

Inspection Evidence Table

Wilson Street Surgery

(1-596084285)

Inspection Date: 6 and 9 October 2023

Date of data download: 28/09/2023

Overall rating: Good

At our previous inspection in March 2016, we rated the practice as outstanding overall because it provided outstanding effective and responsive services to patients.

At this inspection, we found that those areas previously regarded as outstanding practice were now embedded throughout the majority of GP practices. While the provider had maintained this good practise, the threshold to achieve an outstanding rating had not been reached. The practice is therefore now rated as good for providing safe, effective and caring services, requires improvement for providing responsive services and outstanding for providing well-led services. The CQC recognises the pressure that practices are currently working under and the efforts staff are making to maintain levels of access for their patients. At the same time, our strategy makes a commitment to deliver regulation driven by patients' needs and experiences of care. Although we saw the practice was attempting to improve access, this was not yet reflected in the GP national patient survey data or other sources of patient feedback.

Context

Wilson Street Surgery is an inner city GP practice that provides care and treatment to a diverse population. This includes vulnerable and hard to reach groups of patients such as, homeless people, asylum seekers and patients that had been excluded from the patient lists of other GP practices. There is a high number of Eastern European patients registered with the practice.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the second lowest decile (2 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 75.7% White, 15.6% Asian, 3.7% Black, 3.3% Mixed, and 1.8% Other.

The age distribution of the practice population demonstrates a lower proportion of older patients and a higher number of working age patients compared to local and national averages:

- The percentage of older people registered with the practice is 12.7% which is below the local average of 20.5% and the national average of 17.8%.

- The percentage of working age patients registered with the practice is 69.7% which is above the local average of 60.2% and the national average of 62.4%.

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Partial
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
<ul style="list-style-type: none"> • The practice held regular multidisciplinary safeguarding meetings for children and vulnerable adults. Appropriate staff were invited to the meetings for example, representatives from the 0 to 19 service (a team made up of the Health Visiting Team who support children under the age of 5 and the School Nursing Team who support children aged 5-19), midwives, community psychiatric nurses, social workers, care co-ordinators and district nurses. • There were systems in place to follow up children that did not attend secondary care appointments and children and vulnerable adults that frequently attended A&E. • We found that alerts were added to the records of vulnerable adults. We reviewed the records of a child with child protection concerns and found that it was documented in their records that there was a safeguarding concern. However, clear alerts to highlight concerns to clinicians accessing these records were not available in the child's records nor were alerts in place on the records of others living in the same household. The provider informed us they would re-instate the alerts on children's records to ensure all staff were aware of the concerns. The provider showed us an example where this had been completed. • We reviewed the records of 5 staff members and found that 3 members of staff had a DBS check in place. A non-clinical member of staff, who did not have face to face contact with patients, did not have a DBS check in place or a risk assessment to mitigate potential risks. Immediately after our inspection the 	

provider forwarded a risk assessment to us. A clinical member of staff had a DBS check completed by a previous employer. We found that there was a system in place of completing an annual risk assessment and seeking assurance from staff at their annual appraisal that no changes had occurred since their DBS check had been completed. In addition to the risk assessment, the provider informed us they would repeat the DBS check for the clinical member of staff.

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Partial
<ul style="list-style-type: none"> We reviewed the recruitment records of 4 permanent staff and a locum clinician. Apart from the missing DBS checks referred to above, we found that the other required recruitment checks had been completed for all of these staff. Systems were in place for ensuring that staff employed by the Primary Care Network (PCN) and working within the practice, had been appropriately recruited. There was a memorandum of understanding between the practice and the PCN to support this. Staff had received health assessments from an occupational health service. The previous occupational health service used by the practice assessed that staff received all of the required immunisations in line with UKHSA. However, due to changes in occupational health provision, it was not clear from the information provided by the new occupational health service if all of the required immunisations had been checked. Following our inspection, the provider forwarded to us an occupational immunisation questionnaire they had sent to their current occupational health provider to ensure they provided the required checks. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Yes
Date of last assessment: multiple dates.	Yes
There was a fire procedure.	Yes
Date of fire risk assessment: Wilson Street Surgery: 3 May 2023 Taddington Surgery: 26 September 2023	Yes
Actions from fire risk assessment were identified and completed.	Yes
<ul style="list-style-type: none"> Regular fire drills were carried out at the 2 practices and learning was shared with staff. For example, the personal alarm used at the Taddington Practice to alert staff of a fire could not be heard in the clinical rooms. A manual fire bell had been purchased to address this. There was a suite of risk assessments to manage risks within the practices. For example, a risk assessment had been completed on 7 August 2023 following the identification of loose wiring within the practice. Appropriate action was taken to mitigate any potential risks. There was a risk assessment plan in place to monitor overall risks. A legionella risk assessment had been completed at Wilson Street Surgery on 24 August 2022 and recommendations had been actioned. A legionella risk assessment was booked for 13 October 2023 at 	

Taddington Surgery. The provider forwarded evidence to us following our inspection to demonstrate this had been completed.

- Portable appliance testing (PAT) and calibration of medical devices was completed annually at both practices.
- Five-year Electrical Installation Condition Reports (EICR) had not been completed for both practices to demonstrate that the electrical installation within the practices was safe. Following our inspection, the provider arranged for the reports to be completed and forwarded evidence of completion to us.
- Control of Substances Hazardous to Health Regulations (COSHH) risk assessments for cleaning solutions and oxygen cylinders were in place.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met/not met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out.	Yes
Date of last infection prevention and control audit:	15 September 2023
The practice had acted on any issues identified in infection prevention and control audits.	Partial
The arrangements for managing waste and clinical specimens kept people safe.	Yes
<ul style="list-style-type: none"> • The practices were visibly clean and tidy. Infection prevention and control (IPC) audits had been carried out at both practices. However, the audits had not identified the need to replace the carpet, sink or taps in one of the GP consultation rooms where clinical procedures such as joint injections were carried out. The provider showed us that this had been added to their list of renovations along with other issues identified. Timescales in which the renovations would be completed had been added to the renovation spreadsheet for the main practice but not for the branch practice. • There were cleaning schedules in place for cleaners to refer to. Audits and spot checks had been completed regularly to monitor the effectiveness of the cleaning. 	

