required monitoring or were being contacted persistently by the practice to encourage them to attend. However, 1 patient had submitted evidence of raised blood pressure, and had not (from the patient record) been asked for a consultation to optimise their medicines.
- We looked at 5 patients who had been prescribed 2 or more courses of rescue steroids for asthma. Most had received good care, but based on the information in the records, 2 of 5 patients were not issued steroid cards. The practice told us that steroid cards were routinely issued. One patient had not received a review after their medicine was stepped up (7 months earlier).
- 2 patients on medicines for diabetes had not received appropriate follow up after blood tests that showed high HbA1c (blood sugar) results.

The practice was not able to explain why the processes had not worked effectively in these instances.

After the inspection the practice told us that they planned to implement the following improvements:

- Staff will note on the patient record what actions they have taken if blood pressure results are out of the normal range.
- When steroid cards are issued, this will be noted on the patient record.
- Introduction of a consistent process for managing blood test results that need follow up. This will not just be noted on the patient record – the patient will be sent a message (through the information system) asking them to contact the practice.
- Changes to medicines will be routinely followed up.

4. At the last inspection we found that the provider did not stock medicines to treat seizures. Following the inspection, the provider obtained this medicine and sent us evidence to support this.

At this inspection we saw that the practice had reviewed the emergency medicines held and the stock included medicines to treat seizures.

5. At the last inspection we found an expired adult mask with the oxygen cylinder (expired April 2021); this was immediately replaced by a new mask during the inspection.

At this inspection we looked at oxygen masks and a sample of emergency medicines and other emergency equipment and found it all to be in date.

6. At the last inspection we saw gaps in temperature checks for vaccine fridges and there was no second thermometer in place to ensure the accuracy of the temperature. During the inspection, the provider informed us that they had ordered independent second thermometers for the vaccine fridges and sent us evidence of this following the inspection. Following the inspection, the provider informed us that they had implemented a new procedure to ensure vaccine fridge temperatures checks were undertaken regularly.

At this inspection we saw that arrangements for ensuring the vaccine cold chain had been strengthened. We looked at information from external vaccine fridge thermometers and saw evidence of fridge temperatures recorded daily (when the practice was open).

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>At the last inspection:</p> <ul style="list-style-type: none"> • The provider did not have a system to record and act on safety alerts. • Following the inspection, the provider informed us that they had implemented a system to address this. • We reviewed the records of 5 patients on a combination of medicines that can cause a higher level of normal of potassium. We found that 2 patients had not had a potassium measurement in the last 6 months. Following the inspection, the provider informed us that they had reviewed the records of these patients and had arranged for the blood tests to be undertaken. <p>At this inspection:</p> <ul style="list-style-type: none"> • The practice told us that there was a system to record and act on safety alerts. • We looked the records of 5 patients on a combination of medicines that can cause a higher level of normal of potassium. We found that 3 patients had not had a potassium measurement in the last 6 months, but that all had blood tests booked. • There was no evidence in the records of 4 of 5 that the risk of higher than normal potassium had been discussed. The practice told us that the risks had been discussed. The practice used a standard template for medicines reviews, which ensured consistent information collection and recording, but there was no prompt or field to record discussion of the risk. 	

Effective

Rating: Good

Following the last inspection the practice was rated as requires improvement for providing effective services because patients with long-term conditions were not consistently reviewed and monitored.

We also said that the provider should improve uptake of childhood immunisations and cervical screening.

After this inspection we have rated the practice as good for providing effective services because of improvements that the practice had made.

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.

Management of people with long term conditions

Findings

At the last inspection:

- We reviewed the records of 5 patients with potential missed diagnoses of diabetes. None of the patients were coded as pre-diabetic so that their health could be monitored, 3 patients had not been recalled for further testing, 2 patients had been recalled in the last 6 months but had not been reviewed.
- We reviewed the records of 5 patients with chronic kidney disease and found that all these patients were monitored by secondary care rather than the practice.
- We reviewed the records of 5 patients with asthma who had received 2 or more courses of rescue steroids. We found that 2 patients had not been recalled or reviewed in the last 12 months.
- We reviewed the records of 5 patients with hypothyroidism who had not had thyroid monitoring in the last 18 months and found that their thyroid function tests and medicines reviews were overdue and that they had not been recalled.
- We reviewed the records of 5 patients with diabetic retinopathy (a complication of diabetes, caused by high blood sugar levels damaging the back of the eye) with HbA1c more than 74mmol/l. We found that 2 patients had been recalled but had not been reviewed.
- We reviewed the records of 5 patients who had been prescribed 12 or more SABA (short acting beta agonist) inhalers for asthma and found that 1 patient had not had an asthma review in the last 12 months.

