

# Care Quality Commission

## Inspection Evidence Table

### Tooting South Medical Centre (1-566547629)

Inspection date: 23 February 2022

Date of data download: 10 February 2022

## Overall rating: Good

At the previous inspection 25 May 2021, the practice was rated requires improvement overall and requires improvement for being safe, caring, responsive and well led. The practice was rated inadequate for providing effective care and treatment. This inspection was carried out to check the practice had made the necessary improvements.

We carried out a comprehensive inspection of Tooting South Medical Centre on 23 February 2022 and have rated the provider as good overall. Specifically, the practice had addresses concerns we found at the previous inspection and we found the practice to be good for providing safe, effective, responsive, caring and well led services.

## Safe

## Rating: Good

At the previous inspection, we rated the practice as requires improvement for safe, because systems and processes to keep people safe had not been effectively implemented, including high risk drug monitoring and medication reviews.

At this inspection, we have rated the practice good for safe, because systems and processes to keep people safe had now been effectively implemented and patient monitoring and medication reviews were being carried out.

### Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y

<b>Safeguarding</b>	<b>Y/N/Partial</b>
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence:	
At the previous inspection, we found that one clinical staff member was not trained to the required adult and child safeguarding level 3 as set out in the updated intercollegiate guidance 2019, however during the inspection, the practice provided evidence that the clinical staff member was booked to attend level 3 safeguarding training.	
At this inspection we found all staff were trained to the required level of safeguarding training for their role.	

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Y
There was a fire procedure. Date of fire risk assessment:	Y
Actions from fire risk assessment were identified and completed.	02/2022

## **Infection prevention and control**

### **Appropriate standards of cleanliness and hygiene were met.**

	<b>Y/N/Partial</b>
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit:	Y 11/2021
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y

## Risks to patients

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

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

## Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
Explanation of any answers and additional evidence:  The complaints log provided by the practice highlighted two instances where non-clinical staff had given out test results, resulting in formal complaints being made. The practice told us they had investigated and discussed these events at staff meetings and the actions taken were that non-clinical staff were provided additional training which specified that they were not allowed to give out test results under any circumstances.	

## 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) (01/10/2020 to 30/09/2021) (NHS Business Service Authority - NHSBSA)	0.50	0.60	0.71	Tending towards variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2020 to 30/09/2021) (NHSBSA)	9.9%	10.3%	9.8%	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 (01/04/2021 to 30/09/2021) (NHSBSA)	5.81	5.56	5.32	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/04/2021 to 30/09/2021) (NHSBSA)	51.6‰	61.1‰	128.1‰	Variation (positive)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2020 to 30/09/2021) (NHSBSA)	0.29	0.58	0.63	Tending towards variation (positive)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/04/2021 to 30/09/2021) (NHSBSA)	3.2‰	4.6‰	6.7‰	Variation (positive)

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

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

Medicines management	Y/N/Partial
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	n/a
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	n/a
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>During the previous inspection, we found breaches of regulation in relation to ineffective patient monitoring. At this inspection, we found the practice had put in place effective systems and processes to ensure patient monitoring was carried out.</p> <p>Medication reviews:</p> <ul style="list-style-type: none"> <li>- In the last three months the practice had carried out 539 medication reviews, 51 of which were for patients aged over 75. We reviewed a sample of medication reviews and found no concerns with patient monitoring.</li> </ul> <p>High risk drug monitoring:</p> <ul style="list-style-type: none"> <li>- During the inspection we found all patients taking methotrexate (a medicine used to suppress the immune system), azathioprine (a medicine used to suppress the immune system), leflunomide (a medicine used to treat inflammatory conditions), lithium (a medicine used to treat mental health disorders), mirabegron (medicine used to treat overactive bladder), spironolactone (a medicine used</li> </ul>	

Medicines management	Y/N/Partial
<p>to treat heart failure) and warfarin (a medicine used to thin blood) and novel oral anticoagulants (medicines used to thin blood) had the required monitoring.</p> <p>Missed diagnosis of Chronic Kidney Disease:</p> <ul style="list-style-type: none"> <li>- We reviewed a sample of records of patients identified as having a potential missed diagnosis of CKD stages three, four or five and found that patients had the required monitoring.</li> </ul> <p>Missed diagnosis of Diabetes:</p> <ul style="list-style-type: none"> <li>- We reviewed a sample of records of patients identified as having a potential missed diagnosis of diabetes and found that patients had the required monitoring.</li> </ul> <p>Care plans:</p> <ul style="list-style-type: none"> <li>- We found no concerns with the monitoring or documenting of patient care plans reviewed.</li> </ul> <p>Over-prescribing:</p> <ul style="list-style-type: none"> <li>- We reviewed a sample of patients who had been prescribed asthma inhalers over the past 12 months and found that these patients were being monitored appropriately.</li> </ul> <p>The practice told us that they had enhanced their processes for the monitoring of emergency medicines. In addition to two nurse's signatures being required when checking emergency medicines, every three months the emergency medicines would be checked and signed off by a GP.</p>	