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.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes

There were enough staff to provide appointments and prevent staff from working excessive hours.	Yes
<ul style="list-style-type: none"> Reception staff had received training in suspected sepsis and had an information chart to refer to for further guidance. They had protocols to refer to for other emergency situations. 	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
<ul style="list-style-type: none"> Through our remote clinical searches, we reviewed patients' records and found care records were managed in a way that protected patients. This included a history, examination, management plans, safety netting and follow up where required. On the day of our inspection, all of the test results had been reviewed and acted on. 	

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) (01/07/2022 to 30/06/2023) (NHSBSA)	0.61	0.88	0.91	Variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2022 to 30/06/2023) (NHSBSA)	6.7%	7.6%	7.8%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and	5.24	5.07	5.24	No statistical variation

Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2023 to 30/06/2023) (NHSBSA)				
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	95.7‰	157.6‰	129.6‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2022 to 30/06/2023) (NHSBSA)	0.12	0.48	0.54	Significant variation (positive)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	6.8‰	7.4‰	6.8‰	No statistical variation

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including medicines that require monitoring (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Not applicable.
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes

There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<ul style="list-style-type: none"> Through a system of audit and clinical searches, the practice was proactive in the monitoring and prescribing of medicines. The prescribing indicators above showed that the practice's prescribing of antibiotics and sleeping tablets were below local and national averages. The provider told us they had become proactive in avoiding the prescribing of gabapentinoids (controlled drugs used in the treatment of pain) when in-house audits identified that they were linked to some of the deaths of their homeless patients. An audit had been completed of the prescribing activity of the non-medical prescribers working in the practice. The audit focused on the prescribing of controlled drugs and antibiotics and demonstrated good practice and areas for improvement. For example, it identified non-medical prescribers whose prescribing of antibiotics or over the counter medicines was high. Findings were shared with this group of staff. Plans were in place to carry out a re-audit in 6 months' time. One non-medical prescriber we spoke with told us that a GP provided debriefs twice a day to review their prescribing and consultations. They found this system very supportive. An audit of the prescribing of controlled drugs (CDs) had recently been completed to assess the prescribing trends of GPs over a 6-month period. The audit identified 2 GPs that were high prescribers of CDs and which CDs were prescribed most frequently. One of these GPs provided care to a high number of palliative care patients who required these medicines to relieve pain as they approached the end of their lives. Offers to share the demand of supporting this group of patients was offered by the other GPs. The audit also identified that a non-clinical member of staff had prescribed a CD. This was raised as a significant event and investigated appropriately. We found that all of the emergency medicines and equipment were in date and maintained appropriately. A risk assessment had been completed to mitigate potential risks in the absence of intramuscular analgesia at the branch practice. However, checking of the emergency equipment and medicines was completed on an ad hoc basis and there was no formal evidence of regular checks. Immediately after our inspection the provider forwarded to us an emergency medicine and equipment check list that they planned to complete on a monthly basis. <p>The provider was able to demonstrate that it remained safe to prescribe medicines to patients where specific, frequent, monitoring was required. From our remote clinical searches, we found that:</p> <ul style="list-style-type: none"> The provider did not prescribe medicines used in the treatment of inflammatory conditions, such as rheumatoid arthritis. This was provided by secondary care. All of the 30 patients prescribed a medicine used in the treatment of high blood pressure or heart failure had received the required monitoring. Sixteen of the 1,359 patients prescribed medicines used in the treatment of high blood pressure may not have received the required monitoring. We reviewed a random sample of 5 of the 16 patient records and found that they had all been recalled for blood test monitoring but had not attended for it to be completed. We found that weekly prescriptions had been put in place to encourage the patients to attend for blood test monitoring. All of the 249 patients prescribed medicines used to prevent blood clots from forming had received the required monitoring. There were 624 patients with diabetes and 2 of these patients had advanced kidney disease. We found they had been prescribed a medicine used in the treatment of diabetes which was contraindicated in advanced kidney disease. We reviewed the records of these 2 patients and found that the medicine had been reviewed with the patient and a clinical decision made that the benefits outweighed the risks. We found that 17 patients had been prescribed 12 or more rescue inhalers for exacerbations of their asthma in the last 12 months. We reviewed a random sample of 5 of these patient records and found 	

that 4 patients had received an asthma review in the last 12 months. One patient had failed to attend for their asthma review and reminders had been sent to the patient.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	35
Number of events that required action:	35
<ul style="list-style-type: none"> There was a significant events policy in place to support staff when raising or dealing with an incident. We found that the practice held regular meetings to review the significant events and share learning from them. The provider had completed an analysis of the significant events raised within the previous year to identify any themes or trends and to determine if the incidents were as a result of individual or system wide issues. The analysis showed that the category with the highest number of significant events was prescribing with, 7 individual errors and 2 system wide errors. The provider maintained an open and blame-free environment to support candid discussions and a deeper understanding of the underlying causes. This analysis identified the need for targeted interventions such as enhanced training programmes and improved oversight mechanisms to minimise future prescribing errors. 	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
There was a delay in diagnosing a patient with diabetes.	When this was identified an investigation was undertaken. The investigation identified that blood test results had been incorrectly filed as normal instead of abnormal. Learning from the incident was that clinical staff should send a task to the secretaries to follow up patients with abnormal blood test results.
A file containing patient information was dropped by a member of staff in the car park at the branch practice. A patient found this and returned it to the main practice.	Staff were made aware of the issue and learning was shared with them. A decision was made that paperwork should be scanned and coded at the branch practice rather than transporting it to the main practice. A letter

	was sent to the patient to thank them for handing the documents in.
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Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
<ul style="list-style-type: none"> As part of our remote clinical searches, we reviewed a Medicines and Healthcare Products Regulatory Agency (MHRA) alert regarding a medicine used in the treatment of epilepsy in women of child-bearing age. We found that 36 women of childbearing age had been prescribed these medicines. We reviewed the records of 5 of these patients and found that guidance from the MHRA alert had been satisfactorily acted upon. 	

Effective

Rating: Good

At our previous inspection in March 2016, we rated the practice as outstanding for providing effective care and treatment. This was because:

- The practice demonstrated a strong commitment to improving access to healthcare for people who were vulnerable. For example, the practice provided regular outreach sessions at a local homeless shelter and also provided flu clinics at a local day centre for people who were considered vulnerable.

