

Care Quality Commission

Inspection Evidence Table

Dr A S Pannu & Partners (1-567987999)

Inspection date: 2 and 6 August 2021

Date of data download: 23 June 2021

Overall rating: Good

The practice was previously rated as Requires Improvement overall, in the safe, caring, responsive and well-led domains and in all population groups. This was because:

- Systems and processes for ensuring safe services were not being managed effectively.
- National GP patient survey results were significantly lower than average in relation to the provision of caring and responsive services.
- Governance arrangements were not managed effectively to ensure services were well-led and the practice was not correctly registered under Health and Social Care Act 2008.

Please note: Any Quality Outcomes Framework (QOF) data relates to 2019/20.

Safe

Rating: Good

At our previous inspection in January 2020, we rated the practice as Requires Improvement for providing safe services because systems for safety alerts, management of significant events and safeguarding records were not being effectively managed.

At this inspection, improvements had been made and the practice is now rated as Good for providing safe services.

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Y

Safeguarding	Y/N/Partial
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
Staff who acted as chaperones were trained for their role.	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
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection in January 2020, we found that the practice identified individual vulnerable patients and flagged them on the practice's system. However, the practice did not always link records. For example, by flagging the sibling of a vulnerable child.</p> <p>At this inspection, we found that improvements had been made and the practice was able to demonstrate that all records were now linked and easily identifiable.</p>	

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 Public Health England (PHE) guidance if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: February 2021	Y
There was a record of equipment calibration. Date of last calibration: February 2021	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
A fire risk assessment had been completed. Date of completion: July 2021	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence:	

We saw a fire risk assessment dated 7 July 2021, which had generated an action plan. Progress had been made with this, although some actions were due for completion in the future. For example, six to 12 months' time.

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: July 2021	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: July 2021	Y

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
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: July 2021	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	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

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

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2020 to 31/03/2021) (NHS Business Service Authority - NHSBSA)	0.91	0.74	0.70	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). (01/04/2020 to 31/03/2021) (NHSBSA)	13.9%	10.8%	10.2%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2020 to 31/03/2021) (NHSBSA)	5.68	5.88	5.37	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2020 to 31/03/2021) (NHSBSA)	234.1‰	131.9‰	126.8‰	Tending towards variation (negative)

Indicator	Practice	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2020 to 31/03/2021) <small>(NHSBSA)</small>	0.63	0.69	0.66	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2020 to 31/12/2020) <small>(NHSBSA)</small>	6.9‰	6.5‰	6.7‰	No statistical variation

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

Any additional evidence or comments

At our previous inspection in January 2020, we told the practice they should continue to implement appropriate actions to reduce the prescribing of identified classes of antibiotics. Data showed that the number of prescription items for antibiotics such as co-amoxiclav, cephalosporins was 13.4% (compared to the CCG average of 9.1% and national average of 8.5%). Similarly, the average daily quantity per item for antibiotics prescribed for uncomplicated urinary tract infection was 6.51.

At this inspection, data showed no statistical variation and/or a decrease in rates, meaning that actions taken by the practice had been effective. For example, the clinical pharmacist reviewing patients prescribed these medicines and offering alternatives.

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 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.	Partial
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y