## Track record on safety and lessons learned and improvements made

### The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	18
Number of events that required action:	18

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

Event	Specific action taken
Patient given incorrect test results by reception staff.	Reception staff advised to never give out test results as they are not clinical staff. This was included in induction training for new reception staff and also added as a standing agenda at non-clinical team meetings.

Patient complaint about medication being prescribed.	Complaint reviewed and GP had acted as per instruction from hospital letter. Action taken for GP to explain changes in medication clearly to patients to avoid any confusion.
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Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y

## Effective

## Rating: Good

At the previous inspection 25 May 2021, we rated the practice as inadequate for effective because:

- Systems and processes in place were not effective in monitoring patients' health in relation to the use of medicines, including high risk medicines with appropriate monitoring and clinical review prior to prescribing.
- Patients' treatment was not regularly reviewed and updated.
- The childhood immunisations and cervical screening uptake were below average.

At this inspection, 23 February 2022, we have rated the practice good for effective because concerns identified at the last inspection had been addressed. Childhood immunisations and cervical screening data showed the practice were below average for previous years, however the practice provided unverified data which showed improvement.

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

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y



There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Y

## Effective care for the practice population

### Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice 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

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.



- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

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) (01/04/2019 to 31/03/2020) (NHS England)	109	124	87.9%	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) (01/04/2019 to 31/03/2020) (NHS England)	104	122	85.2%	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) (01/04/2019 to 31/03/2020) (NHS England)	105	122	86.1%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)	104	122	85.2%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)	112	145	77.2%	Below 80% uptake

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

#### Any additional evidence or comments

- The practice provided unverified data from the NHS England Cover of vaccination evaluated rapidly (COVER) programme for the period between Oct 2022 to Dec 2022 that showed they had achieved:
- 100% for 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).
- 88.5% for the percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection.

- 88.5% for the percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC).
- 84.5% for the percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR).
- 80.1% for the percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR).
- The practice told us that since the last inspection, they had employed a lead admin team member who worked alongside the nurse and had a list of the outstanding children and would actively call and send text messages, as well as liaise with the Nurse lead to find out why a patient did not attend their appointment.
- The practice also told us that they had removed all ghost patients from their patient list and that they had a failsafe system in place to ensure all patients who do not attend for their appointments are followed up and rebooked.
- In addition, the practice told us that they were in the early phase of receiving support from the Clinical Commissioning Group (CCG) Local Immunisation Co-ordinator regarding the remaining immunisations due.

Cancer Indicators	Practice	CCG average	England average	England comparison
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). (Snapshot date: 30/06/2021) (Public Health England)	69.0%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (PHE)	42.6%	52.4%	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) (PHE)	56.3%	63.5%	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) (PHE)	40.0%	52.8%	55.4%	No statistical variation

#### Any additional evidence or comments

- The practice provided unverified data for Q2 2021/2022 that showed they had achieved an uptake of 77.2% for the percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 5.5 years for women aged 50 to 64) and 67.4% for 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). This is an average of 72.3%.
- The practice provided further unverified data from their clinical searches run in February 2022 that showed they had achieved an uptake of 89% for the percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period

(within 5.5 years for women aged 50 to 64) and 77% for 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). This is an average of 83%.

- The practice told us that they had been working very hard on smears and they had put in place clinical and non-clinical leads for cervical screening.
- They also called patients three times to remind them to attend the practice for appointments and also sent text messages.
- The practice previously had a walk-in clinic on Saturdays for a month which they found unsuccessful as patients were still not turning up for appointments.
- The practice told us that they try to book in smear appointments at the same time as baby vaccination appointments for new mothers and they were always carrying out smears opportunistically where possible.

## Monitoring care and treatment

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

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

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

- The provider had undertaken several clinical audits across all areas of the practice including cervical screening , palliative care, controlled drugs and urinary tract infection audit.
- The practice had carried out a three cycle medication review quality audit that allowed them to see if patients had their medication review coded, all medicines had been collected, their blood test monitoring was up to date and if any free text was added to the patient record to show an assessment had been carried out.
- The practice had set themselves a target of 80% for all of the criteria to be met. The first cycle run in August 2021 showed the practice had not met their target and had achieved 50%. This was discussed at clinical meetings with the second cycle planned for November 2021. The second cycle again showed that the practice had not met their target, having achieved 70%, but there was a 20% improvement with planned actions to continue to discuss at meetings and run the audit again in February 2022. The practice carried out the third cycle on 3 February 2022 and had successfully met their target of 80%, with further planned actions including refreshing awareness of medication review templates and the correct way of coding reviews onto the practice's clinical system during clinical meetings.