At this inspection we rated the practice as good for providing effective care and treatment this was because:

- The practice had continued to develop and enhance the support they provided to vulnerable groups of patients. However, the indicators for childhood immunisations and cervical screening uptake were below national targets. The CQC recognises the efforts staff are making to increase the uptake of childhood immunisations and cervical screening for their patients however, this was not yet reflected in the indicators.

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
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The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic.	Yes
The practice prioritised care for their most clinically vulnerable patients.	Yes
<ul style="list-style-type: none"> Regular educational meetings were held at the practice to update clinical staff of resources available within the local area and to support staff knowledge. For example, for patients with special education needs and support available for patients that misused substances. 	

Effective care for the practice population

Findings

- Patients received a full assessment of their physical, mental health and social needs when it was appropriate to do so.
- The practice provided additional in-house services to reduce the workload on secondary care services. In the last year they had provided 103 joint injections; 400 dermatology consultations with an in-house specialist; 60 Epley manoeuvres, a technique used in the treatment of vertigo; a sexual health service which included contraceptive implants and coil insertions; a gynaecological service which included the insertion of 49 pessaries to treat uterine or vaginal prolapse; and 479 contacts with patients over 65 years of age to assess their health and social needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age. One of the GPs had recently started an initiative that focused on identifying moderately frail patients through carrying out home assessments that reviewed prescribed medicines, chronic conditions, social isolation, financial support and housing stability. The emphasis of these assessments was to provide early interventions and holistic support through a multi-disciplinary approach. They planned to share their findings with relevant stakeholders.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There had been a significant increase in the number delivered per year since 2021. For example, between April 2020 to April 2021 the practice had provided 78 of these checks. From April 2023 to date, the practice had delivered 157 checks. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

- All 118 patients with a learning disability were offered an annual health check. We reviewed the care plan for one of these patients and found that appropriate reviews had been completed and the care plan had been shared with other agencies where it was appropriate to do so.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. We found that the care and treatment of patients near the end of their lives was reviewed at regular palliative care meetings. An audit had been completed of deaths that had occurred over the past 6 months to determine if the deaths were expected and that patients had received the most appropriate care at the right time and place. The audit also assessed if care plans and post death paperwork had been completed.
- There were 197 homeless patients registered with the practice. To support this group of patients the practice worked collaboratively with a community paramedic, social workers, the Derby City Drug and Alcohol team, social housing and the police. The practice provided health checks and flu and Covid vaccinations for these patients and had been awarded the Lionel Massingham Partnership award for providing over 80% of the homeless population with Covid vaccination through a collaborative working approach. The community paramedic was able to book these appointments for patients and transport them to the practice. The practice held weekly multidisciplinary (MDT) meetings to implement and review proactive interventions to support the care and treatment provided to this group of patients. For example, screening and treatment for hepatitis C infections and a dedicated dental care service. In 2017 the practice carried out an audit of deaths of homeless patients over a 2 year period to identify trends in deaths and take action to reduce them. For example, the practice had become an early adopter of avoiding the prescribing of gabapentinoids (controlled drugs used in the treatment of pain) when it became clear that they were linked to complications. The audit in 2017 identified that 15 homeless patients registered with the practice had died over a 2 year period, this was in contrast to just 1 death throughout 2023. The practice had reviewed the effectiveness of their interventions in relation to the care provided to 2 homeless patients who had a high number of hospital admissions. They found that 1 patient had 26 hospital admissions in 1 year and this had reduced to 0 admissions the following year. Another patient had been admitted to intensive care 13 times in a year, this had reduced to 1 admission the following year. The practice had received several awards in recognition of their work with the homeless population. For example, the Lionel Massingham Partnership award for providing over 80% of the homeless population with Covid vaccination through a collaborative working approach.
- The practice provided a Special Allocation Service and Violent Patient Unit for patients that were unable to register at other GP practices. Appointments were provided in the evening for these patients with the support of a security guard. The aim of the service was to support and rehabilitate patients back into main stream GP services. At the time of our inspection, there were 27 patients registered with the practice who accessed these services. The number of patients assigned and discharged from inception of the service in 2003 to date was 278.
- There was a dedicated service and practice lead for the support of the 157 asylum seekers registered with the practice. The lead GP attended weekly multi-service collaborative meetings to provide a co-ordinated service to this group of patients. The aim of the meetings was to proactively contain and manage any potential infection outbreaks within the asylum seeker community and to enhance the quality of services provided.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder. Due to the very high level of deprivation a GP at the practice had worked with Derby Community Action to provide an online meeting to 102 patients to support them with the impact of the cost-of-living crisis on their physical and mental health. Out of 102 patients, 42 patients went on to seek additional input from the voluntary sector.

- Patients with poor mental health, including those living with dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

- Patients with long-term conditions were offered an effective annual review to check their health and medicine 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. For example, homeless patients and asylum seekers.
- 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.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered blood pressure monitoring.
- Patients with COPD were offered rescue packs when it was appropriate to do so.
- To reduce the burden on secondary care services, 1 of the GPs provided a specialist inhouse diabetes management clinic for those patients whose diabetes was difficult to control. The provider estimated 1,000 referrals to external diabetes services per year were saved through the use of this service. The practice told us they had the lowest referral rate to integrated diabetes services across Derbyshire with only 1 referral made in the last year. This was consistent over time.

From our remote clinical searches, we found that:

- Out of a total of 1,505 patients with asthma, 88 had been prescribed 2 or more courses of rescue steroids. We reviewed the records of 5 of these patients and found where issues were identified with their monitoring it was due to prescribing by other services.
- Patients with chronic kidney disease level 4 or 5 had all received the required monitoring in the last 9 months.
- Out of 362 patients with hypothyroidism, 3 had not received the required monitoring for 18 months. We reviewed the records of these 3 patients and found that attempts to recall them for testing had been carried out.
- Out of 993 patients with diabetes, 62 had diabetic retinopathy (a complication of diabetes causing eye damage) and high blood glucose levels. We reviewed the records of 5 of these patients and found 4 had been appropriately managed and one was overdue blood pressure monitoring. The provider told us they would recall the patient to have their blood pressure checked.

