

Care Quality Commission

Inspection Evidence Table

HT Practice (1-9433739585)

Inspection date: 30 March 2022

Date of data download: 02 March 2022

Overall rating: Good

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">All clinical staff were trained to level three in line with guidance.There is a risk register in place for vulnerable patients which was monitored and kept up to date.	

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

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 01:03:2022	Y
There was a fire procedure.	Y
Date of fire risk assessment: Actions from fire risk assessment were identified and completed.	10.2.22
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice completed an annual health and safety risk assessment and updated where there had been any significant changes. • The practice used an external company to carry out PAT testing and calibrate medical equipment. • The practice had three fire marshals which ensured that one was always on the premises. • Staff received health and safety and fire safety training. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 15:3:22	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • There were comprehensive protocol and cleaning schedules in place to maintain a clean and hygienic environment. They had introduced additional measure in light of the COVID-19 pandemic, including additional high grade personal protective clothing for staff, one-way systems and increased touch point cleaning. • The practice had a “red room” which was used for patients attending the surgery who required to be isolated. 	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y

Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There were enough staff to provide appointments and prevent staff from working excessive hours	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The leaders in the practice had introduced new roles upskilling and developing members of staff and recruiting new staff members. • There was a detailed induction process for staff and processes in place to assess competencies of new and locum staff. • Throughout the COVID-19 pandemic the practice had increased staffing hours to ensure they had additional cover for staff absences, and they had utilised funding available over the winter to increase clinical staff enabling them to respond to demand. 	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results, and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • There was a central system for all test results to ensure results were reviewed and actions by an appropriate clinician in a timely manner. The clinical pharmacists had additional training to process routine test results, passing on only those which required review or action by a GP. The lead GP met with the pharmacy team regularly to ensure they were appropriately processing and coding patient information into records and allocating to appropriate clinical staff where action was required. 	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2021 to 31/12/2021) (NHS Business Service Authority - NHSBSA)	0.82	0.81	0.76	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/01/2021 to 31/12/2021) (NHSBSA)	8.3%	7.8%	9.2%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2021 to 31/12/2021) (NHSBSA)	4.31	4.07	5.28	Tending towards variation (positive)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	188.1‰	200.5‰	129.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2021 to 31/12/2021) (NHSBSA)	0.77	0.77	0.62	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/04/2021 to 30/09/2021) (NHSBSA)	7.1‰	8.5‰	6.7‰	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.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y

Medicines management	Y/N/Partial
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • There were clear medicine management and prescribing policies and procedures in place including a home visit policy and a protocol for those patients prescribed lithium. • The practice has worked with patients to reduce the prescribing of hypnotic medicines in line with good practice. They invited a commissioned pain clinic to deliver sessions from the practice, who, alongside GPs, worked with patients on a reduction plans which included access to cognitive behaviour therapy. Data showed a continued downward trend in prescribing. • As part of the inspection a number of set clinical record searches were undertaken by a CQC GP specialist advisor. The records of patients prescribed certain high-risk medicines were checked to ensure the required monitoring was taking place. These searches are visible to the practice. The records we examined provided evidence that most patients prescribed high risk medicines had been monitored appropriately. Where our searches identified gaps in monitoring, the practice immediately reviewed and provided evidence of action taken. The likelihood of this happening again in the future is low and therefore our concerns for patients using the service, in terms of the quality and safety of clinical care are minor. • Non-medical prescribers were supported by a GP partner and were able to access GPs for support and peer review. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	Seven
Number of events that required action:	Three
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> All the staff we spoke with were familiar with the system and staff were encouraged to report incidents. We saw they were discussed in practice meetings. An annual significant event review meeting was carried out to identify learning and ensure actions had been embedded. 	

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

Event	Specific action taken
A referral sent to wrong clinic.	The investigation identified the error occurred due to staff referring to paper instruction instead of the electronic system. As a result, electronic tasks replaced paper administration and the reception supervisor monitors referrals.
A breach of patient confidentiality identified.	Investigation identified how the breach occurred. The process of printing patient documents was changed, and learning shared with reception staff. Patients involved were contacted and informed of the significant event and details provided of the action taken by the practice.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice has a central system to review and action safety alerts as appropriate and were discussed during clinical meetings. From a sample of patients records we reviewed, we found action had been taken on the most recent alerts, however continued auditing of medicines previously subject to safety alerts needed to be incorporated into the on-going searches carried out by the practice to ensure prescribing continued to be in line with up to date guidance. 	

Following the inspection, the practice provided evidence that they had set up additional monthly audits to ensure medicines prescribed which were subject to past drug safety alerts were prescribed safely and patients were monitored appropriately.