At this inspection we found:

- There were no patients with missed diagnoses of diabetes or chronic kidney disease. All patients with test results indicating potential diabetes or chronic kidney disease had been appropriately identified and coded on the information system so that their health was monitored.
- A search showed that almost all of the practice patients with chronic kidney disease had the required monitoring. We saw from patient records that the practice was following its protocol to encourage those who had not had monitoring to attend for checks.

- We reviewed the records of 5 patients with asthma who had received 2 or more courses of rescue steroids. All 5 had received a review of their asthma in the last 12 months.
- A search showed that almost all of the practice patients with hypothyroidism had thyroid function test monitoring within the last 18 months. We saw from patient records that the practice was following its protocol to encourage those who had not had monitoring to attend for checks.
- We looked at records of 5 patients with diabetic retinopathy with HbA1c more than 74mmol/l and found that all had received some follow up to their blood test results, although 2 patients had not received all of the care that would be expected.

In response to our findings, the practice told us that they would swiftly standardise the process for managing blood test results that need follow up to ensure that patients are always contacted and receive the necessary follow up. The practice also told us about other changes that would improve the effectiveness of patient care, including more consistent follow up of changes to medicines and the roll-out of direct booking, to make it easier for patients to book necessary blood tests.

Medication reviews and care plans we reviewed were of a high quality.

Child Immunisation	Numerator	Denominator	Practice	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) (i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	111	127	87.4%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	114	127	89.8%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	113	127	89.0%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	114	127	89.8%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	134	157	85.4%	Below 90% minimum

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

Any additional evidence or comments

At the last inspection the provider informed us that to improve uptake for childhood immunisations they contacted patients by text message, letter and by telephone to remind parents and invite them to book ahead of time. For example, inviting the parents to pre-book an appointment for their children's one-year vaccinations when the child reached 11 months old.

We asked the provider to improve uptake, as all of the immunisation indicators we monitor were below the national target of 95% and one was below 90%.

At this inspection we noted that in the most recent published annual data (01/04/2021 to 31/03/2022) uptake for most of the indicators was lower than at the last inspection. All of the indicators were now below 90%, although there was improvement in the uptake of full immunisation for measles, mumps and rubella by age 5 (from 82.8% to 85.4%).

We looked at the practice system for monitoring which children were due for or had not had immunisations. There was a dedicated staff lead for this area, but we were told that all staff were involved and would raise immunisations opportunistically with parents and carers, as the practice would place alerts on the records of children who had not attended for immunisation. We saw evidence of monitoring on an individual patient level, and of multiple attempts to contact parents/carers by multiple methods. There was an escalation pathway to formal follow up by nurses or GPs if parents/cares did not respond to requests to book their child's immunisations or had concerns about immunisation.

Immunisation uptake was a common challenge amongst practices in the area. In the same period as the data above, the average uptake across NHS South West London was below 90% for all of the 5 childhood immunisation uptake indicators. The NHS South West London average for the age 1 immunisation indicator was 88.2%, the average for aged 2 indicators was 83.7% and the average for age 5 MMR uptake was 74.3%.

The practice told us that they continued to look for other ideas to improve the uptake of immunisations and to engage with local initiatives to raise awareness of their safety and effectiveness.

Cancer Indicators	Practice	SICBL average	England	England comparison
Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	56%	N/A	62.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	62.7%	N/A	70.3%	N/A
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (12/31/2022 to 12/31/2022) (UKHSA)	74.6%	N/A	80.0%	Below 80% target

Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (4/1/2021 to 3/31/2022) <small>(UKHSA)</small>	38.5%	53.8%	54.9%	No statistical variation
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Any additional evidence or comments

At the last inspection the provider informed us that they sent fortnightly text reminders for patients who are overdue cervical cancer screening. They informed us that many patients told them they do not wish to have this screening test; however, they had not completed a disclaimer form to remove them from recalls. They told us they had a designated staff who invited patients who were overdue cervical cancer screening.

At this inspection we noted that in the most recent published annual data (12/31/2022 to 12/31/2022) uptake was slightly higher than at the last inspection (when it was 72.8%), although it remained below the 80% national target.

We looked at the system in place to monitor and contact women who had not attended for cervical screening. We saw evidence of monitoring on an individual patient level, and of multiple attempts to contact those who did not respond, by multiple methods.

The practice showed us unvalidated data, that we are not able to directly compare with the nationally validated data, which suggested that uptake had improved.

The practice had a new system that allowed patients to self-book appointments from a link sent in a text message. This was being piloted during the inspection, beginning with cervical screening. We heard that in response to the first texts sent out, more than 70 patients had booked appointments for cervical screening in August.

Caring

Rating: Good

Following the last inspection we rated the practice as good for providing caring services but we asked that they improve low scoring areas of the National GP Patient Survey.

