

Care Quality Commission

Inspection Evidence Table

Wye Valley Surgery (1-8995716977)

Inspection dates:

- **Interviews:** 2, 3 and 8 August 2023
- **Remote clinical searches:** 2 August 2023
- **Site visit:** 8 August 2023
- **Date of data download:** 31 July 2023

Overall rating: Good

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y

Explanation of any answers and additional evidence:

- To strengthen existing safeguarding processes, practice staff had access to the NHS England safeguarding app on mobile devices. The NHS safeguarding app is a comprehensive resource for healthcare professionals, providing 24-hour, mobile access on up-to-date legislation and safeguarding guidance. A GP we spoke with advised of a recent safeguarding referral they had made using the app and highlighted the inbuilt directory of safeguarding contacts and referral process worked seamlessly to ensure the patient was protected.

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> During our inspection, we reviewed a sample of recruitment files and saw staff vaccinations (when relevant and appropriate for their role) were in line with national guidance. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Y
Date of last assessment: At regular intervals throughout 2022 and 2023	Y
There was a fire procedure.	Y
Date of fire risk assessment: June 2023	Y
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice was co-located within the grounds of Wycombe General Hospital. The practice worked with the facilities management team from the hospital to schedule and complete a programme of health, safety and maintenance risk assessments. Additional practice specific maintenance risk assessments were completed annually, for example calibration of equipment was completed in June 2023. Fire alarm testing was carried out weekly, the last fire drill had been undertaken in June 2023 and the fire evacuation procedure was displayed throughout the building with designated fire marshals appointed. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out.	Y
Date of last infection prevention and control audit: 8 th December 2022	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">On the day of the inspection, we observed the practice to be clean, tidy and clinical waste stored safely and securely. We also saw actions had been completed following the infection prevention and control (IPC) audits in December 2022. For example, the audit highlighted IPC training did not align to the local guidelines (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board). We reviewed this during our inspection in August 2023 and saw training had been completed.	

Risks to patients

There were 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice ran regular capacity and demand audits to review and monitor any potential risks to patients accessing GP services whilst ensuring practice staff were scheduled and deployed at the correct times.	

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
<p>Explanation of any answers and additional evidence:</p> <p>A review of patient records in relation to the clinical searches identified that care records were managed in line with current guidance. For example, history, examination, management plans, safety netting and follow up plans were documented within the patient record.</p> <p>We also saw:</p> <ul style="list-style-type: none"> • There was a system in place when referring patients to specialist services and processes were in place to monitor 2 week wait referrals. • There was a clear system in place for the management of test results and incoming clinical correspondence, these were managed in a timely manner. There were safeguards in place to ensure all urgent results or clinical correspondence had been actioned in a timely manner with minimum delays. 	

Appropriate and safe use of medicines

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

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

Indicator	Practice	SICBL average	England	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2022 to 31/03/2023) (NHSBSA)	0.84	0.91	0.91	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2022 to 31/03/2023) (NHSBSA)	4.2%	7.8%	7.8%	Variation (positive)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2022 to 31/03/2023) (NHSBSA)	5.10	5.26	5.23	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2022 to 31/03/2022) (NHSBSA)	41.7‰	65.8‰	129.8‰	Variation (positive)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2022 to 31/03/2023) (NHSBSA)	0.16	0.40	0.55	Significant variation (positive)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2022 to 31/03/2023) (NHSBSA)	4.3‰	4.9‰	6.8‰	No statistical variation

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

Any additional evidence or comments

- During the inspection, we discussed prescribing indicators with staff members who prescribed medicines. The prescribing team advised they were proud of their achievements and their safe and cost-effective prescribing record.
- The practice had completed a 2-cycle clinical audit which reviewed antibiotic prescribing for treating urinary tract infections in patients aged over 65. The audit used the antimicrobial guidelines for primary care within the South Central Antimicrobial Network and included additional recommendations which the practice was adopting and implementing.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including medicines that require monitoring (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y

Explanation of any answers and additional evidence, including information from clinical searches:

During the August 2023 inspection, the CQC GP Specialist Advisor undertook a set of remote searches on the practice's clinical system, this was in agreement with the practice. We used a suite of clinical searches, reviewed samples of patient medical records and then discussed these searches with the practice. The GP Specialist Advisor's remote searches of medicines that require monitoring demonstrated that the practice had effective systems in place to monitor appropriate patients, for example:

Disease-modifying anti-rheumatic drugs (DMARDs)

- DMARDs are immunosuppressive and/or immunomodulatory medicines designed to influence the course of a disease.
- The clinical searches identified 29 patients who had been prescribed Methotrexate (a type of medicine called an immunosuppressant) in the 12 months preceding the search. We saw all 29 patients (100%) were coded as having received the necessary monitoring on the clinical system.