Effective

Rating: Good

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

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Y

Effective care for the practice population

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The surgery identified patients from higher risk population groups and invited those patients that had not attended the surgery in the last 12 months offering them a health check. To assist they offered interpreters, had information in different languages and promoted the availability of vaccines which are gelatine free to accommodate patients cultural and religious beliefs where possible.
- The practice followed up on patients discharged from hospital. They ensured, where required home visits or appointments were arranged, care plans and prescriptions were updated to reflect any extra or changed needs.
- All patients with a learning disability were offered an annual health check.
- The practice had met the national target of 95% for all childhood immunisations.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder
- Patients with poor mental health, including dementia, were referred to appropriate services.
- The practice had a register of vulnerable patients which was regularly reviewed and updated. For those patients on the register clear alerts were placed within their clinical records for information, and to alert staff to any specific needs. Patients and carers were also provided with a bypass telephone number should they need urgent appointments or home visits.

Management of people with long term conditions

Findings

- As part of the inspection a number of set clinical record searches were undertaken by a CQC GP specialist advisor. The records of patients with long term conditions were checked to ensure the required assessment and reviews were taking place. These searches are visible to the practice. The records we examined provided evidence that overall patients with long term conditions had been monitored and reviewed appropriately. Where our searches identified gaps, the practice immediately reviewed them and provided evidence of action taken. For example, searches noted some patients with a potential diabetes diagnosis (those who had levels of HbA1c readings above 48 mmol/mol) were not correctly coded in the clinical system, resulting in a delay in follow up and or monitoring in some cases. The practice provided evidence immediately following the inspection of how they had reviewed and actioned the patients identified in the searches. The practice also shared details of a new system implemented, to prevent this from happening again in the future. The likelihood of this happening again in the future is low and therefore our concerns for patients using the service, in terms of the quality and effectiveness of clinical care are minor.

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England)	9000	97	9278.4%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England)	8800	92	9565.2%	Met 95% WHO based target
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) (01/04/2020 to 31/03/2021) (NHS England)	8900	92	9673.9%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England)	8900	92	9673.9%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles,	8700	101	8613.9%	Met 95% WHO based target

mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England)				
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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>

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (Snapshot date: 30/09/2021) (Public Health England)	62.7%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (PHE)	67.2%	57.2%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (PHE)	57.3%	64.4%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (PHE)	47.6%	56.6%	55.4%	No statistical variation

Any additional evidence or comments

The practice had a clear plan in place to increase uptake of cervical screening, this included on-going patient education and promoting the benefits of screening. They provided a range of appointment options in house for patients, but also promoted screening options on evenings and weekends as part of the local extended access scheme.

Monitoring care and treatment

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

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

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

- A programme of quality improvement had been established and included a schedule of clinical and non-clinical audits.
- We noted learning shared from audits and quality improvement work was routinely discussed within clinical meetings.
- The practice engaged in local quality improvement initiatives and participated in primary care network quality improvement programmes.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff told us they were encouraged to develop and were actively supported by the practice to gain additional skills and qualifications to enhance their roles. • The practice employed a number of staff in advanced clinical practice roles. Staff had access to GPs for support and guidance and participated in monthly clinical meetings. One of the GP partners held regular education and supervision sessions with the staff in advanced clinical roles. 	

Coordinating care and treatment

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

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

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice worked in a multidisciplinary way with colleagues across health and social care to ensure coordinated care was in place for vulnerable patients and to support patients and their families at the end of life. The practice had a good understanding of the patient population and had identified those patient groups who were at more risk from long term conditions and COVID-19. As a result, they proactively invited specific groups for health checks and provided information to patients in different languages and easy read materials. As part of the primary care network, patients were able to access services in the community, including weight management. 	

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Y
<p>Explanation of any answers and additional evidence:</p> <p>During the inspection we saw the practice had a clear protocol in place in relation to Do not attempt cardiopulmonary resuscitation (DNACPR) and we noted from a review of three records they were appropriate and completed in line with good practice.</p>	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• There was a home visiting team within the practice, who responded to home visit requests and were able provide home visits throughout the day• The practice worked closely with patients, carers and local specialist service to support patients with learning disabilities and have recently trialled running clinics in a local sports centre.• During the pandemic the practice provided welfare checks of the most vulnerable and carried out regular welfare calls.• The practice invested in high grade personal protective equipment to enable them to continue to see patients face to face and at home, including those who tested positive for COVID-19.• For those patients identified as vulnerable, they were provided with a bypass telephone number to ensure they had direct access to seek advice and or access appointments or home visits.	