Medicines management	Y/N/Partial
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.	Partial
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.	N/A
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	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>At our previous inspection in January 2020, we told the practice they should review the documentation relating to Patient Group Directives (PGDs) to ensure it was current and correct.</p> <p>At this inspection, we found that the practice could demonstrate that improvements had been made and PGD's were now maintained and staff had the appropriate authorisations to administer medicines.</p> <p>We saw documentation that related to a Police attendance at the main practice and Leysdown branch surgery, conducted in 2020. The purpose of the visit was to ensure that controlled drugs were kept in accordance with policy. A risk assessment was completed at the time and subsequently the security of the premises has been improved to further ensure safety of these types of medicines.</p> <p>In response to the pandemic, the practice had encouraged patients to use online services for repeat prescriptions, as well as the St Georges Medical Centre reception email for requests.</p> <p>We visited the dispensary at each of the branch practices (Leysdown and Eastchurch) and found that loose leaf pages were being used for recording the receipt and dispensing of Controlled Drugs (CDs). However, before the site visit had been concluded new CD registers had been ordered. Since the inspection, the practice has provided evidence to show that tamper proof CD registers would be received and in use by 10 August 2021.</p>	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Y
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Partial
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Y
Where the Electronic Prescription Service is not used for dispensary prescriptions, prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Y
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Y
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	Y
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Y
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Y
Information was provided to patients in accessible formats. For example, large print labels, braille, information in a variety of languages etc.	Y
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Y
<p>Explanation of any answers and other comments on dispensary services:</p> <p>At our previous inspection in January 2020, we found that dispensary undertook e-learning and competency checks on medicines management annually. However, there was no available record of the training and competency checks.</p> <p>At this inspection, the practice were able to demonstrate that records of training and competency checks were being maintained.</p> <p>We also found that Standard Operating Procedures (SOPs) for the dispensaries had not been reviewed or updated since June 2019. However, before the site visit had been concluded a new suite of SOPs had been ordered. Since the inspection, the practice has provided evidence to show that all existing SOPs have been reviewed, pending the receipt of the new ones.</p> <p>The practice had introduced a prescription delivery service at the first national lockdown, for patients who were isolating, and house bound. Due to its success and positive feedback from patients, the practice had continued the service.</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:	10
Number of events that required action:	9
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection in January 2020, we found that management of significant events were not being effectively managed.</p> <p>At this inspection, the practice was able to demonstrate that the end to end process for significant events (investigating, actioning and recording outcome/learning points) was firmly established and embedded.</p> <p>We also saw a serious incident, in relation to hormone replacement therapy prescribing, had resulted in a clinical audit and learning points having been shared with clinicians.</p>	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Two-week wait error, in that a patient did not receive an appropriate hospital appointment.	The practice had undertaken a joint investigation with the hospital. As a result of the investigation both the hospital and practice had made improvements to how they monitored the sending and receipt of two week wait referrals.
The practice had identified that a patient had been prescribed two anti-depressant medicines.	This was investigated and actions taken included ensuring that prescribing clinicians used the software/systems for prescribing appropriately. For example, using the replace function on the medicines system and ensuring the previously prescribed medicine had been cancelled correctly.
A locum GP (no longer working at the practice) not taking appropriate action to refer a patient under the two week wait system.	<p>As a result of this investigation the named GP took responsibility for contacting the hospital clinicians and departments involved, to ensure the patient received the appropriate urgent care and treatment required.</p> <p>The investigation also highlighted that requests for scans and x-rays had been deemed as non-urgent by the relevant hospital department during the pandemic. However, this was incorrect, and the GP raised this as a significant event with them. As a result of both investigations, the patient was apologised to</p>

	under the Duty of Candour and the locum GP was contacted to discuss learning points.
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Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection in January 2020, we found that systems for safety alerts were not being effectively managed.</p> <p>At this inspection, the practice were able to demonstrate that improvements had been made. We saw that all safety alerts and NICE guidelines were processed as soon as they were received. Clinical alerts were appropriately completed by the GPs. Records showed that these were discussed between the practice manager, GPs and other clinicians in the practice. We also saw policies and protocols had been updated and changes were conveyed during staff meetings. The practice also had dedicated staff at each branch practice, who now actioned these alerts.</p> <p>We reviewed records for patients requiring monitoring for certain medicine use and found that historic safety alerts had not been applied during these reviews. For example, newly registered patients or patients prescribed these medicines by secondary care professionals. The practice management team were made aware of this and during the inspection process, provided an action plan (with a date for completion) to show how this would be addressed. The action plan included detailed of the nature of the review, the relevant alert and the specific code to be applied to the patient's records.</p>	

