

Care Quality Commission

Inspection Evidence Table

The Deepings Practice (1-558305996)

Inspection date: 24 March 2022

Date of data download: 14 March 2022

Overall rating: Good

We carried out an inspection at The Deepings practice on 22 March 2022. The practice was rated requires improvement overall; the key questions of safe and responsive was rated as requires improvement and the key questions of effective, caring and well led was rated as good.

Safe

Rating: Good

We have rated the practice as good for providing safe services because the provider was assessing the risks to the health and safety of service users.

Safety systems and processes

The practice did not have 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.	Partial ¹
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 ²
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
Explanation of any answers and additional evidence:	
¹ There was a clear policy for safeguarding and staff told us they had access to this policy and knew who the safeguarding lead for the service was. We saw that all staff had completed some safeguarding training, however not all clinical staff had completed the required level appropriate to their role. Following the inspection, the training for staff was addressed immediately and we were told that reception staff and dispensary staff was enrolled onto training to gain level two safeguarding. Staff we spoke with knew what action to take should they have concerns relating to safeguarding.	

Safeguarding	Y/N/Partial
² Disclosure and barring service (DBS) checks were not always undertaken in nonclinical roles. Whilst the practice had completed a risk assessment it did not reflect all of the potential risks in each role. Following the inspection, the practice amended their policy to include DBS checks for all staff.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Partial
Explanation of any answers and additional evidence: The practice had a policy and protocol in place for new employee recruitment, selection, interview and appointments which was subject to regular updates. We identified some gaps in the recruitment files. These related to staff who had been in post for a significant length of time. We reviewed the policy which confirmed an appropriate process for recruitment for all newly recruited staff. We reviewed five staff files to assure that verified evidence of vaccination was recorded and saw three examples where this was not recorded. Following the inspection, the provider gave evidence that staff vaccination was maintained in line with Public Health England Guidance.	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 08/03/2021	Partial ¹
There was a fire procedure. Date of fire risk assessment: 11/10/2021	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: ¹ The practice had policies in place for health and safety including legionella. The legionella policy stated that an external risk assessment should be considered. We were not provided with evidence that consideration of an external risk assessment had been given. There was logs of water checks however these were sporadic. In the absence of a risk assessment no formal process for checks had been considered. We saw the practice had a schedule for electrical equipment testing to help ensure equipment was safe to use. However due to the pandemic the routine testing had been delayed in some areas. The practice provided a plan to address this by May 2022.	

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.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: March 2022	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: The main practice and the branch practice were visibly clean, utilising the space well to maintain social distancing between patients.	

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	Partial ¹
Explanation of any answers and additional evidence: The provider advised us that due to vacant clinical posts there was an ongoing shortage of GP appointments. The provider articulated actions they had taken to try to resolve this issue. This included recruitment of new GPs, we saw evidence to confirm this. In absence of GPs the practice had recruited a contraceptive nurse, advanced nurse practitioner, musculoskeletal physicians and was providing services through the primary care network to provide musculoskeletal (MSK) appointments and a social prescriber. We saw evidence that the practice had ongoing plans to recruit further staff.	

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

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)	0.92	0.97	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)	11.8%	11.9%	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)	4.66	5.41	5.28	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	123.5‰	221.6‰	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)	0.66	0.86	0.62	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/04/2021 to 30/09/2021) (NHSBSA)	5.0‰	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.	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

Medicines management	Y/N/Partial
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured 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 high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Partial ¹
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 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.	Yes
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 PHE guidance to ensure they remained safe and effective.	Yes
<p data-bbox="57 1433 810 1467">Explanation of any answers and additional evidence:</p> <p data-bbox="57 1523 1541 1713">¹As part of the inspection we carried out clinical searches to review the management of medicines. This included high risk medicines and disease modifying antirheumatic medicines (Methotrexate and Leflunomide). 95 patients were identified as taking Methotrexate and 93 of these patients had been subject to the required monitoring as set out in guidance. Six of the eight patients prescribed Leflunomide had the required monitoring recorded in their clinical record.</p> <p data-bbox="57 1758 1541 1836">The practice immediately addressed our findings by conducting significant event analysis and reviewing their processes.</p>	