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.	120	135	88.9%	Below 90% minimum

three doses of DTaP/IPV/Hib/HepB) (01/04/2021 to 31/03/2022) (UKHSA COVER team)				
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)	105	125	84.0%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	101	125	80.8%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	c104	125	83.2%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	86	116	74.1%	Below 80% uptake

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

Any additional evidence or comments

- All 5 indicators for childhood immunisations were below the required minimum uptake rate of 90%. We reviewed the uptake rates over time and found they had started to decline since 2019, the start of the Covid-19 pandemic. However, the uptake rates for 2022 had increased when compared to 2021 in all 5 indicators. For example, the percentage of children aged 2 who have received their booster immunisation for pneumococcal infection had increased from 76% to 84%; the percentage of children aged 2 who had received immunisation for MMR had increased from 75% to 83%; and the percentage of children aged 5 who have received immunisation for MMR had increased from 67% to 74%.
- The provider was aware that their immunisation rates were below national targets. They told us that patients could book appointments for immunisations throughout the day and until 9pm through the Primary Care Network (PCN) hub. Immunisation appointments could also be booked at the hub on Saturday mornings. A dedicated administrative member of staff had recently been allocated to follow up and contact parents if their child had not attended for their immunisations. Text messages were sent to parents to encourage them to rebook the appointments. Alerts were added to the records of children who had failed to attend their immunisations to support opportunistic immunisations when children attended the practice.
- The provider carried out regular case studies of children who had not attended for their immunisations. We reviewed the study completed in September 2023 and found that 4 children had failed to attend despite multiple recalls. These children were referred to the in-house safeguarding team within the practice. The lead GP for child protection contacted the parents of these children to discuss the immunisations with them. As a result of the contact, 2 parents attended a face-to-face consultation with the GP and their children received the required immunisations. One parent signed a disclaimer form refusing for their child to receive immunisations and 1 family failed to engage despite involvement with the health visitor.

- The practice provided care and treatment to patients living in a highly deprived area and supported highly vulnerable groups of patients in particular, homeless patients, asylum seekers and aggressive patients that had been excluded from the practice lists of other GP practices. They worked with local initiatives to engage with these groups of patients and provide immunisations. For example, homeless patients were offered flu vaccines. A high number of Eastern European patients were registered with the practice. The provider told us that after consultation with this group of patients, patients told them they preferred to return to their country of origin for their children to receive immunisations.

Cancer Indicators	Practice	SICBL average	England	England comparison
Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	57.6%	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)	57.2%	N/A	70.3%	N/A
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (3/31/2023 to 3/31/2023) (UKHSA)	56.3%	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) (4/1/2021 to 3/31/2022) (UKHSA)	42.4%	51.6%	54.9%	No statistical variation

Any additional evidence or comments

- The provider was aware that their cervical screening rates were below national targets. We reviewed the uptake rate over time and found that it had been consistently below the 80% target. The provider had developed an action plan to increase cancer screening rates which included the need to promote screening through social media platforms, develop materials and resources in multiple languages and to collaborate with local communities and faith-based organisations. The provider told us that patients could book appointments for cervical screening throughout the day and until 9pm through the Primary Care Network (PCN) hub. Cervical screening appointments could also be booked at the hub on Saturday mornings. Text messages were sent to patients to encourage them to rebook missed appointments. Alerts were added to the records of women who had failed to attend their screening to support opportunistic screening when they attended the practice. There was an action plan in place which was reviewed at monthly strategy meetings to monitor the effectiveness of these interventions.
- There were 506 Eastern European women between the ages of 25 to 65 registered with the practice, 325 had not attended for their cervical screening at the practice. The provider told us that after discussing the uptake rate with this group of patients they were informed that the women preferred to return to their own country of origin to receive cervical screening.
- As part of the homeless partnership collaboration, the community paramedic identified any homeless women living in hostels or sleeping rough on the streets that required cervical screening. They could book an appointment at the practice for the patients and transported them to the practice to ensure that they attended their screening.
- A display board promoting the importance of cervical screening was in place in the waiting room.

- In February 2023, the practice held a cancer screening forum for patients, aligned with World Cancer Awareness Day, to raise awareness about the prevention, detection and treatment of breast, colorectal, cervical and prostate cancer. Approximately 50 patients attended the forum and feedback from patients was overwhelmingly positive.
- Easy read leaflets explaining about cervical screening were available for patients with a learning disability.

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.	Yes
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Yes
<p>The provider forwarded to us 18 clinical audits completed in the last 18 months. For example:</p> <ul style="list-style-type: none"> • In May 2022, an audit had been completed to monitor those patients prescribed a medicine used in the treatment of low mood. The aim of the audit was to ensure that 100% of patients prescribed this medicine had their blood pressure checked at least once within the last 12 months in line with National Institute for Health and Care Excellence (NICE) guidelines. The result of the audit showed that out of 80 patients identified, 48 (60%) of patients had received the correct monitoring of their blood pressure and that 32 (40%) had not. Recommendations included checking a patient's blood pressure when initiating the medicine and adding a reminder for an annual review; training staff on the importance of the monitoring; and completing a re-audit to review progress in 3 to 6 months. However, a re-audit had not been completed. • In 2020, an audit had been completed to monitor that patients prescribed a medicine to prevent blood clots and stroke received the correct blood test monitoring and dose of medicine. The audit identified that the required blood tests had not always been completed, that only 28 out of 81 patients had their kidney function assessed and that 8 patients were not prescribed the correct dose of medicine. Clinicians were made aware of this and the audit was repeated in September 2022. The re-audit showed that all patients were prescribed the correct dose of medicine and that there had been significant improvement in providing appropriate blood test monitoring. • The provider had completed an audit of patient deaths between April 2023 to October 2023. The aim of the audit was to determine if the deaths were expected or unexpected, assess how accurate the practice was at recognising patients near the end of their lives, and in those identified, if they died and were cared for in their preferred place. The audit showed there had been a total of 51 deaths within this time period. Of these deaths, 33 were unexpected; 13 were expected and patients had been on the palliative care register with care plans in place; 3 patients should have been on the palliative care register but were not; 2 deaths were reported to the practice with no date or details of the deaths. Further analysis of the high number of unexpected deaths showed a sub-category of younger patients who were known to misuse substances. This was reflective of the patient population registered with the practice. The provider planned to use the information from the audit to drive improvements in the care of patients nearing the end of their lives. 	