Effective

Rating: Good

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.	Partial
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
Explanation of any answers and additional evidence: We reviewed patient records for high risk medicine prescribing and found that the majority were reviewed routinely and in line with current guidance. However, some patients prescribed medicines such as ACE inhibitors (medicines prescribed to treat heart and kidney conditions), DOAC's and ASR's (medicines used for blood thinning), were not always having the correct routine assessment when prescribed these medicines by other healthcare professionals, for example, hospital consultants. The CQC GP specialist advisor reviewed five records of each medicine prescribed and found in three out of five that checks such as height, weight and blood pressure had either not been monitored or were coded incorrectly. The practice management team were made aware of this during the inspection process and provided an action plan (with a date for completion) to show how this would be addressed. The action plan included details of the nature of the review, the number of patients required to be reviewed and the specific code to be applied to the patient's records. We saw on the day of the site visit, that significant progress had been made with the action plans implementation.	

Older people

Population group rating: Good

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. Additionally, the practice had access to social prescribing link coordinators (via the Primary Care Network), who worked with elderly patients to signpost and support them with social, financial, housing or well-being matters.

- The practice had a named GP who followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medicines reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication 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.

People with long-term conditions

Population group rating: Good

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.
- The practice had a high prevalence of patients with Chronic Obstructive Pulmonary Disease (COPD) and diabetes. These patients were able to access dedicated respiratory clinics and diabetes nurse clinics provided by the practice. For patients with diabetes there was a specialist nurse community support service.
- 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, COPD, atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2019 to 31/03/2020) (QOF)	80.5%	73.1%	76.6%	No statistical variation
PCA* rate (number of PCAs).	31.4% (202)	18.3%	12.3%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an	62.5%	87.3%	89.4%	Significant Variation (negative)

assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2019 to 31/03/2020) (QOF)				
PCA rate (number of PCAs).	9.1% (41)	15.2%	12.7%	N/A

*PCA: Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) (QOF)	77.3%	79.5%	82.0%	No statistical variation
PCA* rate (number of PCAs).	3.3% (12)	6.0%	5.2%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months (01/04/2019 to 31/03/2020) (QOF)	59.1%	65.6%	66.9%	No statistical variation
PCA rate (number of PCAs).	7.3% (69)	15.7%	15.3%	N/A
The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) (QOF)	73.6%	69.8%	72.4%	No statistical variation
PCA rate (number of PCAs).	4.2% (68)	8.2%	7.1%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2019 to 31/03/2020) (QOF)	90.7%	89.6%	91.8%	No statistical variation
PCA rate (number of PCAs).	2.8% (7)	4.1%	4.9%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2019 to 31/03/2020) (QOF)	68.8%	73.1%	75.9%	No statistical variation
PCA rate (number of PCAs).	7.3% (69)	12.4%	10.4%	N/A

*PCA: Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.

Any additional evidence or comments

The practice were aware of their percentage rates for COPD reviews. In order to improve these back to the previous rates achieved, the practice were working with the clinical commissioning group (CCG) medicines optimisation team.

The CQC GP specialist advisor reviewed the practices' high PCA rate for reviews of patients with asthma and found that they had removed them from the indicator appropriately and within the limited, specified reasons. During the pandemic spirometry (a test used to help diagnose and monitor certain

lung conditions by measuring how much air you can breathe out in one forced breath) and respiratory reviews were suspended for 2020/21. The practice management team were confident that with the reintroduction of these tests, reviews of these patients would increase again.

Families, children and young people

Population group rating: Good

Findings

- The practice had met the minimum 90% for three of the five childhood immunisation uptake indicators but had not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) in any of the five childhood immunisation uptake indicators. However, since our last inspection there had been between 7-16% increase on uptake.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception via the genitourinary medicine (GUM) walk-in centre at Sheppey Community Hospital.
- Staff had the appropriate skills and training to carry out reviews for this population group.

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)	108	117	92.3%	Met 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)	117	128	91.4%	Met 90% minimum

The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2019 to 31/03/2020) (NHS England)	115	128	89.8%	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)	117	128	91.4%	Met 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)	113	127	89.0%	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

At our previous inspection in January 2020. We told the practice they should implement actions to improve uptake for child immunisations to meet the national targets.