Medicines that require monitoring (high-risk drugs)

- Medicines that require monitoring (high risk drugs) are medicines that can cause significant harm, they may cause serious side-effects if prescribed incorrectly or when a dose is calculated incorrectly.
- The clinical searches identified 1,015 patients who had been prescribed an ACE inhibitor or Angiotensin II receptor blocker (medicines used to treat high blood pressure and heart failure which require regular monitoring) in the 12 months preceding the search. We saw 24 of the 1,015 (2.3%) were coded as not having received the necessary monitoring on the clinical system. Of the 24 patients, we reviewed 5 records, our GP Specialist Advisor found clear and comprehensive documentation of clinically appropriate reasons as to why the patients appeared on this search and no risk to patients' wellbeing was identified.

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: 5	Y
Number of events that required action: 5	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Staff demonstrated a clear understanding of the procedure for reporting concerns and safety incidents and had access to a significant event policy to support them in the process. They were able to recall and share examples of significant events raised including the outcomes and learning. The practice maintained an electronic log of significant events and incidents. These were categorised and discussed at meetings to allow for reflection and learning and help improve patient care. 	

Example of significant events recorded and actions by the practice.

Event	Specific action taken
Mistaken patient identity	<ul style="list-style-type: none"> Full review of the incident, including case tracking the event with all practice staff involved. The review highlighted staff did not always follow the correct process for confirming patient identities. The practice implemented a new approach to reduce the likelihood of this happening again, this approach was called 'every contact counts'. At every patient contact, staff would check at least 2 different components of identification to ensure no errors were made. During the inspection, staff told us the new approach and 2 factor identity validation was now embedded into everyday practice.

	<ul style="list-style-type: none"> The practice used the learning from this event to revise the referral process and supporting documentation to ensure all details and all forms of communication were correct and confirmed with the patient prior to referrals being made.
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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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The CQC GP Specialist Advisor reviewed the system the practice used to record and act on safety alerts, including medicine alerts, medicine recalls and updates to local or national clinical guidance. Our review highlighted the practice responded to the alerts correctly in line with guidance and in accordance with the alert. 	

Effective

Rating: Good

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

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	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
The practice prioritised care for their most clinically vulnerable patients.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Clinical staff described how they kept up to date with evidence-based practice. Minutes of meetings we reviewed evidenced clinical issues were regularly discussed between members of the team at practice meetings. • Our clinical searches found patients' care and treatment was regularly reviewed and monitored. For example, in relation to medicines that require monitoring and long-term conditions. 	

Effective care for the practice population

Findings
<ul style="list-style-type: none"> • The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. • Vaccinations (flu, shingles and pneumonia) and health checks, including frailty assessments, were offered to patients over 75 years of age. • The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. • The practice had designated staff including a healthcare assistant to invite and complete 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. • There were 64 patients on the Learning Disabilities register and all 64 had been invited to an annual health check. Of the 64 patients, 47 had (73%) had received a health check in the previous 12 months and the remaining 17 had been contacted on further occasions inviting them to attend a 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 also completed a clinical audit which reviewed end of life care and death with reference to the Daffodil Standards. The Daffodil standards are standards designed in collaboration between Royal College General Practitioners and Marie Curie (an end of life charity) to improve care offered to patients with advanced serious illness and end of life. • The practice provided data which confirmed they assessed and monitored the health of people with mental illness, severe mental illness, and personality disorder. For example, in 2021/22, 80% of newly diagnosed patients with depression had a review between the recommended 10-56 day period after diagnosis, this was higher when compared to the national average of 55%. • Patients with poor mental health, including dementia, were referred to appropriate services.

- The practice provided GP services to 2 care and nursing homes, approximately 110 patients. Both homes had weekly GP sessions to review patients with non-urgent health problems; this time was also used to proactively identify and manage any emerging health issues and undertake medication reviews.