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<ul style="list-style-type: none">• There were systems in place to support staff to complete their training, however due to workload pressures this was challenging at times. Nursing staff had suggested changes in how the time for training was protected. For example, a day a year to complete online training with monthly opportunities to catch up on any remaining training. The GP partners had agreed to trial this new approach to support their staff.• Practice nurses had been supported to complete diplomas in managing long-term conditions such as asthma, COPD and diabetes. They had also been supported to complete training in contraception and sexual health to support patients.• The practice held regular education sessions where guests were invited to speak. For example, speakers from the drug and alcohol service, palliative care and special educational needs services. We found that very detailed minutes were recorded for staff to refer to.	

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.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
<ul style="list-style-type: none">• The practice worked in collaboration with multiple agencies and voluntary organisations to support the diverse needs of their practice population and had received awards for this work. GPs within the practice held lead roles internally and externally to the practice to promote city-wide collaboration. For example, drug and alcohol services, asylum seeking services, homeless initiatives and a moderate frailty project.	

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.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
The practice supported patient access to additional services based on the needs of their practice population. For example: <ul style="list-style-type: none">• The practice hosted abdominal aortic aneurysm screening clinics to aid in the early detection of this critical health condition so that treatment could be provided.• One of the GPs led a Derby city-wide prostate cancer detection initiative to eliminate any potential obstacles that may hinder patients in accessing prostate cancer screening. The uptake of the service had exceeded their expectations and resulted in additional clinics being provided.• The provider had established an alcohol support service in the practice and worked in partnership with the local drug and alcohol team. The service offered direct access to liver scans to assess any liver damage as a result of substance misuse.	

Consent to care and treatment

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

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

- There was a consent policy in place to provide guidance and support to clinicians when gaining consent. Consent forms were in place for patients that received minor surgery at the practice such as the excision of lesions.
- There was a DNACPR policy in place to support staff when completing the forms.
- Through our clinical searches we reviewed the records of 5 patients where a DNACPR had been considered. We found that patients views had been sought and respected and that information had been shared with relevant agencies. We found that where patients had expressed their wish for full resuscitation to be provided that their wishes had been respected and clearly documented in their records.

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.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

Patient feedback	
Source	Feedback
We asked the provider to add a link to their website for patients to provide feedback directly to the CQC.	We received 32 positive responses from patients regarding the care they received. Patients described the care as excellent and outstanding. They told us that staff went above and beyond for their patients and that staff were friendly, courteous, knowledgeable, professional and empathetic. They told us that they felt listened to, empowered to make positive changes and staff did their absolute best to resolve any issues. One patient told us of the exemplary care provided to their relative at the end of their life and how a GP had provided a service that went above and beyond what they could ever have expected.
Healthwatch	Healthwatch had received 30 comments regarding care and treatment. Patients described staff as helpful and friendly.
NHS.uk website (formerly NHS Choices)	Six comments had been posted on the website in the last 12 months of which 4 related to the care provided. One comment was negative and related to the refusal of the practice to take a referral from a health care professional. Three of the comments were very positive and stated that the care provided was exemplary, and staff were helpful, professional and kind.

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 30/04/2023)	88.6%	86.2%	85.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2023 to 30/04/2023)	88.3%	85.3%	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 30/04/2023)	94.3%	93.7%	93.0%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2023 to 30/04/2023)	69.1%	71.4%	71.3%	No statistical variation

Any additional evidence or comments

- All of the 4 indicators from the National GP Patient Survey results regarding caring were comparable with local and national averages.

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

Any additional evidence

- The practice had reviewed the most recent results of the GP National Patient Survey and an action plan had been put in place to address issues identified. The provider planned to review the effectiveness of these changes by carrying out a patient survey throughout November and December 2023. Patients were informed of the practice's actions taken in response to the GP National Patient Survey in the form of a 'You said...We did' board displayed in the waiting room.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes

Staff helped patients and their carers find further information and access community and advocacy services.	Yes
<ul style="list-style-type: none"> Staff had access to easy read and pictorial materials to support patients with a learning disability. For example, easy read leaflets explaining about cervical screening and easy read letters inviting patients for a health assessment. Patients with a learning disability were contacted the day before their appointment to remind them of the appointment and to bring a carer with them for support. A quiet area was available for patients that were unable to cope with a busy waiting room. The practice had a policy not to remove any patient that failed to attend their appointment irrespective of how frequently this occurred. 	

Source	Feedback
We asked the provider to add a link to their website for patients to provide feedback directly to the CQC.	Of the 32 positive responses we received from patients, 12 related to how patients had been involved in decisions about their care. They told us that they felt listened to, empowered to make positive changes and staff explained everything in terms they understood. They told us clinicians gave them the time they needed to understand information and described the listening skills of some of the clinicians as excellent.

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 during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2023 to 30/04/2023)	92.8%	91.3%	90.3%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
<ul style="list-style-type: none"> The practice provided care and treatment to a culturally diverse population. They had access to remote and onsite translation services. Over 30 different languages were spoken by patients registered with the practice. They had systems in place to obtain written information in appropriate languages for patients. 	

- Leaflets and notices boards displayed information relevant to the practice patient population. For example, a patient awareness board, which was updated monthly, contained details on Go Sober October and Attention Deficit Hyperactivity Disorder. Other notice boards reflected the changes the practice was making within the practice. For example, a cervical screening awareness board to promote the uptake of cervical screening and a 'You Said...We Did' board informing patients of the changes they had made to try to improve patient satisfaction with access to appointments.

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 600 patients as carers. This was approximately 3.4% of the practice population.
How the practice supported carers (including young carers).	Details to signpost carers to support were on the practice's website. Carers were offered flu vaccinations to support them to remain fit and well.
How the practice supported recently bereaved patients.	The care co-ordinator supported and sign-posted bereaved patients to bereavement support.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Responsive

Rating: Requires Improvement

At our previous inspection in March 2016, we rated the practice as outstanding for providing responsive care and treatment. This was because:

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example, the practice offered flu clinics at a local day centre and hostel for people whose circumstances might make them vulnerable.