The practice had a transient patient list with long-term holiday makers, second homeowners and migrants, which they observed had affected them reaching the targets expected. Noting that children moved to other areas before receiving their vaccine or had moved to the practice after receiving their first one elsewhere. In response, the practice had employed an immunisation coordinator, who was responsible for reporting patients who did not attend after three requests to the health visitor for follow up and discussion. Patient letters were sent to all new mothers with details of the date for their next cervical screening and the date for their babies six-week check and immunisations, were managed centrally by the coordinator to ensure a consistent and effective approach.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- 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.
- Patients had access to online services and order repeat medicines without the need to attend the surgery, as well as extended access appointments available on Saturdays.

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: 31/12/2020) <small>(Public Health England)</small>	64.5%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2019 to 31/03/2020) <small>(PHE)</small>	65.1%	70.6%	70.1%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2019 to 31/03/2020) <small>(PHE)</small>	61.9%	64.3%	63.8%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis (01/04/2019 to 31/03/2020) <small>(QoF)</small>	69.5%	89.8%	92.7%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2019 to 31/03/2020) <small>(PHE)</small>	50.6%	55.4%	54.2%	No statistical variation

Any additional evidence or comments

At our previous inspection in January 2020, we told the practice they should improve their uptake for cervical screening.

At this inspection, the practice was aware that cervical screening data sets were showing as negative variations and told us that it was systemically difficult to get cervical screening patients to engage and uptake. In response, the practice had introduced Saturday morning clinics to promote uptake, which led to improvements but had declined again due to the pandemic. The practice reported that uptake was now increasing again as patients were becoming more confident to attend. We spoke with the member of staff whose role was to monitor and manage screening appointment, who told us that by telephoning patients, rather than sending letters, had also proved effective in helping to increase the uptake.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when clinically appropriate.
- All patients with a learning disability were offered a review and an annual health check.

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. Two weekly review appointments for end of life care, either at the practice or through home-visits, were also being provided.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances and referred to appropriate support services.

People experiencing poor mental health (including people with dementia)

Population group rating: **Good**

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder. Access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services were provided by the practice and utilising the services of the wellness coach.
- Same day and longer appointments were offered when clinically required.
- There was a system for following up patients who failed to attend for administration of long-term medicines.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis. The practice also offered support and advice about local services, including referral to the local memory clinic.
- All staff had received dementia training in the last 12 months. The practice had two designated dementia champions. As an additional part of staff training, one of the dementia champions had created a webinar to further increase staff knowledge of dementia and care/support of these patients and their carers.
- Patients with poor mental health, including dementia, were referred to appropriate services and offered support services by the social prescribing link coordinators.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QoF)</small>	67.2%	83.2%	85.4%	No statistical variation
PCA* rate (number of PCAs).	1.5% (1)	18.8%	16.6%	N/A

The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	76.0%	78.0%	81.4%	No statistical variation
PCA rate (number of PCAs).	2.6% (2)	9.4%	8.0%	N/A

*PCA: Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.

Any additional evidence or comments

At our previous inspection in January 2020, we told the practice they should continue to monitor Quality and Outcomes Framework (QOF) exception reporting and continue to implement appropriate measures to reduce this in line with local and national data. We identified that the practice had a high PCA rate for mental health patients having a care plan documented in their records. In January 2020, the PCA rate was 20.3%

At this inspection we found the data shows this had decreased to 1.5%.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when clinically appropriate (either by telephone consultation or face to face).
- All patients with a learning disability were offered a review and an annual health check.
- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. Two weekly review appointments for end of life care, either at the practice or through home-visits, were also being provided.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances and referred to appropriate support services.

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.