Dispensary services	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Yes
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Yes
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Yes
Where the Electronic Prescription Service is not used for dispensary prescriptions, prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Yes
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	Yes
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Yes
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Yes
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Yes ¹
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Yes ²
<p>Explanation of any answers and other comments on dispensary services:</p> <p>¹ The staff told us they knew this was possible but had not had occasion to provide this service.</p> <p>² Medicines use reviews was undertaken by the GPs rather than the dispensary staff although the use of dispensary administrative staff to take telephone calls meant that patients could make confidential enquiries about their medicines.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	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
<p>Explanation of any answers and additional evidence:</p> <p>All significant events recorded had actions taken and learning outcomes. The practice felt it was important to investigate and action all concerns by speaking to individual staff members involved, patients, where appropriate and discussing in regular staff meetings.</p> <p>We saw evidence that following significant events actions had been taken included reviewing systems, contacting the providers data protection officer and implementing further training. Staff who were not present at meetings received an alert on the system with the outcome.</p>	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Incorrect information given to patient	Meeting with reception team to remind to double check patient details. Team leader contacted patient and apologised. All reception staff received a reminder email to check patient records twice prior to giving paperwork.
Booked telephone appointment missed by GP	Discussion with Doctor and investigation into why the appointment was missed. All doctors reminded to read the booking notes prior to calling all patients. Patient was rebooked and given an apology.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We saw examples of actions taken on recent alerts for example, regarding sodium valproate and medicine recalls. However, on reviewing the clinical system we found patients prescribed a dose of medication generally not suitable for their age group due to a higher risk of cardiac problems; three patients required following up by the practice. The practice was responsive to our findings by contacting</p>	

the patients, conducting a significant event analysis and created new protocols to avoid future occurrence.

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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Partial
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.	Partial
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
Explanation of any answers and additional evidence: We reviewed 20 individual care records of patients who had contacted the practice using the online services. We found three examples of patients immediate and ongoing needs that were not fully assessed. The practice was responsive with our concerns and immediately contacted patients and held a significant event meeting to implement new protocols to prevent future occurrence.	

Effective care for the practice population

Findings

The CQC received 525 share your experience feedback forms which the practice posted on their website and social media pages prior to the inspection. 173 (33%) of patients responded with negative feedback about their care and treatment at the practice.

During the inspection a GP specialist advisor for CQC reviewed 20 clinical records and conducted clinical searches relating to medication and long-term condition management. Of the records we reviewed we found three examples where patients' immediate and ongoing needs were not fully assessed. The practice responded immediately to ensure these patients had received the appropriate care. We also found:

- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check. We spoke with a care home for residents with complex learning disabilities who confirmed the practice had visited for an annual health check in person.
- 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.

Management of people with long term conditions

Findings

Findings from clinical searches carried out during the inspection found:

- 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.
- We found 26 patients with a potential diagnosis of diabetes. We reviewed five of these records and found that the practice had proactively informed patients of the potential diagnosis, or the patient was booked in for an appointment.

- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Patients with asthma were offered an asthma review every 12 months however when reviewing the clinical system only 52% patients had received an asthma review. The practice had reduced asthma reviews during the COVID-19 pandemic. To address the reduced asthma reviews during the pandemic the practice appointed an external agency to carry out asthma reviews prioritising patients who were deemed most vulnerable or higher risk. The asthma reviews were conducted by both doctors and nurses and of the records viewed all had a physical check within the recommended time frame.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- 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.

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)	139	167	83.2%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England)	181	186	97.3%	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)	181	186	97.3%	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)	179	186	96.2%	Met 95% WHO based target

The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England)	234	255	91.8%	Met 90% minimum
---	-----	-----	-------	-----------------

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

Any additional evidence or comments

The practice provided unverified data collected from their clinical system for the most recent quarter 1st January to 31st March 2022. 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 was 96%.