Management of people with long term conditions

Findings

During the inspection, the CQC GP Specialist Advisor undertook a set of remote searches on the practice's clinical system, this was in agreement with the practice. These searches were completed to review if the practice was assessing and delivering care and treatment in line with current legislation, standards and evidence-based guidance. Our searches identified long-term conditions were managed and monitored correctly.

Diabetes

- There were 7 patients identified as having a potential missed diagnosis of diabetes. The national recommendation for diagnosing diabetes is HbA1c of 48mmol/mol and above. HbA1c is a test which indicates the average level of a person's blood sugar over the past 2-3 months.
- We reviewed 5 of the 7 patients' records and found these patients were being managed correctly. On closer review, we saw 2 of the patients that appeared on the search had in the week prior to the inspection received a HbA1c of 49mmol/mol and was the reason why they had appeared on this search. We also saw both patients had a scheduled appointment to commence diabetes management.

Asthma

- There were 5 patients identified as being prescribed 12 or more asthma inhalers in the last 12 months. This is a sign that a patient may be over-relying on their short-acting reliever inhaler and the condition is potentially being poorly managed. We reviewed all 5 patients' records and saw 4 of the 5 (80%) had consistent asthma management. All but 1 patient had an adequate assessment of their asthmatic needs and follow up of the effectiveness of their medication.
- We also looked at the number of patients with asthma who have had 2 or more courses of rescue steroids (a medicine to calm and prevent inflammation in the airways and keep asthma under control) in the last 12 months and found 34 patients in this category. The search identified 1 patient who required additional monitoring and reviews.
- On feeding back these findings, the practice had contacted and arranged for the 2 patients to attend for a full respiratory review including the usage of asthma inhalers, inhaler technique and the triggers for asthma exacerbation which resulted in the use of rescue steroids.

Chronic Kidney Disease (stage 4 or 5)

- There were 4 patients identified as having inconsistent monitoring and management of Chronic Kidney Disease (CKD) stage 4 or 5.
- We reviewed all 4 patients' records and our GP Specialist Advisor found clear and comprehensive documentation of clinically appropriate reasons as to why the patients appeared on this search and no risk to patients' wellbeing was identified.

During the inspection, we also saw:

- Patients with long-term conditions were offered an effective annual review to check their health and medicines needs were being met. Patients with long term conditions were invited for an annual review in the month of their birth. The practice found this simplified the recall system as patients were more aware of when their review was due, and attendance had increased as a result.
- For patients with the most complex needs, the practice worked with other health and care professionals to deliver a coordinated package of care. This included work with the Oxford Academic Health Science Network as part of an integrated uncontrolled asthma management pathway.
- 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 could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice worked with an external clinical pharmacist to support patients with COPD, these patients were also offered rescue packs at their annual reviews.

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)	78	87	89.7%	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)	102	111	91.9%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	101	111	91.0%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	103	111	92.8%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	87	100	87.0%	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

- Annual improvement was noted in the uptake of child immunisations across all 5 indicators. The most recent published data showed the practice had the minimum 90% target in 3 of the 5 indicators.
- The practice told us they continued to promote uptake of childhood immunisations and baby immunisation clinics. Children could receive their immunisations outside of these clinics to accommodate patients' needs. Arrangements were in place to follow up children not brought for their immunisations.

Cancer Indicators	Practice	SICBL average	England	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot: 31/12/2022) (UKHSA)	51.9%	N/A	80.0%	Below 70% uptake
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2021 to 31/03/2022) (UKHSA)	46.9%	53.9%	54.9%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	60.7%	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)	61.5%	N/A	70.3%	N/A

Any additional evidence or comments
<p>A snapshot of published and verified data by UK Health and Security Agency (UKHSA) for December 2022 showed that the practice had not met cervical screening targets.</p> <p>The practice was aware of the 80% target and the requirement to improve the uptake of the screening. They advised the practice had experienced challenges in meeting cervical screening targets due to reluctance from patients and a transient population. The practice also highlighted some patients registered from countries outside of the UK preferred to have their cervical screening carried out when visiting their country of origin.</p> <p>With a view to improve uptake, the practice had completed a full review and audit into all stages of the cervical screening programme. The review highlighted 6 different themes and the practice had aligned an action point to each theme in order to increase uptake. For example:</p> <ul style="list-style-type: none"> • Staff: The practice now has additional trained clinicians including female GPs who can complete the screening. • Appointment access: A variety of appointments are available, this included early morning appointments, evening appointments and weekend appointments to compliment appointments during core opening times. • Community outreach: The practice had worked with the local primary care network (PCN) to provide educational health promotion in places of worship and community settings to promote screening whilst dispelling myths around cervical screening. <p>The practice told us they were optimistic the actions would increase uptake in the screening programme. They also had plan for further actions should the original action plan not be successful. This included, a designated female GP contacting patients directly to discuss any hesitancy and reasons for not attending booked appointments.</p>