Indicator	Practice	England average
Overall QOF score (out of maximum 559)	486.3	533.9
Overall QOF score (as a percentage of maximum)	87%	95.5%
Overall QOF PCA reporting (all domains)	4.9%	5.9%

	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

A two audit cycle had been conducted to identify gestational diabetes mellitus (GDM) in post-partum (following childbirth) women and ensure they were correctly coded on their patient records. The second cycle of the audit showed that eight out of a possible 14 had been coded correctly. For those who had not been coded, a review of their records showed that appropriate GDM screening has been completed but the correct code had not been entered. We saw that the findings were discussed during a clinical meeting and actions had been taken to address this. For example, nominating a specific person to ensure all patients with GDM were coded correctly and clinical staff were reminded of the NICE guidelines and pathways to follow when a patient is diagnosed with GDM.

An audit had been undertaken to review patients prescribed non-steroidal anti-inflammatory drugs (NSAID's) and gastric side effects. A search of the clinical system for all patients taking NSAIDs had been completed and each patient's data was analysed accordingly. Of the 48 patients identified, 13 (27%) had not been prescribed gastric protection medicines. We saw that the actions had been taken to address this. For example:

- Updating medicine reviews to include an NSAID risk assessment and a medicine review template that allowed clinicians to quickly record that they have considered the indication, potential contraindications, alternative NSAIDs and that they had checked relevant monitoring.

A second cycle of the audit was scheduled to review the effectiveness of the actions taken.

Any additional evidence or comments

There was a comprehensive programme of clinical and internal audit. We also saw records to of recent audit of two week wait referrals, novel oral anticoagulants (NOAC's)/Warfarin (blood thinning medicines) and INR rates and of COPD patients that were shielding.

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: The practice could demonstrate that monthly clinical supervision sessions were held. Each month specific case studies were selected and discussed. For example, presentation and management of post-menopausal bleeding, management of weight loss in children and diabetes.	

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

Explanation of any answers and additional evidence:

The practice had access to a wellness coach, who supported patients with ongoing conditions. For example, obesity, diabetes and hypertension, as well as providing support with smoking cessation, reducing alcohol intake, anxiety and advice in relation to physical activity.

A pod had been installed within the main practice for patients to complete self-checks of height, weight and blood pressure monitoring. The pod interacted with the patient record software which allowed for results to be recorded directly into the patients' records. These were reviewed routinely and if any abnormal readings were identified, an appointment would be made for them to be reviewed.

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	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

Caring

Rating: Good

At our previous inspection in January 2020, we rated the practice as Requires Improvement for providing caring services because:

- The practice scored significantly lower than average in the national GP Patient Survey in relation to patients feeling listened to and be treated with care and concern.

Improvements had been made and the practice is now rated as Good for providing caring services.

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

Source	Feedback
Engagement with CQC	There had been four contacts with CQC who raised concerns regarding this practice. Two of which related to care and treatment. We saw that these had both been addressed by the practice's internal complaints or significant event processes.
Patient interviews	We spoke with two patients, who praised the practice highly for the way in which they cared for them.

National GP 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 (01/01/2020 to 31/03/2020)	82.1%	86.4%	88.5%	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	82.4%	85.5%	87.0%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
good at treating them with care and concern (01/01/2020 to 31/03/2020)				
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 (01/01/2020 to 31/03/2020)	94.4%	95.0%	95.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2020 to 31/03/2020)	67.4%	78.5%	81.8%	Tending towards variation (negative)

Any additional evidence or comments

At our previous inspection in January 2020, the practice scored significantly lower than average in the national GP Patient Survey in relation to patients feeling listened to and be treated with care and concern.

At this inspection data showed:

- A 15% increase in positive responses to the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them.
- A 14% increase in positive responses to the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern.
- A 9% increase in positive responses to during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to.
- A 16% increase in positive responses to the overall experience of their GP practice.

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

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

Source	Feedback
Interviews with patients	We spoke with two patients, who told us they were always involved in decisions made regarding their care and treatment. They told us they could freely challenge decisions made and ask to discuss alternatives.

National GP 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 (01/01/2020 to 31/03/2020)	88.9%	92.7%	93.0%	No statistical variation

Any additional evidence or comments

At our previous inspection in January 2020, the practice scored significantly lower than average in the national GP Patient Survey in relation to patients being involved as much as they wanted to be in decisions about their care and treatment.