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)	80.7%	N/A	80% Target	Met 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (PHE)	74.3%	67.0%	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)	75.8%	70.0%	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)	65.9%	56.8%	55.4%	No statistical variation

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
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

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

The practice had carried out an audit of clinical note taking, and we were shown three cycles of audit. The aims of the audit were to highlight gaps in knowledge and training needs of clinicians and if the patient had received appropriate safe care and treatment. The positive findings of the most recent audit in November 2021 was that all records examined had a score of 100% of history and examination checking. The negatives were that only 80.9% had data coding and 91.6% had sufficient safety netting. This was an improvement on previous audits. The audit was discussed during a clinician meeting and a reminder to address coding was given. The practice planned to conduct a repeat audit in 12 months time.

The practice also carried out an audit on conjunctivitis. The purpose of the audit was to check if the practice was prescribing topical antibiotics appropriately following a previous audit in January 2018. The practice had a positive response with a reduced of antibiotic prescribing by 11% since previous audits.

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
Explanation of any answers and additional evidence: We saw that all staff had completed safeguarding training, however not all staff had completed the required level appropriate to their role as set out in the intercollegiate guidance. Following the inspection, the training for staff was addressed immediately and we were told that reception staff and dispensary staff were enrolled onto training to gain level two safeguarding. Staff we spoke with knew what action to take should they have concerns relating to safeguarding. We sent out questionnaires to staff who worked at the practice, 72 staff members responded. We asked staff if they had received training in health and safety 97% responded yes. We asked staff if they had received training in confidentiality and information governance 99% responded yes. 99% of staff agreed that the training the practice provided met their needs and were confident to undertake tasks delegated to them we saw evidence of training to support this.	

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.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes

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 ¹
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 ²
<p>Explanation of any answers and additional evidence:</p> <p>¹ The practice was able to refer patients to a social prescriber supplied through the primary care network. The practice was able to provide examples of patients who had been referred to the social prescriber to access weight loss support, financial support and befriending groups.</p> <p>² We saw evidence collated by the clinical commissioning group that the practice were the top performing practice of twelve in South Lincolnshire for referring patients to the NHS Diabetes prevention programme. This programme offers patients personalised support to manage their weight, eat more healthily and be more physically active.</p>	

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.	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
<p>Explanation of any answers and additional evidence:</p> <p>We reviewed patients end of life ReSPECT plans (Recommended Summary Plan for Emergency Care and Treatment) for patients living in care homes and in their own home. We found decisions were made in line with relevant legislation. However, we spoke with local care homes who gave examples of DNACPR decisions that had not been reviewed.</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.	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
Explanation of any answers and additional evidence:	

Patient feedback	
Source	Feedback
Share your experience form on CQC website	The CQC received 525 completed share your experience forms, which the practice posted on their website and social media pages prior to the inspection. 347 responses (66%) had a negative experience, 104 responses (20%) had a positive experience and 74 responses (14%) had a mixed view. Of the 525 responses 122 (23%) commented negatively regarding customer care. We saw evidence that the practice had a system for addressing poor performance, including customer care, this included additional training where this was identified as needed.
Compliment cards	The practice had received over 25 cards of thanks for the care patients had received. The compliments highlighted the efficient treatment received and kind staff.
NHS UK	The practice had received a mixture of negative and positive reviews on the NHS UK website. Over 80% of reviews were positive with patients praising the service was efficient and staff were caring. The negative reviews were focused on the difficulty of gaining an appointment over the telephone.

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)	89.2%	88.9%	89.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2021 to 31/03/2021)	88.4%	87.7%	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)	97.9%	95.9%	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)	79.5%	82.0%	83.0%	No statistical variation

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

Any additional evidence
At the time of our inspection the practice was in the process of completing a patient survey around accessing information for cancer. The survey was responded to by 724 patients accessing care at the practice and neighbouring practices. In total 44.75% of responses were from patients at The Deepings. In response to this feedback the practice planned to implement a Macmillan information point for digital service information which will be installed at the practice. The practice have said they would train staff as cancer champions.