Patient feedback	
Source	Feedback
Friends and family test	The practice used the Friends and Family test to gather on-going patients' feedback. Patients could give feedback by text message, online or in person. Results showed between March 2021 and February 2022 they had received feedback from 2593 patients, of which 93% would recommend and 4% would not recommend the practice.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2021 to 31/03/2021)	79.6%	87.1%	89.4%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2021 to 31/03/2021)	82.9%	87.1%	88.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	90.9%	95.1%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	69.3%	79.6%	83.0%	Tending towards variation (negative)

Any additional evidence or comments

The practice reviewed the results of the National GP Patient Survey and used the Friends and family test and analysed themes and trends from compliments and complaints to monitor patient feedback in real time and make changes where required. To improve patients experience they had introduced a range of appointments for patients including the introduction of telephone and video consultations. They had also expanded the multidisciplinary clinical team and installed a new telephone system making it easier for patients to contact specific departments or book appointments.

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

Any additional evidence

The practice uses the Friends and Family test to gather patient feedback on an on-going basis. The practice had plans in place to conduct a full patient survey in the coming months as the service is returning to normal following the COVID-19 pandemic. This is in addition to the Friends and Family test.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had information available to patients in a range of formats including in different languages, easy read and pictorial materials were available. The practice was able to refer patients to a social prescriber who can provide additional support in the community and signpost to other services. 	

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2021 to 31/03/2021)	87.6%	91.5%	92.9%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	86 patients are registered as carers – 1% of pt. list – nil are aged under 16 years of age
How the practice supported carers (including young carers).	The practice identified carers as part of the new patient registration process, and were proactive in encouraging patients to identify as carers, for example, sending out test messages, but also when safe to do so they

	<p>utilised seasonal flu campaigns to speak with patients and identify those who may have caring responsibilities.</p> <p>All carers are directed to the Carers Hub and/or the social prescriber.</p>
How the practice supported recently bereaved patients.	Staff told us that if families had experienced bereavement, the clinician best known to the family contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Privacy and dignity

The practice respected / did not always respect patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Staff were aware of not discussing patient detail at the desk • The waiting room is arranged away from the reception desk 	

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs/ Services did not meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had a range of accessible information available, including easy read and pictorial versions of review invites. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	7:30am to 6:30pm
Tuesday	7:30am to 6:30pm
Wednesday	7:30am to 6:30pm
Thursday	7:30am to 6:30pm
Friday	7:30am to 6:30pm
	7:30am to 6:30pm
Appointments available:	
Monday to Friday	Appointments are available throughout the day from 7:30am to 6:10pm
Evenings and weekends	Patients can access appointments with GPs and nurses at a local hub as part of the extended access scheme. Monday to Friday from 6.30pm to 9.30pm, at weekends and bank holidays.

Further information about how the practice is responding to the needs of their population
<ul style="list-style-type: none"> The practice remained open throughout the COVID-19 pandemic. They also provided oxygen level monitoring for patients diagnosed with coronavirus who were at risk of becoming seriously unwell, before this was rolled out in the community. The practice in addition to face to face appointments provided patients with the option of telephone or video consultations. Patients had a named GP who supported them in whatever setting they lived.

- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- For patients with multiple long-term conditions longer appointments were offered to enable them to have combined reviews.
- For those patients living in residential or nursing homes the practice carried out weekly ward rounds (currently by telephone) and followed up with visits where required to deliver proactive care to patients.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- Extended access appointments were available Monday to Friday 7:30am to 8am. Patients at the practice could also access pre-bookable appointments locally within the area, as the practice was a member of the local extended access scheme. Appointments are available between 6:30pm and 8:00pm weekdays and 9am and 11:45am Saturday and Sunday.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

Access to the service

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

The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Y

Patients were able to make appointments in a way which met their needs	Y
There were systems in place to support patients who face communication barriers to access treatment	Y
Patients with most urgent needs had their care and treatment prioritised	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Y

Explanation of any answers and additional evidence:

- At the beginning of the pandemic the practice provided staff with high grade personal protective equipment which enabled them to continue to offer patients safe face to face appointments, including those who had tested positive for COVID-19. Data provided by the practice showed that during local and national lockdowns they continued to see approximately 60% of patients face to face.
- The practice offered a mix of pre bookable appointments, on the day appointments and urgent on the day appointments and patients are offered a choice of telephone, face to face or video appointments. Pre bookable appointments could be booked online up to three weeks in advance. Data provided by the practice showed that currently 80% of patients were seen face to face.
- The practice had a home visiting team, who triaged all requests for home visits and where appropriate they were able to provide home visits throughout the day, and were able to respond if late requests were made by carrying out home visits after the surgery has closed.
- The practice was one of four associate practices locally. Patients could access appointments at different locations if this was more convenient, for example, if other locations were closer to a patient's workplace.
- Double appointments were booked where required for vulnerable patients of those who required and interpreter.
- The practice website provided patients with a range of information on how they could access care and treatment in hours and out of hours. The website could be translated into a range of languages.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2021 to 31/03/2021)	38.5%	N/A	67.6%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	47.4%	63.8%	70.6%	Variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or	50.8%	62.0%	67.0%	Tending towards