At this inspection, data showed a 13% increase in positive responses.

	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.	<p>The practice had identified 130 patients who were carers, some of whom were young carers (1% of the practice list).</p> <p>At our previous inspection in January 2020, we told the practice they should continue to improve the identification of carers, to ensure they receive appropriate care and support. The number identified previously was 46.</p>

<p>How the practice supported carers (including young carers).</p>	<p>There was a dedicated section on the practices website that indicated support available to carers and encouraged patients to identify whether they were carers.</p> <p>The practice offered carers an annual flu vaccination and an annual health check.</p> <p>Policies and procedures were clear on how to identify and record carers onto the patient record within the practices software system.</p> <p>The practice had a carers champion and access to care direct, along with support provided by social prescribing link coordinators.</p>
<p>How the practice supported recently bereaved patients.</p>	<p>All bereavements were notified to all staff, so they were aware when talking to relatives. The patients' named GP called the family and offered a consultation.</p> <p>The practice also provided help by signposting relatives to other support services where appropriate.</p>

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
<p>Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.</p>	<p>Y</p>
<p>Consultation and treatment room doors were closed during consultations.</p>	<p>Y</p>
<p>A private room was available if patients were distressed or wanted to discuss sensitive issues.</p>	<p>Y</p>
<p>There were arrangements to ensure confidentiality at the reception desk.</p>	<p>Y</p>

Responsive

Rating: Good

At our previous inspection in January 2020, we rated the practice as Requires Improvement for providing responsive services because:

- The practice scored significantly lower than average in the national GP Patient Survey in relation to patients having access to services which met their needs.

Improvements had been made by the practice. However, remains rated as Requires Improvement for providing responsive services, due to national GP Patient Survey remaining lower than average despite these improvements.

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice maintained two branch surgeries, six miles and eight miles respectively from the main surgery. These serviced a predominantly elderly population, with poor access to public transport.</p> <p>There were members of the staff team were also fluent in Urdu, Greek and Turkish.</p>	

Practice Opening Times	
Day	Time
Opening times:	
St Georges Medical Centre	
Monday to Friday	8.45am – 6.30pm (Phones answered 8.30am to 6.30pm)
Appointments available:	
Monday to Friday	9am – 12noon and 3.30pm – 6pm

Saturday	9am – 12noon
Leysdown branch surgery	
Monday to Friday	9am – 12.30pm (Phones answered 8.45am – 12.30pm)
Tuesday and Thursday	3.20pm – 6.30pm (Phones answered 3.15pm – 6.30pm)
Eastchurch branch surgery	
Monday to Friday	8.45am – 11am (Phones answered 8.45am – 12pm)
Out of hours (provided by MEDDOC)	6.30pm to 8am Monday to Thursday and Friday through to Monday

Older people

Population group rating: Good

Findings

- All 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 provided effective care coordination to enable older patients to access appropriate services.
- There was a medicines delivery service for housebound patients.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Population group rating: Good

Families, children and young people

Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Pre-bookable appointments were also available to all patients at additional locations (known as The Hub) within the area, as the practice was a member of a GP federation. Appointments were also available on Saturdays.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers, migrants 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 provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services. Through the social prescribing link coordinators, patients were enabled to be supported with housing and financial matters which may have made them vulnerable.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- Social prescribing link coordinators worked predominantly with children, young people and adults experiencing mental ill-health issues. Referrals could be made for anyone living in the Sheppey area, in relation to concerns and non-clinical related issues. Over a twelve-week period (per patient) one to one support and guidance to access external services was provided.

Access to the service

People were not always able to access care and treatment in a timely way.

National GP Survey results

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

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 (01/01/2020 to 31/03/2020)	35.5%	N/A	65.2%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2020 to 31/03/2020)	37.4%	60.6%	65.5%	Variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2020 to 31/03/2020)	45.1%	59.2%	63.0%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2020 to 31/03/2020)	59.2%	69.8%	72.7%	No statistical variation

Any additional evidence or comments

At our previous inspection in January 2020, the practice scored significantly lower than average in the national GP Patient Survey in relation to patients having access to services which met their needs.