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had two doctors who were trained in British Sign language and a hearing loop was available.</p> <p>The practice had placed alerts on patients' medical records who required larger print or were unable to phone the practice to make an appointment. They were contacted digitally or asked to attend the practice.</p> <p>The practice participation group ran a transport scheme to help patients access the local community services for any medical requirements. The service was for patients for whom transport services were difficult. They were able to be collected from their house and taken to the practice. The scheme was supported financially by Lincolnshire County Council through a grant scheme. The coordinator of the scheme was in contact with the operation manager who would help with advertisement, provide space in the practice for paperwork and help where required. The provider reported that they felt this was a vital service for patients who did not have access to transport or were elderly. The provider was very appreciative of the service the volunteers provided.</p>	

Source	Feedback
Interviews with patients.	We spoke with eight patients who were waiting for appointments on the day of our inspection. Concerns from most patients related to the difficulty of accessing an appointment due to the telephone lines being so busy or struggling with online technology. However, all patients felt that once an appointment was made, the care they received from staff was good.

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)	95.2%	92.8%	92.9%	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
Explanation of any answers and additional evidence: Information leaflets had been removed due to the Covid pandemic however they were available upon request and information was available on the practice website.	

Carers	Narrative
Percentage and number of carers identified.	752 (3.1%) patients were identified as carers
How the practice supported carers (including young carers).	The practice had appointed care coordinators to provide assistance if required. There was a carers board in the waiting room with information including young carers support groups and transport scheme information. Information for carers was also available on the practice website.
How the practice supported recently bereaved patients.	The practice sent bereavement letters to families to offer condolences and signposting to support group and counselling services.

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
Explanation of any answers and additional evidence: There were rooms available for patients to discuss confidential or sensitive information at the reception desk. There was also a quiet room available to wait for an appointment if a patient required.	

Responsive

Rating: Requires Improvement

We have rated the practice as requires improvement.

We found:

- Many of the national survey indicators published in March 2021 was significantly below local and national averages.
- CQC received a high volume of complaints regarding accessing the service.
- There was not a sufficient amount of appointments to meet the needs of patients.

Responding to and meeting people's 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.	Partial ¹
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.	Partial
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence: The provider recognised that vacant clinical posts, predominantly for GPs, within the practice had impacted the availability of appointments. Despite the providers best efforts, the practice had found it difficult to recruit, however at the time of our inspection the practice was interviewing potential candidates and had appointed three candidates who were due to start within the next three months. The practice was aware that many patients had a negative experience with accessing the practice via telephone. As a result, they had implemented online services and a call back option for patients who could not wait on the telephone, giving patients a two hour estimated call time. The practice continued to receive feedback regarding the difficulties with the appointment call back system. The practice told us that a new clinical system was being introduced in summer 2022, it was hoped that the new system would improve the patient experience when booking online appointments.	

Practice Opening Times	
Day	Time
Opening times For the Deeping practice	
Monday	08:00am – 6:30pm
Tuesday	08:00am – 6:30pm
Wednesday	08:00am – 6:30pm

Thursday	08:00am – 6:30pm
Friday	08:00am – 6:30pm
	Extended opening hours until 8:00pm Monday, Wednesday and Thursday The practice is increasing extended opening hours to include Fridays from 1 April 2022.
Appointments available:	
Monday	08:00am – 6:30pm
Tuesday	08:00am – 6:30pm
Wednesday	08:00am – 6:30pm
Thursday	08:00am – 6:30pm
Friday	08:00am – 6:30pm
Practice opening times for The Glinton practice	
Monday	08:00am – 1:00pm
Tuesday	08:00am – 1:00pm
Wednesday	Closed
Thursday	Closed
Friday	08:00am – 1:00pm