At this inspection we rated the practice as requires improvement for providing responsive care and treatment. This was because:

- The GP National Patient Survey showed there was poor satisfaction with telephone access to the practice despite efforts to improve this by the practice. The CQC recognises the pressure that practices are currently working under and the efforts staff are making to maintain levels of access for their patients. At the same time, our strategy makes a commitment to deliver regulation driven by patients' needs and experiences of care. Although we saw the practice was attempting to improve access, this was not yet reflected in the GP National Patient Survey data or other sources of patient feedback.

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
<ul style="list-style-type: none"> There were 197 homeless patients registered with the practice. To support this group of patients the practice worked collaboratively with a community paramedic, social workers, the Derby City Drug and Alcohol team, social housing and the police. The practice provided health checks and vaccinations for these patients and the community paramedic was able to book these appointments for them. There were 157 asylum seekers registered with the practice. To support this group of patients, systems were in place to provide direct access to new patient checks when patients registered with the practice. There were 118 patients with a learning disability registered with the practice. To support this group of patients the practice provided annual health reviews, flu vaccinations and easy read material. The practice provided a Special Allocation Service and Violent Patient Unit for patients that were unable to register at other GP practices. Appointments were provided in the evening for these patients with the support of a security guard. The aim of the service was to support and rehabilitate patients back into mainstream GP services. There were 27 patients registered with the practice who accessed these services. The number of patients assigned and discharged from inception of the service in 2003 to date was 278. 	

Practice Opening Times	
Day	Time
Wilson Street Surgery	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Taddington Road Surgery	
Monday	8am – 12pm
Tuesday	8am – 12pm

Wednesday	8am - 12pm
Thursday	8am -12 pm
Friday	8am - 12pm

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

- Patients had a named GP who supported them in whatever setting they lived. GP partners had led roles to support a group of patients. For example, homeless people and those near the end of their lives.
- 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. A representative of a care home where the practice provided care and treatment confirmed this.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues. For example, safeguarding vulnerable adults and children and patients receiving palliative care.
- The practice was part of Derby City Primary Care Ltd which comprised of 5 other local practices across Derby City to deliver services to patients from 5pm to 8pm weekdays and weekend mornings. Telephone consultations were initially offered and any face-to-face appointments were provided at the hub site at Horizon Healthcare on Burton Road. School age children and working aged people could access these appointments to avoid missing school or work.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice held registers of patients living in vulnerable circumstances including homeless people, asylum seekers, patients near the end of their lives 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 asylum seekers. A community paramedic worked collaboratively with the practice to register homeless patients to ensure they had prompt access to GP services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

Access to the service

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

	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.	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Yes
Patients were able to make appointments in a way which met their needs.	Yes
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Yes
Patients with most urgent needs had their care and treatment prioritised.	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Yes
<ul style="list-style-type: none"> • To ensure that patients were seen by the most appropriate clinician, staff had been provided with a proforma informing them of the types of health issues that could be reviewed by the advanced clinical practitioners and the paramedic employed by the Primary Care Network. 	

- An appointment protocol was available within the practice to support staff in booking appointments with the most appropriate clinician. There was also a protocol to support staff to direct patients to the most appropriate services when on the day appointments had been filled.
- Non-clinical staff had received training in signposting patients to alternative services where it was appropriate to do so. There had been an annual increase in signposting from 1,296 to 5,964.
- We found that the practice had an Access Working Party and that regular meetings had been held since 2003 to continually monitor and improve access to appointments. We found there was an ongoing commitment to consider how appointment supply could be adapted to meet patient demand. Areas regularly reviewed included the effectiveness of signposting to other services, types of appointments offered, appointment mapping, rota changes and the spread of appointments. We found that telephone access to appointments had been regularly reviewed by the provider.

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 30/04/2023)	26.7%	N/A	49.6%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 30/04/2023)	44.4%	52.4%	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 30/04/2023)	47.4%	51.5%	52.8%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2023 to 30/04/2023)	77.1%	72.9%	72.0%	No statistical variation

Any additional evidence or comments

Indicators from the GP National Patient Survey 2023 showed that:

- Patient satisfaction with how easy it was to get through to the GP practice by telephone was significantly below the national average. We reviewed the GP National Patient Survey data over time and found that patient satisfaction with how easy it was to get through to someone at the practice had continued to decrease since 2018. There had been some improvement in 2022. However, despite ongoing efforts by the practice to improve access to appointments, patient satisfaction in this area remained below the national average.
- Two of the access indicators were comparable with local and national satisfaction levels.
- Patient satisfaction with the appointment offered had improved over time and was slightly higher than local and national averages in the 2023 survey results.

We reviewed minutes from the GP partners governance meetings and the practice's action plan to address low patient satisfaction with telephone access to appointments. We found that changes to improve access to appointments had been put in place. For example:

- A new telephone system had been installed to manage patient demand.
- Staffing levels had been increased to answer calls at peak times of demand.
- A call back facility had been added to the telephone system.
- There had been an increase in clinicians to increase the number of available appointments including GPs, advanced clinical practitioners, a physician associate and nurse prescribers. Staff employed by the Primary Care Network (PCN) and locum staff also provided additional support. For example, clinical pharmacists, pharmacy technicians, a care-coordinator and a paramedic. The practice had provided 2,732 appointments in September 2022 compared with 2,982 in September 2023 providing an 8.4% increase in available appointments.
- Appointment templates had been amended to provide less telephone consultations and more face-to-face appointments.
- Evening and weekend appointments were provided by the PCN for patients to access.
- The practice had signed up to participate in the 26-week GP Improvement Plan commencing in October 2023. The aim of the programme was to improve staff wellbeing and improve the patient experience. For example, understanding and management of capacity and demand in relation to a patient's telephone and online journey and the enhancement of triage and care navigation.
- The practice nurses had identified that patients receiving an annual review of their diabetes were receiving a remote consultation through the Primary Care Network (PCN) hub and a face-to-face appointment at the practice to have their foot check completed. It was suggested that diabetic reviews carried out at the hub became face to face consultations to enable foot checks to be completed at the same time. This would reduce the number of appointments required and reduce the need for patients to be seen twice. This had been agreed by the PCN and put in place.
- Through the practice's social media page, the provider asked patients for their ideas as to how they could improve access to appointments for patients. Suggestions were made and the practice made changes in the way in which they organised some of their appointments. For example, an additional online pre-bookable appointment was added to each of the 7 GP partners afternoon clinics and patients could request on the day appointments in the afternoon as well as in the morning.