At this inspection we saw that data showed in patients surveyed:

- A 4% increase in positive responses to how easy it was to get through to someone at their GP practice on the phone. However, this remains significantly lower than the national average of 65.2%.
- A 5% increase in positive responses to the overall experience of making an appointment.
- A 10% increase in positive responses to being very satisfied or fairly satisfied with their GP practice appointment times.
- A 7% increase in positive responses to being satisfied with the type of appointment (or appointments) they were offered.

In response to the pandemic, the practice implemented an online consultation system in April 2020. We were told that uptake for this was minimal initially but has increased as time has moved forward.

The practice had audited phone calls due to patient complaints increasing in relation to this. The audit showed the practice were handling 1000+ calls per day and this identified a workflow problem. The practice manager was in the process of drafting a business plan for the partners, with a view to improving the telephone system in response.

Source	Feedback
NHS Choices	<p>The practice had received seven ratings and reviews between October 2019 and 24 January 2020.</p> <p>Four of these were 1 star rated (between October 2019 and most recent January 2020), relating to rude reception staff and accessing appointments.</p> <p>There were three 5-star reviews relating to a positive experience of making appointment and practice staff providing effective care and treatment.</p> <p>The practice had responded to all the reviews left on the website.</p>
Engagement with CQC	<p>There had been four contacts with CQC who raised concerns regarding accessing this practice by telephone. We saw documented evidence and were told by practice management that an action plan was in effect to address this.</p>

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.	19
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
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

Examples of learning from complaints.

Complaint	Specific action taken
Reception staff not listening to requests for appointments.	The practice had adapted a form, used towards staff appraisals, for staff involved in instances, where complaints had been made. The purpose of the form being for staff to reflect on their management of the situation at the time of it occurring. The form helped the staff evaluate their performance and listen to how they present to patients or their carers, in order to ensure they provide the appropriate support to them and instances of this nature would be minimised in the future.
Practice staff not adapting to complainants needs.	Following the receipt of a complaint about a patient being sent to alternative services, due to a lack of GP appointments, the practice had held a staff meeting. Minutes of the meeting showed that staff learning points had been considered. For example, care navigation to other health professionals within the practice, use of online services and exploring with patients what their needs were and whether a GP was the most suitable person to manage the care needs of the patients.

Well-led

Rating: Good

At our previous inspection in January 2020, we rated the practice as Requires Improvement for providing well-led services because:

- The practice had failed to identify an incident as being a “notifiable safety incident” under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were areas where governance mechanisms were not effective. The practice was not correctly registered under Health and Social Care Act 2008. Records, for dispensary staff and Patient Group Directives, were not adequately kept.

Improvements had been made and the practice is now rated as Good for providing well-led services.

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

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
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.	Partial
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: Staff we spoke to knew the practices mission statement was stored on a shared drive but did not know its content. We informed the practice management team of this and saw on the day of our site visit, that posters had been placed in key areas. For example, common rooms and staff kitchen.	

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's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	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> <p>At our previous inspection we found that the practice had failed to identify an incident as being a "notifiable safety incident" under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20 (the duty of candour regulation).</p> <p>At this inspection the practice was able to demonstrate that there were clear duty of candour processes and policies and all patients who complained or were involved in incidents, received written apologies and outcomes of investigations.</p> <p>The practice had two members of staff who were trained Freedom to Speak Up guardians. We saw minute meetings which showed that staff were encouraged to engage with them and that confidentiality during these engagements would be respected.</p>	

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

Source	Feedback
Staff interviews	<p>We spoke with nine staff members. Staff said they were supported to develop within their roles, as well as trained to move from non-clinical into clinical roles. For example, reception staff trained to become dispensers, health care assistants trained to be nurse associates.</p> <p>The practice had gathered feedback from staff through staff meetings, appraisals and discussion.</p> <p>Staff we spoke with told us they felt involved and engaged to improve how the practice was run.</p>