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. Patients could request a different GP at any time of their care.
- 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 needs.
- There was a medicines delivery service for patients who were housebound. The medicines delivery service was also extended during the pandemic to patients over 70. This had continued since the easing of restrictions to support patients' needs.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- The practice held regular palliative care meetings, where appropriate DNACPR/ReSPECT forms were discussed and patients' needs reviewed.
- All parents or guardians calling with concerns about a child were offered a same day telephone appointment which would result in a face to face appointment if appropriate.
- The practice was open until 8.00pm on a Monday, Wednesday and Thursday for extended access appointments. The practice were planning to also offer Fridays from April 2022.
- 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 included asking a patient if they were a veteran in their registration forms. Veterans were coded onto the clinical system.

Access to the service

People were not 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 minimise the length of time people waited for care, treatment or advice	No
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	No
Patients were able to make appointments in a way which met their needs	No
There were systems in place to support patients who face communication barriers to access treatment	No
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
Explanation of any answers and additional evidence:	
<p>CQC received 525 Share your Experience web forms, 347 responses (66%) reported a negative experience, 104 responses (20%) had a positive experience and 74 responses (14%) had a mixed view. The highest percentage of concerns were regarding appointments of the 525 responses 320 (61%) expressed negative views regarding not being able to access an appointment due to the lack of appointments and not being seen face to face. In addition, 246 (47%) patients also expressed negative views regarding accessing the practice via telephone.</p> <p>The practice required patients to telephone for a same day appointment at 8am, where details were taken by receptionist and a review or call back from an appropriate clinician was scheduled. The information was reviewed by a clinician who booked a face to face appointment if they deemed it was necessary or the patient requested. During the inspection we observed the telephone triage process was in place and that patients attended for a face to face consultation at the request of the clinician.</p> <p>We saw, and patients told us that the online system for booking appointments was not user friendly. Patients told us it timed out whilst inputting information, resulting in the loss of an appointment slot. The system did not give clear guidance on the timing of call backs, leading to frustration and confusion. The practice told us they would be installing a new computer system in the summer of 2022 which would eliminate the confusion of booking appointments.</p>	

During the inspection we reviewed the appointment booking system. We saw that there was a 14 day wait for a prebookable routine GP appointment. New appointments are added to the system on a fortnightly basis. The practice told us this was to reduce the amount of patients who do not attend.

We discussed access to appointments and patient feedback with the provider, vacant clinical posts, predominantly for GPs, within the practice had impacted the availability of appointments. The provider was able to demonstrate actions taken to recruit additional clinical staff, whilst successful recruitment had taken place for many clinical roles recruitment of GPs continued to be a challenge.

Many patients told us that when they experienced difficulties getting through on the telephone, they would attend the practice. When they attended there was no patients waiting or doctors on site. We found that the reception area was a quiet and calm environment, staff at the reception desk were available to speak to patients on arrival. Behind the reception area was a team of reception and administrator staff answering the telephone calls. GPs were in their designated rooms calling patients and seeing face to face patients if required. There was a system in place to monitor telephone activity. The system demonstrated the amount of incoming calls and abandoned calls. We saw evidence that the incoming phone calls for February 2022 were 13,453 in total but only 59% of these calls were answered. The average queue time for patients was 34 minutes.

Feedback directly to the CQC from patients also highlighted the difficulty of obtaining an appointment for the patient population who struggle with digital online services and those who were unable to wait on the telephone for long periods due to care and work commitments. Often those patients would attend the surgery in person to book a visit or abandon the call.

To address concerns raised from the local population, the practice had held meetings with the patient participation group and councillors, produced articles for local publications and sent letters to parishes. The practice had also updated their website and social media. The practice recognised the challenges patients faced with accessing the service and were increasing communication to the local population to inform patients of actions that were being taken which included recruiting and a new computer system.

During our inspection we discussed appointment availability at the practice. The practice had monitored appointment demand over the previous 5 years and articulated that the demand for appointments had significantly increased since the previous year. To address the demand the practice had recruited and were actively recruiting for more staff.