Indicator	Practice	CCG average	England average	England comparison
fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)				variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	56.8%	77.2%	81.7%	Significant Variation (negative)

Any additional evidence or comments
<p>The practice was aware of the lower than average access results of the national GP survey and continue to monitor and adjust their appointment system to reflect demand. They accessed additional funding over the winter months to offer additional appointments to meet increased demand. They used data from the Friends and Family test to gather real-time feedback from patients using the service. This more recent feedback showed overall, patients were satisfied and would recommend the practice to others.</p> <p>The practice continues to offer a range of appointments for patients, including a mix of telephone, video and face to face appointments. Patients had the option of booking on the day routine and urgent appointments or pre booking up to three weeks in advance online or by telephone.</p> <p>Patients were able to access appointments with clinicians between 7:30am and 6:10pm. If patients called the practice for an urgent appointment, but all appointments had been booked for the day, staff would take details and pass on to the duty doctor to assess and where necessary they would book appointments at the extend hours hub with an appropriate clinician.</p>

Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	18
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.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence:	

- The practice monitored complaints for patterns and trends and reviewed annually to monitor actions taken as a result of complaints had been implemented.
- We noted from a summary of complaints shared by the practice, where appropriate the manager would telephone patients to discuss and resolve concerns and where appropriate patients were offered an apology.
- Where the practice responded to complaints in writing, they included a leaflet which guided patients to the ombudsman, should they not be satisfied with the practice's response.

Example(s) of learning from complaints.

Complaint	Specific action taken
Mis-communication regarding booked telephone appointment.	Practice manager spoke with and gave apologies to patient concerned. Process for booking telephone appointments was revisited with specific staff members involved to prevent this from happening in the future.
Prescription delay and lack of communication with patient regarding delay, which was due to blood monitoring being required before a new prescription could be issued.	Practice manager arranged for an urgent review of the system and an additional safety net was implemented to avoid this happening in the future.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice was one of four associate practices. Managers and teams worked closely together across the locations to share good practice and learning. The practice shared policies and procedures to avoid duplication. Some staff worked across the locations providing flexibility to support capacity and demand including home visits and share skills such as minor surgery.	

Vision and strategy

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

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

Culture

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

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

Staff had undertaken equality and diversity training.	Y
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Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff	After speaking with staff and reviewing the responses from the staff surveys sent out prior to the inspection, we noted staff felt supported and were provided with a range of learning and professional development opportunities. They told us they were involved in meetings and were encouraged to share ideas.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> There was a clear management and leadership structure in place and leads in post for key areas. 	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> In 2020 the practice installed a new telephone system, which improved the way in which patients could access the surgery, but also provide them with real-time data on call handling performance, such as the number of calls received and calls on hold. The practice has used the data to identify patterns and trends and make improvements to the system. The information is 	

also used to review, where required staff interaction with patients, and this can be used for training and development.

- Where we noted discrepancies from the clinical searches we carried out as part of the inspection, the practice took immediate action and provided details of the action taken to embed new systems where required. For example, additional monthly audits were set up to ensure medicines prescribed which were subject to past drug safety alerts were prescribed safely.

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

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Y
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Y
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Y
The practice actively monitored the quality of access and made improvements in response to findings.	Y
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Changes had been made to infection control arrangements to protect staff and patients using the service.	Y
Staff were supported to work remotely where applicable.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • There were clear risk assessments, policies and procedures in place to enable the practice to deliver services and keep staff and patients safe. • The practice was well ventilated, an isolation room was set up and a one-way system was created. Personal protective equipment was available to patients when entering the surgery and staff had been fitted for higher grade PPE to enable them to continue seeing patients face to face or at home where required safely, even if patients had tested positive. 	

Appropriate and accurate information

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

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

Explanation of any answers and additional evidence:

- The practice had a range of meetings scheduled to monitor performance and keep staff up to date. These included daily management and admin briefings, monthly clinical, nurse, cancer champion and staff meetings and fortnightly management/business meetings.
- There was an audit schedule in place and results discussed during clinical meetings.

Governance and oversight of remote services

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

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	N
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice has previously had an active patient participation group but following the COVID-19 pandemic the numbers have reduced significantly. The practice valued the input from the group and have started to look at ways of re-establishing the group. • The practice worked alongside the Primary Care Network and Clinical Commissioning group to work together and identify ways in which they can meet the needs of patients. 	

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff had dedicated learning and development time. The practice worked with and invited a range of services to utilise space within the practice to provide primary and secondary care to patients in house, for example a pain clinic. 	

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

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

Glossary of terms used in the data.

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