	Staff we spoke with told us that the whole practice worked as a team and that all the GPs and management were very approachable. Staff told us they found it was a supportive environment both clinically and non-clinically. They told us there was a positive team spirit.
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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
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection in January 2020, we found that governance mechanisms were not always effective. For example, the governance of safety alerts, significant events and safeguarding records. The practice's regulatory position also did not comply with the requirements under the current legislation.</p> <p>At this inspection the practice had made significant improvements to ensure that actions had been taken in relation to the effective governance of safety alerts, significant events and safeguarding records. Additionally, processes completed by the providers to ensure registration with CQC was correct, have now been resolved. An application to register a GP partner was pending submission, whilst a CQC DBS check was being processed at the time of this inspection.</p>	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	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
<p>Explanation of any answers and additional evidence:</p> <p>In response to access issues during the pandemic, the practice had an ongoing action plan to monitor and review complaints and improvements made in relation to this.</p> <p>The action plan showed that:</p> <ul style="list-style-type: none"> • There was ongoing assessment of the numbers of appointments that were triaged and face to face appointments provided since 1 April 2021. • Adding more face to face appointments for the advanced nurse practitioner and paramedic. • A physician associate had been recruited. <p>In response to the pandemic and changes in infection prevention and control requirements, the practice had taken appropriate measures in line with government guidance. For example:</p> <p>Placed notices at the front door of each site asking patient to wear face coverings.</p> <p>Anyone who was exempt was offered a face shield.</p> <p>PPE packs were put in each clinical room.</p> <p>Completed staff risk assessments.</p> <p>Additionally, the practice had set up of an allocated COVID-19 isolation room, for patients with suspected COVID-19 to be seen without having to go through the practice and introduced on site testing, to enable easier access for staff or for GPs to give to patients if they felt it was necessary.</p> <p>In response to the easing of lock down restrictions, the practice had:</p> <ul style="list-style-type: none"> • Ensured the nursing team started to see more face to face patients and opened more appointment availability. 	

- Increased GP face to face appointment availability.
- Continued with social distancing and restricted number of patients to enter the premises.
- Arranged Flu clinics for the first time trialling walk in sessions. This was arranged with social distancing in mind (one-way system), temperatures taken at the door before entry and hand cleansing.

Successes during the pandemic:

- Covid vaccines had a quick introduction in the first week of December 2020. For their first clinic, the practice worked collaboratively with another local practice and vaccinated over 450 patients.
- St Georges Medical Centre was the first practice to complete the care home vaccination programme.

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
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	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
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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

Feedback from Patient Participation Group.

Feedback
<p>The practice in 2020 did not engage with the patient participation group (PPG) in the usual manner, as most were isolating or affected by the pandemic. The practice had a meeting scheduled for April 2021 but due to extreme staff shortages they were not able to meet on that date. As a result, the practice manager and assistant practice manager scheduled times to work on the reception desk, in order to gain patient feedback.</p> <p>We saw a report that showed the main areas raised by patients during these times were:</p> <ul style="list-style-type: none"> • Access by telephone. • Accessing an appropriate appointment. <p>An action plan was in progress and we saw areas where actions had been completed and those that remained ongoing. For example, producing a business plan in relation to the telephone system, training staff, recruiting more staff for reception duties and offering face to face appointments with the advance nurse practitioner, as well as the paramedic.</p> <p>A meeting with the PPG had been scheduled for September 2021 and in advance of this, the above report and associated action plan had been shared with the PPG members in order to facilitate discussion and further action.</p>

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
<p>Explanation of any answers and additional evidence: We were told that from September 2021, the practice would be piloting online triage for patient to book appointments.</p>	

As a training practice, the practice was also taking part in the Targeted Enhanced Recruitment Scheme, where the trainee GP registrar will remain in the practice as a salaried GP, once their training has been completed.

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.
- ***PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#)). Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.
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- ‰ = per thousand.