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)	26.9%	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)	57.1%	70.9%	70.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	51.7%	67.2%	67.0%	Tending towards 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)	73.8%	84.7%	81.7%	No statistical variation

Any additional evidence or comments

Following the results of the GP patient survey, the practice conducted their own survey on how to improve the telephone system. The practice received responses to offer a call back option and this was installed. The call back option allows callers to hold their position in the queue and be called back by reception instead of waiting on the telephone.

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.	120
Number of complaints we examined.	10
Number of complaints we examined that were satisfactorily handled in a timely way.	10
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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a complaints policy in place which outlined the process for the management of complaints. Complaints were discussed in meetings with the leadership team of the practice. Where appropriate, significant event analysis was conducted.</p> <p>Patients received an acknowledgment upon receipt of the complaint. Due to the volume of complaints they were triaged into a risk basis, the more complex or clinical complaints were dealt with by the practice manager and/or clinicians. At the time of our inspection, there was 10 complaints outstanding with an average response time of five months. Complaints regarding access and appointments were given to alternative staff members to address and respond to so that a response could be given quicker. The practice ethos was to respond to patients in a personal way treating patients concerns as individuals we saw evidence on responses that all responses received a personal approach.</p> <p>Due to the volume of complaints the response rate was longer than the practice preferred. The practice were exploring options to reduce this time period by introducing a complaints role to the practice structure.</p>	

Examples of learning from complaints.

Complaint	Specific action taken
Patient with mobility difficulties required a specialist chair	The practice purchased two chairs to meet the individual needs of patients with a mobility difficulty.
An appointment for a patient was short notice cancelled on the same day due to unavoidable circumstances	The patient was offered an apology and immediately rebooked the appointment. The circumstance around the cancellation of appointment was discussed in a staff meeting and confirmed that it was unavoidable.
Staff member attitude	The practice spoke with the staff member involved. All staff receive mandatory training on customer service. The

	practice have enrolled staff to participate in upcoming courses on customer service.
Patient complaint regarding unsafe care and treatment of family member	The practice held a clinician meeting to discuss the concerns raised. A significant event analysis was conducted. The practice also completed an audit on increased cancer awareness. The patient was offered condolences and reassurance.

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.	Yes
They had identified the actions necessary to address these challenges.	Yes ¹
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: The provider was open and honest regarding the recruitment challenges for doctors. The practice had increased the package and incentives offered and placed adverts on various platforms. The provider was aware of negative feedback from the community regarding accessing the services and plans were in place to improve access by recruiting new GPs and training existing staff for additional duties. After our inspection the practice told us they had offered three doctors positions at the practice with a view to commencing working by June 2022 and August 2022. The provider told us that there will be a new computer system in place in the summer of 2022 which should improve patient appointment booking and ease of use for digital services. Staff told us leaders were visible and approachable and an open-door policy was in place.	

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.	Partial
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
Explanation of any answers and additional evidence: We issued a questionnaire to practice staff and 72 staff members responded. 75% of responders said there was a clear vision which was to improve access for patient appointments. However only 22% said they had been involved in developing of any future planning and development.	

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 ¹
There were systems to ensure compliance with the requirements of the duty of candour.	Yes ²
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
Explanation of any answers and additional evidence: 1 Staff reported that during the height of the pandemic the practice supported staff wellbeing. Staff members who were deemed vulnerable were able to work at the branch site Glington without any interaction with others. Staff were able to access a support helpline to support wellbeing. 83% of staff who responded to our questionnaire said the provider and their line managers took a positive interest in their health and wellbeing. 2 97% of staff who responded to our questionnaire said they could raise concerns within the practice and if necessary 93% of staff felt their concerns would be taken seriously.	

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

Source	Feedback
Staff questionnaires sent directly to CQC	Staff felt that their workloads were high due to the pandemic and staff shortages. Staff reported that they were proud of their achievements and felt the practice staff worked hard individually and as a team.