Monitoring care and treatment

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

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	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
Any additional evidence or comments: <ul style="list-style-type: none"> The practice had a system in place for completing a wide range of completed clinical audit cycles. These included audits for prescribing, cervical screening, contraception, urinary tract infections and the clinical management of patients residing in local care homes. 	

Example of improvements demonstrated because of clinical audits or other improvement activity in the past 2 years:

Long-acting reversible contraception (LARC) audit

- A 2-cycle audit implemented to review and if necessary, improve the management of the use of LARCs in relation to NICE guidance (clinical guideline CG30). The audit included 12 different standards (the target for each standard was 90%), including pre LARC counselling and pregnancy tests.
- The first cycle of audit was undertaken between January 2021 and October 2021 and reviewed 40 cases. On review, 11 of the 12 standards did not meet the 90% target, for example 70% of cases were offered pre LARC counselling and 80% of cases had the required pregnancy tests.
- The results of the audit were shared, alongside updated guidance during a clinical meeting. This included a review of the templates and codes used to ensure interventions were correctly recorded.
- The second cycle of audit was undertaken between March 2022 and November 2022, reviewed an additional 40 cases using the same criteria and standards as the first audit cycle. Of the 12 standards, all 12 had now achieved the 90% target with 7 standards achieving a 100% target. On further review, compliance to all standards had improved, for example 100% of cases had been offered pre LARC counselling (a 30% improvement) and 99% of cases had the required pregnancy tests (a 19% improvement).

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.	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">The practice was a training practice. Doctors who were training to be qualified as GPs were offered extended appointments and had access to 2 GP trainers and the duty doctor throughout the day for support. At the time of our inspection, 2 trainee GPs had recently started working at the practice.	

Coordinating care and treatment

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

	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">As part of the inspection, we spoke with both care homes who accessed GP services from the practice. The care homes highlighted the positive relationship, care coordination and effective communication between the practice and the homes.	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Information from the Office for Health Improvement and Disparities from 2022 showed 97% of patients who were recorded as current smokers had been offered smoking cessation support and treatment. This was higher when compared with the PCN average (85%) and the national average (82%). Both clinical and non-clinical staff were able to refer and signpost patients to additional health and wellbeing services. For example, patients were referred to weight management services, diabetic education programmes and to organisations which sought to tackle loneliness. Patients from the practice were able to be supported by a mental health practitioner, a physiotherapist, a social prescriber and care coordinators who were employed by their local Primary Care Network. The provider offered a range of health assessments which included learning disability health checks, NHS health checks, and dementia assessments. 	

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We carried out a search of the practice records system to review how the practice was recording Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions. We reviewed records and found that the practice had recorded detailed information in these cases including the date of the decision and relevant discussions with the patient and their family. We saw evidence that decisions were reviewed. 	

Caring

Rating: Good

Kindness, respect and compassion

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

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

Patient feedback	
Source	Feedback
Patient feedback collected during the inspection	<ul style="list-style-type: none"> During our inspection, we received verbal feedback from 2 patients who were in the practice on the day of our site visit. Although feedback and the content of the feedback we received was limited due to inspection activities, they told us they were well cared for, listened to and staff explained everything clearly.
NHS.uk website (formerly NHS Choices)	<ul style="list-style-type: none"> Feedback left on the NHS.uk website was positive and referred to different aspects of the practice and care received. At the time of our August 2023 inspection, there had been 8 ratings and reviews for the period July 2022 to July 2023. Of the 8 reviews, there was 1 review rated as 1 star, 1 review rated as 2 stars, 1 review rated as 4 stars and 5 reviews gave a 5-star rating (5 stars is the maximum score). All reviews (positive and negative) had been responded to by the patient services manager. For those reviews with negative themes, the patient services manager invited the person leaving feedback to contact them directly to review the case and use the feedback as a tool for reflection.
NHS Friends and Family Test	<ul style="list-style-type: none"> The practice promoted and monitored patient feedback that was collected via the NHS Friends and Family Test results. This is a national feedback tool used within NHS services and asks people/patients if they would recommend the service they have used and offered a range of responses. In the last 12 months (July 2022 – July 2023), the practice had 83 responses to the test. Of the 83 responses, 96% of respondents (80 responses) would recommend (extremely likely or likely) the practice to friends or family.