## 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.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>- The practice told us that staff can claim overtime for doing online training. This had been discussed at meetings and staff had signed a document to confirm they understood.</li> </ul>	

## Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y

Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Y

### Consent to care and treatment

**The practice was able to demonstrate that it obtained consent to care and treatment in line with legislation and guidance.**

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

## Caring

**Rating: Good**

At the previous inspection we rated the practice as requires improvement for caring because the practice were below average for patient confidence and trust in their healthcare professional, and patient involvement in their own care and treatment. The practice had taken steps to investigate the cause of low patient survey data, but the changes implemented were not evidenced in the most recent patient feedback across different platforms. The practice also identified less than 1% of their patient population as carers.

At this inspection we have rated the practice good for caring because GP patient survey data showed an improvement across all indicators, except for one. The practice had carried out their own analysis and provided an action plan for the indicator that showed a decline. The practice had also identified 1.5% of carers, up from 0.8% at the last inspection.

### Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y

Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
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Patient feedback	
Source	Feedback
NHS Choices	Of the 18 comments, 16 were solely positive and rated the practice four or five out of five stars, with feedback mentioning welcoming and helpful staff and ease of appointment booking. The two negative comments related to staff attitude and patients not wearing face coverings during the pandemic.

### 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)	83.6%	90.1%	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)	83.2%	88.5%	88.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	92.8%	96.0%	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)	72.9%	85.2%	83.0%	No statistical variation

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

Any additional evidence
- The practice had carried out their own internal patient survey, mirroring the questions asked in the GP patient survey with 71 to 74 respondents. Whilst not directly comparable to the GP patient survey, the responses showed a higher level of patient satisfaction across all questions.

## Involvement in decisions about care and treatment

### Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>- Easy read and pictorial materials were available.</li> </ul>	

## 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)	79.1%	93.2%	92.9%	Variation (negative)

### Any additional evidence or comments

- This indicator showed a decline from 83.7% in 2020.
- The practice told us that they had discussed possible reasons for this decline at team meetings and put in place an action point to make sure all patients are asked if they understand what is being discussed during consultations and that there is an agreement with the patients on the decided course of treatment.

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



Carers	Narrative
Percentage and number of carers identified.	<ul style="list-style-type: none"> <li>- The practice told us that they had identified 156 carers, 1.5% (up from 0.8% at the last inspection).</li> </ul>
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> <li>- They practice told us that they now had an admin lead who looked at their learning disability patient list and checked to see if the patient's carer was also registered with the practice.</li> <li>- In addition, they had added a question to identified carers on their new patient registration form and were coding patients as carers on their clinical system at the point of registration.</li> <li>- The practice told us that there was signposting information available on their website especially for young carers and monthly checks on the numbers of carers identified which had been added as a standing agenda item at monthly clinical meetings.</li> <li>- They practice told us of further planned action to implement young carer focused training.</li> </ul>
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> <li>- The practice told us that they will contact the bereaved patients and send a condolences card with a counselling leaflet included. The practice also has leaflets available in reception on how to cope with a bereavement.</li> <li>- The lead GP will personally call the patients family if they were known to the practice.</li> </ul>

## Privacy and dignity

### The practice respected patients' privacy and dignity.

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

## Responsive

## Rating: Good

At the previous inspection we rated the practice as requires improvement for providing responsive services because of below average patient survey data and the practices' failed attempts to address the concerns raised by patients with regards to appointment and telephone access.

At this inspection we have rated the practice good for providing responsive services because patient survey data was in line with local and national averages, patients were able to access care in a timely way and we saw evidence of complaints being used to drive improvement.