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.	Partial ¹
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	

1. Although the practice had governance structures and systems in place, we found areas where processes required strengthening. For example, the legionella policy stated that a risk assessment should be considered but we were not provided with evidence that consideration of a risk assessment had been given. There were logs of water checks, however these were sporadic. In the absence of a risk assessment no formal process for checks had been considered

Managing risks, issues and performance

There 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

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.	Yes ¹
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Partial ²
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes
The practice actively monitored the quality of access and made improvements in response to findings.	Partial ³
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes ⁴
Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes ⁵
Staff were supported to work remotely where applicable.	Yes ⁶
Explanation of any answers and additional evidence:	

¹ Due to the pandemic the practice operated a telephone triage system. Patients who required a face to face examination and were potentially Covid positive were able to be seen in a purpose-built tent outside providing ventilation and reducing risks to staff and other patients. Patients who were not suspected to have Covid were offered appointments face to face if required at the practice.

² In feedback given to the CQC from patients, it was noted that patients who were digitally excluded struggled during the pandemic. For example, due to telephone triage appointments patients were asked to send photos and access services online to book appointments where possible.

³ The practice leaders held regular video calls to discuss access for patients during the pandemic.

⁴ The practice had worked hard to address backlogs of activity which had accumulated due to reprioritisation of tasks during the height of the pandemic.

⁵ The practice was able to utilise the size of the premises to their advantage. During the height of the pandemic there was a one-way system process in place. The practice was able to use two large waiting areas and invested in new wipeable flooring. At the time of our inspection the premises were visibly clean with good infection control arrangements to keep patients and staff safe.

⁶ Staff were given equipment to enable them to work remotely, the practice felt that this worked well and since staff have continued to work remotely where necessary.

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.	N/A
The practice advised patients on how to protect their online information.	Yes

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.	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
Explanation of any answers and additional evidence: The practice had spoken with Healthwatch and met with local councillors regarding the increase of negative feedback received. The main theme was regarding access to the service and the practice discussed steps they had taken and was continuing to take to address this. The practice advertised in a local publication to explain the alternative services they could offer at the practice and how to gain an appointment through using digital services.	

Feedback from Patient Participation Group.

Feedback
The Patient participation group (PPG) meet with the practice on a three monthly basis. During the COVID-19 pandemic meetings were conducted virtually. The PPG reported that the biggest area of patient feedback received was around access concerns via the telephone. In particular the difficulty to gain an appointment although this had improved with the offer of a call back service, but the PPG felt there was concerns around patients whom digital services was difficult. For example, patients who did not have a smart phone or were unable to use online services was asked by the practice to send photographs instead of being offered a face to face appointment.

Any additional evidence

The practice contacted all local schools during the heightened period of the pandemic to offer support and advice relating to COVID-19. A GP partner of the practice met with local school leadership members virtually to give a presentation on covid-19 symptoms and clinical decisions regarding the health of children and when to seek advice. The GP offered an email advice service where the local schools could email directly with any questions.
--

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
<p>Explanation of any answers and additional evidence:</p> <p>Staff we spoke with told us the practice supported them in continuous learning and development. We spoke with staff who had been given additional lead roles and staff who had been promoted to new roles.</p>	

Examples of continuous learning and improvement
<p>The practice invested in an automated collection machine for medications. This was located in the car park of the practice and allowed patients to access their medication at a time that was convenient for them. Patients reported positive feedback stating it was more convenient for them to collect their prescriptions at a time to suit them for example before or after work. The machine also decreased footfall into the practice reducing infection control risks and staff were able to dispense medications quickly.</p> <p>During the pandemic the practice installed an tent which allowed ventilation and separation of patients. The tent was used to see patients who had suspected or had tested positive for COVID-19. The tent had electricity and heating and was being used at the time of our inspection. The practice was in the process of building a permanent cabin structure in the grounds for the continuation of the pandemic and potential of future pandemics. The new structure will allow for infectious patients to be segregated reducing an infection control risk.</p>

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

Glossary of terms used in the data.

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