<p>External stakeholder feedback (from 2 care and nursing homes)</p>	<ul style="list-style-type: none"> We spoke with representatives of 2 care homes who had residents registered with the practice. Feedback was positive regarding the practice providing a caring and compassionate service. Feedback highlighted the visiting team responsible for weekly ward rounds were extremely attentive, kind and provided excellent care and support. They said certain individuals really made a difference to the residents' health and well-being.
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National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2023 to 01/04/2023)	79.3%	84.5%	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 01/04/2023)	82.2%	83.3%	83.8%	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 (01/01/2023 to 01/04/2023)	86.1%	93.5%	93.0%	Tending towards 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 01/04/2023)	63.9%	66.4%	71.3%	No statistical variation

Any additional evidence or comments

- In the 2 weeks before the inspection, the most recent National GP Patient Survey results were published. On review, we saw most practice results regarding care and compassion remained similar to the previous year's results and comparable to the local (SICBL) and national results.
- During our inspection, we saw the practice had completed an initial review of the results and compared the results to the previous year's results and other patient feedback collected to identify any themes. The practice was aware of the areas within the results that needed further reviews and analysis.

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

Any additional evidence
<ul style="list-style-type: none"> Although the practice collected patient feedback from a variety of sources, a practice specific patient survey had not been completed. The practice was ready to launch a survey, to coincide with the new website (due in September 2023) and would include questions relating to areas of improvement highlighted in the national survey and also free text options for feedback on the new premises.

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"> Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. For example, the invite to attend a learning disability health check included pictorial materials. All staff had received awareness training in learning disability and autism, including how to interact appropriately with autistic people and people who have a learning disability. 	

National GP Patient Survey results

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2023 to 01/04/2023)	84.2%	90.6%	90.3%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> There was significant ethnic diversity within the patient population, notably patients with an Asian background and a growing number of Eastern European patients. All staff we spoke with were aware that translation services were available for patients who did not have English as a first language. During the inspection, we saw notices informing patients that this service was available. Patients were also told about multi-lingual staff that might be able to support them, including practice staff speaking the 6 main South Asian languages and other European languages. 	

Carers	Narrative
Percentage and number of carers identified.	<ul style="list-style-type: none"> In August 2023, the practice patient population list was 11,940. The practice had identified 70 patients, who were also a carer; this amounted to 0.6% of the practice list.
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> In January 2023, the practice had reviewed the carers register to review, update and amend the register, ensuring the register was accurate. As a result of the review, the register of carers had fallen to 0.6% of the practice list. The practice was aware the number of identified carers was low and had taken action to address this, specifically the launch of a carers project. The project included additional methods to identify carers and also included updated notices and information in the patient waiting area which informed patients how to access a number of support groups and organisations. For example, there was an information display board from Carers Bucks (an independent charity to support unpaid, family carers in Buckinghamshire).
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> Staff told us that if families had experienced bereavement, their usual GP contacted them. This could be followed by a patient consultation at a flexible time and location to meet the family's needs. Information about local and national bereavement support services was available in the patient waiting area.

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

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
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• In 2019, the practice moved to new modern purpose-built premises situated within Wycombe General Hospital. Automatic doors provided easy access to the premises and signage boards were strategically placed throughout the hospital grounds to help patients navigate to the building.• The practice demonstrated their commitment to the Accessible Information Standard and had reviewed findings from Healthwatch Bucks report and recommendations on the experiences of people who were deaf, Deaf or hard of hearing when they try to access care from GP practices. Healthwatch Bucks is the local Healthwatch organisations set up by the government under the Health and Social Care Act (2012), ensuring that health and social care services put the experiences of people at the heart of their work.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	7.30am – 6.30pm
Tuesday	7.30am – 6.30pm
Wednesday	7.30am – 6.30pm
Thursday	8.30am – 6.30pm
Friday	8.30am – 6.30pm
Additional comments	
<ul style="list-style-type: none"> Additional extended access appointments were available every weekday morning (except Thursdays and Friday) from 7.30am, every Monday evening until 8pm, every Wednesday until 7pm and 1 Saturday morning a month between 9am and 1pm. 	