Patients were informed of the practice's actions taken in response to the GP National Patient Survey in the form of a 'You said...We did' board displayed in the waiting room and through the practice newsletter. The provider planned to review the effectiveness of the changes made by carrying out a patient survey throughout November and December 2023.

Source	Feedback
NHS.uk website (formerly NHS Choices)	Six reviews had been posted on the NHS website within the last 12 months. Three of the reviews were negative and related to poor access to appointments and poor telephone access to the practice. Three of the reviews were positive and stated that the care provided was exemplary, receptionists were helpful and clinicians were kind and professional. Patients felt listened to and there was good access to appointments.
Interviews with a representative of a care homes where the practice provided care and treatment.	We received positive feedback from a representative of a care home where the practice provided care and treatment. They told us that the practice was responsive to their concerns and home visits were provided when required. They told us that the community matron provided weekly ward rounds to review patients on a regular

	basis. Repeat and acute prescription requests were provided in a timely manner and flu vaccines had already been delivered to their residents.
Healthwatch	Healthwatch had received 30 comments regarding the practice. Of these, 20 comments related to access to appointments. Eight comments were negative about telephone access and access to appointments. Twelve comments were positive about online access and telephone access to appointments.
Information provided by the Integrated Care Board (ICB).	90% of patients had received appointments within 2 weeks of request and 50% of patients were seen on the day they requested the appointment.

Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	11
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<ul style="list-style-type: none"> There was a complaints policy in place to support staff to handle patient complaints. The provider had completed an analysis of the complaints raised within the previous year to identify any themes or trends. The analysis showed that the area with the most complaints was appointment requests. Six complaints regarding appointments had been received which was an increase from 4 in 2022 and 1 in 2021. Analysis of the complaints helped to inform the practice's action plan regarding poor patient satisfaction with access to appointments as identified in the GP National Patient Survey 2023. We reviewed 3 complaints that had been received by the practice. We found that a letter acknowledging the complaints had been sent to the complainants and an investigation into the complaint had been completed within a timely manner. Patients were sent letters to inform them of the outcome of the investigation. However, the letters did not include details of the Integrated Care Board (ICB) or Parliamentary and Health Service Ombudsman (PHSO) for patients to go to if they were unsatisfied with the outcome of the investigation of their complaint. 	

Example of learning from complaints.

Complaint	Specific action taken
A vulnerable patient was late for an appointment. They were turned away from the practice by a non-clinical member of	An apology was given to the patient. Non-clinical members of staff were informed that they must check with the duty clinician before turning vulnerable patients away who arrive late for their appointments.

staff. The patient went to the walk-in centre and was admitted to hospital.	
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Well-led

Rating: Outstanding

At our previous inspection in March 2016, we rated the practice as good for providing a well-led service. At this inspection we rated the practice as outstanding for providing well-led services. This was because:

- We found dynamic, compassionate, inclusive and innovative leadership was in place which drove improvements in the delivery of high-quality person-centred care. This included collaborative partnerships, multidisciplinary and multiagency working which tackled health inequalities. The provider could clearly demonstrate the positive impact this had on health outcomes for under-represented populations such as homeless people, asylum seekers, frail patients and those struggling with the cost-of-living crisis.
- Leaders strove to deliver and motivate staff to succeed. Staff feedback was highly positive about the support provided to staff and staff were proud to work at the practice.
- Leaders embraced innovations and proactively sought out and embedded new ways of working to provide care and treatment to its diverse population.
- GP partners embraced lead roles outside of the practice to drive improvements locally and nationally and to bring learning gained from these roles back into their practice. Equality, diversion and inclusion underpinned all of these lead roles to reflect the needs of the practice population they served.

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.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
<ul style="list-style-type: none"> • The provider had established a multidisciplinary team to support the needs of the diverse population the practice provided care and treatment to. This was to ensure that patients were seen by the most appropriate clinician. In addition to GPs and practice nurses, patients could be seen by advance clinical practitioners, a paramedic, a physician's associate, a physiotherapist, a health and well-being coach, a mental health occupational therapist, a care coordinator or a social prescriber. • The provider worked collaboratively with other agencies to support vulnerable groups of patients. In particular, asylum seekers, homeless patients and patients that had been removed from the patient list of other practices. We found that plans were in place to expand these services over time to drive change 	

and high-quality care. For example, a business case had been developed to establish a dedicated mental health community psychiatric nurse to support patients that were homeless; collaboration with the City Place team and voluntary sector was in place to explore cancer screening options; exploring ways of securing funding to support homeless patients that were not registered with Wilson Street Surgery to access the multidisciplinary services the practice provided.

- We found that practice development and succession plans, with clear timelines, were in place. For example, a development plan was in place, which aligned with the national agenda around health inequalities, to address the higher incidence of undiagnosed illness and long-term conditions within deprived populations over the next 2 to 3 years. This included cardiovascular disease, blood pressure monitoring, cancer screening and COPD initiatives.