The data and evidence we reviewed in relation to the caring key question as part of this inspection did not suggest we needed to review the rating for caring at this time. Caring remains rated as Good.

At the time of the last inspection, the National GP Patient Survey results available were those from 2021.

In 2021, the practice results for satisfaction with healthcare professionals was significantly below average for 3 of the 5 indicators we look at, and was below average, but not as significantly, for another indicator.

Following the inspection, the provider shared with us an action plan told us that they had asked the clinicians to review and try to improve how they worked with patients.

The last inspection took place after the patients completed the 2022 survey, so the practice action would not have been able to improve the 2022 results. The 2022 results showed lower satisfaction with healthcare professionals than in 2021.

For this inspection we looked at the 2023 National GP Patient Survey results and compared these to previous years. The 2023 National GP Patient Survey results showed improved patient satisfaction with healthcare professionals compared to 2022, but in most cases the results were still lower than in 2021.

The practice had also improved relative to other practices in England, as 2 of the 5 indicators we look at was significantly below average, and a third below average, but not as significantly.

Comparison data table – National GP Patient Survey results 2021-2023

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

Indicator	2021 Practice	2022 Practice	2023 Practice	2021 England comparison	2022 England comparison	2023 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	74.5%	67.7%	79.9%	Variation (negative)	Variation (negative)	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	73.5%	62.4%	72.5%	Variation (negative)	Variation (negative)	Tending towards variation (negative)
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	87.3%	73.1%	82.8%	Variation (negative)	Significant variation (negative)	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice	70.3%	57.5%	58.6%	Tending towards variation (negative)	No statistical variation	No statistical variation
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	90.3%	77.7%	77.8%	No statistical variation	Tending towards variation (negative)	Variation (negative)

2023 National GP Patient Survey results, including SICBL and England averages

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2023 to 30/04/2023)	79.9%	87.0%	85.0%	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 (01/01/2023 to 30/04/2023)	72.5%	85.1%	83.8%	Tending towards variation (negative)
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 (01/01/2023 to 30/04/2023)	82.8%	93.8%	93.0%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2023 to 30/04/2023)	58.6%	76.4%	71.3%	No statistical variation
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 (01/01/2023 to 30/04/2023)	77.8%	91.3%	90.3%	Variation (negative)

Responsive

Rating: Good

Following the last inspection we rated the practice as good for providing responsive services but we asked that they improve low scoring areas of the National GP Patient Survey.

The data and evidence we reviewed in relation to the responsive key question as part of this inspection did not suggest we needed to review the rating for responsive at this time. Responsive remains rated as Good.

Access to the service

People were generally able to access care and treatment in a timely way. The practice had made improvements to services available to patients and to how patients could contact the practice and there was evidence that this was improving patient satisfaction. The practice had plans for further improvements, and patient satisfaction was being monitored.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y
Patients were able to make appointments in a way which met their needs.	Y
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Y
Patients with most urgent needs had their care and treatment prioritised.	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y
Explanation of any answers and additional evidence: At the time of the last inspection, the National GP Patient Survey results available were those from 2021. In 2021, the practice results for satisfaction with access to care and treatment was below average but not statistically significantly. Some patients told us that it was not easy to get through to the practice by phone. Following the inspection, the provider informed us that they planned to carry out a patient survey.	
Action the practice took after the last inspection The practice participated in a local programme to improve access. Staff told us that it represented a significant time and resource commitment (for a 20 week programme with follow on support for 6-8 months) but that the experience had been very positive. With support from an external facilitator the practice identified a number of changes that were implemented to improve the patient experience of access, including:	
<ul style="list-style-type: none">• additional staff to answer phones at peak times	

- adjusting the practice opening time so that staff had time to deal separately with patients attending the walk-in clinic and patients on the phone (previously staff were often trying to answer calls and book in patients at the same time)
- adding online forms to the practice website that patients could use to make administration requests and check on referrals.
- implementing a 'batch message' function so that key information (for example about GP services available over bank holidays) was sent to more patients
- better advertising of a local scheme through which patients could book appointments at other local surgeries, including appointments up to 8pm at a dedicated paediatric clinic

Since the last inspection the practice had some new staff in different roles available to patients including physiotherapists, pharmacists, a physician associate, a health coach, a social prescriber, and mental health practitioners.

The practice was an active user of the community pharmacy referral scheme.

The practice had carried out its own survey of 400 patients and was also using the Friends and Family Test to monitor patient satisfaction with the changes.

Latest National GP Patient Survey results

The 2022 survey was carried out after the practice improvement programme so the actions was not reflected in the 2022 results. The 2022 results showed lower satisfaction with access to care and treatment than in 2021.