Further information about how the practice is responding to the needs of their population
<ul style="list-style-type: none"> 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 provided GP services and weekly ward rounds to 2 local care and nursing homes for older people (approximately 110 patients). In recognition of the religious and cultural observances of some patients, the practice would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred. The practice liaised regularly with a range of community services and specialists to discuss and manage the needs of patients with complex medical issues. Additional appointments were available outside of core opening hours, this included early morning appointments, evening appointments and weekend appointments. 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 was fully accessible for people with disabilities and mobility difficulties. We saw that the waiting areas and consulting and treatment rooms were large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. The practice had a step free access, an automatic door entrance to help those with mobility difficulties, a lowered reception desk and a portable hearing loop to help patients who used hearing aids. The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

- As part of the local Integrated Care System (ICS), the practice had a new cloud-based telephone system planned to further improve patient experience, speed of response, call handling and to allow for staff training as there was the facility to record and review calls. (An ICS is a partnership of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area).

Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y
Patients were able to make appointments in a way which met their needs.	Y
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Y
Patients with most urgent needs had their care and treatment prioritised.	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> To ensure the practice remained accessible, capacity and demand was under consistent review. This included a review of the clinical skill mix within the practice and support staff. We reviewed the most recent capacity and demand audit from July 2023 which highlighted in the previous 12 months, over 1,000 new patients had registered at the practice, the number of available appointments had increased by 3,061 and the 'did not attend' rate remained constant at 9%. 	

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2023 to 01/04/2023)	33.9%	N/A	49.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 01/04/2023)	51.9%	47.2%	54.4%	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 (01/01/2023 to 01/04/2023)	54.4%	45.9%	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 01/04/2023)	71.2%	68.7%	72.0%	No statistical variation

Any additional evidence or comments

On the day of the inspection, we reviewed the appointment system and found patients could access care in a timely manner, we found the next available appointments were:

- Routine nursing appointments were available within 2 days of the inspection.
- Routine GP appointments were available within 2 days of the inspection.
- Patients could request to be seen on the same day and this would be triaged to determine if the symptoms required urgent assessment.

Despite the COVID-19 pandemic, relocation and an increase in demand, the findings from the National GP Patient Survey aligned to other the positive feedback we received. These findings demonstrated the practice had planned and were delivering a service which met patient needs.

Source	Feedback
Patient feedback regarding access	<ul style="list-style-type: none"> • During our inspection, we received verbal feedback from 2 patients. Both patients advised the practice was responsive to their needs, appointments were available however sometimes the phone lines were extremely busy.
External stakeholder feedback (from 2 care and nursing homes)	<ul style="list-style-type: none"> • We spoke with the representatives of 2 care homes who had residents registered with the practice. Overall feedback was positive regarding the practice providing a responsive service. They considered the practice was responsive to the health needs of their residents. • Both representatives told us the practice held weekly ward rounds to discuss any individuals with health concerns and prioritised patients (residents) with most urgent needs including new admissions.
Staff feedback on access	<ul style="list-style-type: none"> • We received written and verbal feedback from staff who reported relocation, the COVID-19 pandemic and many changes within teams, access was maintained throughout the pandemic.

	<ul style="list-style-type: none"> Several members of staff commented at time the practice telephone lines were very busy and some duties had become a challenge due to changes within teams. Staff members also highlighted how disappointed they were with the high 'did not attend' rate for appointments, highlighting this was frustrating as some patients were not attending booked appointments.
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Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year:	10
Number of complaints we examined:	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Any additional evidence
<ul style="list-style-type: none"> There were 2 designated responsible people who handled complaints, the practice manager, and the patient services manager. If required, a GP could be included in the investigation of any clinical complaints.

Examples of learning from complaints.

Complaint	Action taken
Concern regarding a medication query	<ul style="list-style-type: none"> The practice completed a full review and engaged with the complainant and clinician involved. On review, the clinician was correct in their recommendation however, the recommendation could have been communicated with additional information which supported their recommendation and eased the patients' anxieties.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels and leaders had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The leadership team understood and were addressing the local and national challenges affecting the practice, related to changes in general practice and in patient behaviours. Internal challenges and actions to improve were discussed with staff at regular practice meetings. There was a full practice commitment to provide a high standard of holistic primary care to their patients by working together as a cohesive multi-disciplinary team. Staff highlighted they wanted to maintain the traditional family values within the practice whilst moving forward with innovation and digitalisation. 	