## Responding to and meeting people's needs

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

	Y/N/Partial

The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence:	

### Practice Opening Times

Day	Time
Opening times:	
Monday	8am – 8pm
Tuesday	8am – 8pm
Wednesday	8am – 8pm
Thursday	8am – 8pm
Friday	8am – 8pm
Saturday	9am – 1pm
Appointments available:	
Monday	8am – 8pm
Tuesday	8am – 8pm
Wednesday	8am – 8pm
Thursday	8am – 8pm
Friday	8am – 8pm
Saturday	9am – 1pm

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

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice told us they have a dedicated telephone number for elderly patients (75 years plus) only, between 10:00-12:00, so that elderly people don't have to wait long. These elderly patients have been informed about this service by sending letters out to them.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Additional nurse appointments were available outside of school hours for school age children so that they did not need to miss school.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

- The practice was open until 8.00pm Monday to Friday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available on Saturdays from 9am until 1pm.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

## 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 to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.*

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Y
Patients were able to make appointments in a way which met their needs	Y
There were systems in place to support patients who face communication barriers to access treatment	Y
Patients with most urgent needs had their care and treatment prioritised	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Y

## 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)	59.3%	N/A	67.6%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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)	63.9%	74.8%	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)	61.9%	71.4%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	80.0%	82.1%	81.7%	No statistical variation

### Any additional evidence or comments

The practice told us of the following actions they had taken to address patient's access concerns:

- Appointment numbers were being closely monitored on daily basis.
- They had adjusted access based on demand and booked additional locums based on this data.
- Admin duties were reduced to allow more responsiveness to calls.
- A telephone introductory message informing patients to call later for non-urgent queries was implemented.
- A heat map of receptionists was created and staffing numbers were increased in busier periods.
- The practice's phone service was updated to an improved system.
- A new website was launched with a 'contact us' page to divert non-urgent queries.
- Calls were being tested regularly and internal surveys were carried out; with the most recent survey showing patients were happier with telephone waiting times.

### 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.	11
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y

There was evidence that complaints were used to drive continuous improvement.	Y
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Example(s) of learning from complaints.

Complaint	Specific action taken
Patient complaint regarding receptionist attitude	An apology was offered to the patient and reception reminded to be professional and courteous at all times.
Patient complaint regarding a doctor's letter.	A written apology was offered to the patient and an action that staff should clarify with the patient exactly what they are asking for to minimize misunderstandings.

## Well-led

**Rating: Good**

At the previous inspection we rated the practice as requires improvement because the practice did not have effective systems and processes in place, and those that were, were not operating as intended. The practice did not have effective monitoring to ensure that actions were carried out and had resulted in improvement or mitigated the potential risk.

At this inspection we have rated the practice good for providing well-led services because effective systems and practices had been established resulting in improved patient monitoring. The practice had achieved their targets set out in their one year plan and were working towards future targets.

### Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y

### Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence:	

The practice had a vision and strategy to provide high quality sustainable care, including a one, two and five year plan. The practice had achieved the targets set out in their one year plan.

## Culture

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

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

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

Source	Feedback
CQC staff questionnaire	<p>Feedback from staff included:</p> <ul style="list-style-type: none"> <li>- Staff felt supported by the practice and that it was a great team environment.</li> <li>- They felt leaders in the practice were visible and approachable.</li> <li>- Staff felt they had a good understanding of their role and responsibilities.</li> <li>- Staff were encouraged to develop within their role and attend training, and were given protected time to complete training, or paid for their time if training was carried out on a non-working day.</li> <li>- Staff were aware of the practice's vision and strategy.</li> </ul>

## Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y

## Managing risks, issues and performance

**There were processes for managing risks, issues and performance.**

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y

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

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

## Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y



Staff whose responsibilities included making statutory notifications understood what this entailed.	Y
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## Governance and oversight of remote services

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

## Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>- The practice had acted on patient feedback and internal survey data and data showed improvement in patients' satisfaction regarding access.</li> </ul>	

Feedback from Patient Participation Group.

Source	Feedback
PPG questionnaire	Feedback from the PPG included that the practice responds well to suggestions made, and changes have been implemented as a result of suggestions put forward. Also, that services offered meet the needs of the local population, but

there is always room for improvement. It was felt that every effort was made during the pandemic to improve patient experience.
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## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>- The practice told us that a second Primary Care Network (PCN) pharmacist would be supporting the practice soon and that they were in the process of recruiting a practice pharmacist.</li> <li>- The practice told us that they were proud of the hard work they had done on their prescribing audits and the improved outcomes for patients as a result, as well as the improvement in digitally supported care.</li> </ul>	

## Examples of continuous learning and improvement

- The practice informed us of some of the future plans they had, with a specific focus on wellbeing. These included wellbeing videos for patients and leaflets being made available in different languages, as well as continued involvement from the social prescriber.
- The practice also told us of future plans to invest in community projects, including hiring a local premises to teach CPR to local residents.
- The practice had signed up to an intensive CCG led programme aimed at improving patient access, with the expected outcomes including: more efficient and effective practice systems for a smoother patient experience, reduced waiting times for appointments, for telephone access and for enquiry responses, significant time savings for clinical and administrative staff and positive changes in team dynamics.

### 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.
- **PHE:** Public Health England.
- **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.