For this inspection we looked at the 2023 National GP Patient Survey results and compared these to previous results.

The 2023 National GP Patient Survey results showed overall improved patient satisfaction with access to care and treatment compared to 2022, but the results were still lower than in 2021.

Satisfaction with getting through to the practice by phone was lower than in 2021 and 2022 and at 24% was significantly lower than average.

Plans for further improvements

The practice showed us evidence that phone access had improved, for example that on 18 July 2022 there were 808 unanswered calls per day. In July 2023 this had dropped to 9 per day.

The practice told us that they also believed that phone access would become easier and satisfaction with contacting the practice would improve as some of the innovations from the improvement programme were further implemented and became better known. The practice told us:

- Numbers of patients completing the online request forms was increasing, with up to 17 patients a day now using them. The practice planned to advertise this option on the phone system to increase use.
- The practice had a new system that allowed patients to self-book appointments from a link sent in a text message. This was being piloted during the inspection, beginning with cervical screening. We heard that from the texts sent out more than 70 patients had booked appointments cervical screening in August, meaning that these patients did not have to telephone the practice to book. The practice

planned to expand the pilot to allow patients who needed blood tests and flu vaccinations to directly book their own appointment after being sent a link in a text message.

- The practice was due to have a new telephone system installed that staff believed would allow improved telephone access. Staff explained how they would use the monitoring functions to better understand and adapt to times of high demand.

Comparison data table – National GP Patient Survey results 2021-2023

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG

Indicator	2021 Practice	2022 Practice	2023 Practice	2021 England comparison	2022 England comparison	2023 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	59.1%	31.0%	24.4%	No statistical variation	Variation (negative)	Significant variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment	61.3%	41.6%	53.1%	No statistical variation	No statistical variation	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	53.8%	41.0%	49.0%	No statistical variation	No statistical variation	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered	73.0%	52.6%	61.9%	No statistical variation	Tending towards variation (negative)	No statistical variation

ODS codes have been retained as part of this.

2023 National GP Patient Survey results, including SICBL and England averages

Indicator	Practice	SICBL average	England	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 (01/01/2023 to 30/04/2023)	24.4%	N/A	49.6%	Significant variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall	53.1%	61.8%	54.4%	No statistical variation

experience of making an appointment (01/01/2023 to 30/04/2023)				
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2023 to 30/04/2023)	49.0%	59.4%	52.8%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2023 to 30/04/2023)	61.9%	73.3%	72.0%	No statistical variation

Well-led

Rating: Good

Following the last inspection the practice was rated as requires improvement for providing well-led services, because of gaps in governance arrangements and the processes for identifying, managing and mitigating risks.

At this inspection we found that the practice had improved governance arrangements and the processes for identifying, managing and mitigating risks. There was further action to be taken on some risks, but these were relatively minor.

We have therefore rated the practice as good for providing well-led services.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Explanation of any answers and additional evidence: At the last inspection we found that some of the policies were recently reviewed but were not practice specific. Following the inspection, the provider informed us that they would review these policies and would tailor them to the practice. At this inspection we saw that policies had been recently reviewed and were tailored to the practice.	

Managing risks, issues and performance

There were improved processes for managing risks, issues and performance. In general these were clear and effective, but there were some that were not working consistently.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Partial
Explanation of any answers and additional evidence: At the last inspection we found that the provider had not identified and mitigated the risks in relation to safeguarding systems and processes, recruitment checks, infection prevention and control, medicines management and management of patients with long-term conditions through their own governance systems. At this inspection we found that there was considerable improvement in all safety systems and processes, although there were some processes that were not working consistently to monitor and mitigate risks.	

- Staff training in safeguarding was up to date, recruitment checks had been completed, immunity information was held in line with guidance, emergency medicines and equipment was in place, and infection prevention and control risks had been identified and were addressed.
- The practice had strengthened processes to monitor patients' health in relation to medicines. We found evidence that these had led to considerable improvement in the management of patients' medicines but we found some instances where processes had not worked effectively, and there was no clear explanation why they had not worked well.
- The practice did not have oversight of all of the activity on the patient information system, so not all test results and tasks were monitored to ensure that necessary actions were taken.

The practice sent us an immediate response to the areas we identified weaknesses with actions that had been taken or would be taken shortly.

The practice had a bigger team involved with practice governance and risk management and there was a clear impetus to further develop and improve systems and processes.

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
The practice had an active Patient Participation Group.	Y
Explanation of any answers and additional evidence:	
At the last inspection the practice did not have an active Patient Participation Group because of difficulties keeping the group active during Covid restrictions.	
At this inspection we saw that the practice now had an active Patient Participation Group with a number of new members.	

Notes: CQC GP Insight

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