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had a strategy and supporting business plans for the next 3 years which reflected the vision and values. We saw the plans were regularly monitored and when required amended. Staff were involved in discussions about how to run and develop the practice, and the leaders encouraged all members of staff to identify opportunities to improve the service delivered by the practice. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The majority of staff described the practice had an open, welcoming atmosphere and leaders supported staff to raise concerns and find solutions. However, we did receive some staff feedback which indicated, at times, communication could be improved. Staff feedback from members of the nursing team was positive. They highlighted there were both new members of staff and members of the team who had been with the practice for many years. Staff advised the blend of new staff alongside experienced staff had created a positive combination and there was a sense of togetherness. The leadership team demonstrated a passion to tackle health inequalities and there were strong governance arrangements in place to improve care outcomes. 	

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

Source	Feedback
Staff feedback – verbal and written	<ul style="list-style-type: none"> During the inspection, staff were complimentary about working at the practice. We also received staff feedback stating the practice had continued to work hard throughout the relocation and the COVID-19 pandemic. The majority of staff told us they enjoyed working at the practice although the workload had recently increased significantly. Most of the staff felt supported and encouraged to ask questions and develop their role. We received some feedback from staff that felt insufficiently rewarded or recognised, given the recent increase in workload and cost of living crisis.

	<ul style="list-style-type: none"> Most staff said they felt well supported, they felt they belonged to a good team, who looked out for each other.
GP Registrar feedback	<ul style="list-style-type: none"> The practice is a training practice for GP Registrars. GP Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine. We received written feedback from 2 recent GP Registrars who had recently completed placements at the practice. The feedback praised the supportive learning culture within the practice, notably the mentorship and coaching from the GP trainer and the wider support of the practice team.
Meetings	<ul style="list-style-type: none"> Meeting minutes showed regular meetings took place across the different departments in the practice. We saw these meetings facilitated the sharing of updates and any changes to practice following significant events, incidents, patient feedback and changes to best practice.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice recently launched a new communication and correspondence platform across all teams within the practice. This platform aligned to the overall governance framework within the practice. The practice had also used the migration to this new platform to review and revise policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. There was an established network of internal meetings to share information, assist with planning, and review any emerging concerns or new workstreams. 	

Managing risks, issues and performance

The practice had clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Throughout the inspection we discussed the management of risks with the practice team. The management team spoke confidently of how they were identifying, managing and mitigating risks, this included practice specific risks, national risks within primary care, challenges within the patient demographics and areas of poor performance. Several workstreams and projects had been created to mitigate known risks, for example, a project to optimise the management of patients with respiratory conditions.• The practice had complete an initial review and triage of the most recent National GP Patient Survey results which were published 2 weeks prior to the August 2023 inspection. The practice told us, this review would help manage performance, patient satisfaction and shape any internal process changes.	

Appropriate and accurate information

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

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

Governance and oversight of remote services

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

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. However, the patient participation group had become inactive.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group (PPG).	N
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Since the relocation in 2019 and the COVID-19 pandemic, the practice's PPG had become inactive. We saw the practice had attempted several times to restart the group, however the group remained inactive. Notices within the practice and on the website encouraged patients to join a group, however no patients had expressed an interest in joining. In the absence of the practice PPG, the practice manager increased their engagement with the local practices and the local PCN PPG as mechanisms to obtain feedback from people within the local community. • Prior to the relocation, the practice engaged with patients and created and shared a range of information to update them on the changes. For example, there was a frequently asked question document produced which included information about the relocation and logistics, including car park, the new location facilities and opening times. 	

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

Examples of continuous learning and improvement

We saw the practice supported various projects and pilots which demonstrated innovation and improvement, for example:

- South Asia biobank project – the practice had worked with the South Asia Biobank (an international research study designed to prevent the high risk of cardiovascular disease, diabetes, and cancer among South Asian people) to improve outcomes for patients within the practice and in the wider community. Although the project and study were ongoing, the study and practice’s participation had already highlighted practice patients who were at risk of developing cardiovascular disease, diabetes, and cancer. The study had also highlighted the environmental and genetic factors to patients that contribute to heart disease, stroke and other diseases within the South Asian community.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction).

We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique, we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

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

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

The following language is used for showing variation:

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

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

- **Child immunisation indicators:** These are scored against a 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%.

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.