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
<ul style="list-style-type: none"> • The practice's mission statement was: 'Wilson Street Surgery's mission is to deliver exceptional, inclusive healthcare services to our diverse community. We are committed to providing evidence-based medical care of the highest quality, ensuring accessibility for everyone. We strive to build enduring, supportive relationships with our patients and their families, empowering them to actively participate in their healthcare decisions and promote their overall well-being. We are dedicated to cultivating a warm and approachable atmosphere, fostering a sense of comfort and trust for our patients. Our core values are grounded in the principles of traditional General Practice, while continuously embracing innovation and advancements in the medical field'. • The provider held monthly strategy meetings to address the challenges facing general practice. The meetings acted as a platform for strategic review, systematic issue resolution and the implementation of targeted improvements across all areas of practice operations. For example, clinical care and medication processes, utilisation of appointments and optimisation of signposting and staff wellbeing. The provider was able to demonstrate the impact of these strategies. In particular, increased appointment efficiency, continuity of care with the same GP and very positive staff feedback regarding support within the practice to carry out their roles. 	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes

There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<ul style="list-style-type: none"> The provider had implemented a range of well-being initiatives to support staff. This included a well-being champion who worked collaboratively with a lead GP; well-being afternoons and external speakers; an escape room team building experience; smaller mentorship groups for GPs of varying experience levels; security measures and personal safety alarms; and recognition and appreciation programmes to acknowledge and celebrate staff achievements. We found that staff had been informed of the Freedom to Speak Up Guardian at a recent team meeting and posters were available informing staff how to contact the guardian. The provider told us they had a steadfast commitment to promoting Equality, Diversity and Inclusion (EDI) within the practice. One of the GP partners was the EDI director for General Practice in Derbyshire and played a key role in championing this cause both within the practice, locally and nationally. For example, raising awareness of EDI issues within the workforce; the writing of a report on racial discrimination in General Practice; an education programme including race discrimination, its impact on patient care, neurodiversity and lesbian, gay, bisexual and trans (LGBT+) healthcare for patients and colleagues; and a recent co-editorship of the book 'ABC of Equality, Diversity and Inclusion in Healthcare' which lead to an award from NHS England. 	

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

Source	Feedback
We received 21 staff feedback questionnaires and interviewed 11 members of staff.	Staff told us that there was an open, honest and very supportive culture within the practice. They told us that it was a positive environment to work in, staff were listened to, treated with respect and valued by the provider. They told us there was excellent team working and good staff morale. Staff reported there was a no blame culture to support learning and improvements within the 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.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes

There are recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
<ul style="list-style-type: none"> There were various sub-committees in which nominated GP partners held management roles. For example, chronic disease management, practice finances, staff, practice nurses, information governance co-ordination and QOF achievement. One GP partner was the lead for the Derby City North Primary Care Network. 	

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.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<ul style="list-style-type: none"> There was a business continuity plan in place which included the practice's emergency response to major incidents. For example, providing medical support at rest, evacuation and survivor centres, mass vaccination programmes and response to chemical, biological, radiological and nuclear incidents. 	

Appropriate and accurate information

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

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

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes

The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
Staff are supported to work remotely where applicable.	Yes
<ul style="list-style-type: none"> There was a suite of policies and consent forms in place to support the governance and safe usage of remote and digital services. For example, a video consultation policy and a mobile and remote working policy. 	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group (PPG).	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
<ul style="list-style-type: none"> The previous PPG disbanded during the Covid-19 pandemic. The PPG had recently been re-established and had held meetings in March and September 2023. We reviewed the minutes from these 2 meetings and found that ground rules and a decision to meet every 2 months had been agreed. A GP from the practice updated the PPG on changes that had taken place within the practice since the COVID pandemic. For example, a new telephone system had been installed, staff changes and an explanation of why access doors to the surgery were locked outside of usual clinic times. From the minutes we found that patient views were listened to. For example, the use of social media to share practice updates and patient 'did not attend' rates. Patients were informed of changes within the practice and provided with health advice through the practice's weekly newsletter. For example, the need to book flu vaccines, requests for suggestions that will improve access to appointments for patients and raising awareness around issues such as dementia and child safety. 	

Feedback from Patient Participation Group.

Feedback	
The PPG had only recently been established. Members of the PPG did not feel they had enough experience to speak with the CQC as part of this inspection.	

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
<ul style="list-style-type: none"> The practice used significant events and complaints to drive improvements within the practice. The practice was a teaching practice and participated in research projects to promote a culture of research and learning. The practice provided additional in-house services to reduce the workload on secondary care services and could demonstrate the impact of these services. One of the GPs led an initiative that focused on identifying moderately frail patients. The aim of the initiative was to improve longer term health outcomes by providing early interventions and holistic support through a multidisciplinary approach. There were 197 homeless patients registered with the practice. The practice worked collaboratively with other services, professionals and agencies to provide co-ordinated, multidisciplinary care for this group of patients. Through audit, case reviews and immunisation uptake rates the provider was able to demonstrate the positive impact of this service in reducing the death rate and number of hospital admissions for homeless patients. The practice had been awarded the Lionel Massingham Partnership award for providing over 80% of the homeless population with Covid-19 vaccination through a collaborative working approach. The provider had established an alcohol dependency support service in the practice and worked in partnership with the local drug and alcohol team. The service offered direct access to liver scans to assess any liver damage as a result of substance misuse. The practice provided a Special Allocation Service and Violent Patient Unit for patients that were unable to register at other GP practices. The number of patients that had successfully returned to mainstream GP services from inception of the service in 2003 to date was 278. There was a dedicated service and practice lead for the support of the 157 asylum seekers registered with the practice that proactively contained and managed potential infection outbreaks within the asylum seeker community. The practice had worked with Derby Community Action to provide an online meeting to 102 patients to support them with the impact of the cost-of-living crisis on their physical and mental health. Out of 102 patients, 42 patients went on to seek additional input from the voluntary sector. 	

Examples of continuous learning and improvement
<ul style="list-style-type: none"> The practice had recently attained Royal College of General Practitioners (RCGP) research-ready accreditation to enable them to include under-represented populations in critical research efforts to promote a more inclusive and equitable healthcare landscape. GP partners held lead roles outside of the practice to drive improvements locally and nationally and to bring learning gained from these roles back into their practice. Examples of lead GP roles included the

Equality, Diversion and Inclusion director for General Practice in Derbyshire, the lead for Derby City North Primary Care Network, a lead for homeless patients and asylum seekers and a lead for the Derby City-wide prostate cancer detection initiative.

- The practice had carried out a review of deaths of homeless patients registered with the practice to understand the causes of death. This enabled the practice to modify and improve interventions to prevent future deaths. It also demonstrated the impact that collaborative working had on reducing deaths and reducing the number of hospital admissions. The collaborative working had also significantly increased the provision of Covid and flu vaccinations to this vulnerable group of patients.

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 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 those aged 25 to 49, and within 5.5 years for those aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **UKHSA:** UK Health and Security Agency.
- **QOF:** Quality and Outcomes Framework.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
- ‰ = per thousand.