

Inspection Evidence Table

Dr A M Wright & Partners

(1-582123696)

Inspection Date: 30 August 2023

Date of data download: 10 August 2023

Overall rating: Outstanding

We rated the practice as overall **outstanding** because:

- The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.
- People were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.
- Feedback from people who used the service, those who were close to them, and stakeholders was continually positive about the way staff treated people. People thought that staff went the extra mile, and their care and support exceeded their expectations.
- Feedback from patients was consistently positive and was higher than local and national averages.
- The practice demonstrated a truly patient-centred culture and staff were committed to delivering excellent care to meet the needs of individuals.
- The practice adopted a holistic approach to caring, by addressing all the needs of the patient, including their physical, mental, and emotional health, while taking social factors into consideration.
- Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care.
- There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs.
- Facilities and premises were innovative to meet the needs of a range of people who used the service.
- Patients could access care and treatment in a timely way.
- The practice had educational resources to ensure the patient population had the appropriate knowledge and understanding when accessing the surgery.

- The practice had achieved higher than national and local average results in the national GP patient survey and had maintained these high scores for several years.
- The practice had adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- Leaders had an inspiring shared purpose and strived to deliver and motivate staff to succeed.
- There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. Risks to performance were addressed. There was a deeply embedded system of leadership development and succession planning, which aimed to ensure that the leadership represented the diversity of the workforce.
- Leaders at every level were visible and approachable. Compassionate, inclusive and effective leadership was sustained through a leadership strategy and development programme and effective selection, deployment and support processes and succession planning.
- Comprehensive and successful leadership strategies were in place to ensure and sustain delivery and to develop the desired culture. Leaders have a deep understanding of issues, challenges and priorities in their service, and beyond.
- There were high levels of staff satisfaction across all staff groups. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process. There were consistently high levels of constructive staff engagement. Staff felt valued and supported to develop professionally. There were opportunities provided for all staff for their personal development.
- There was a strong organisational commitment towards quality and inclusion across all the patient population and the workforce.
- Quality and integrity were a high priority resulting in a caring culture within a strong practice.
- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- There was strong collaboration across all staff and a common focus on engaging with patients and other services to improve quality of care and the patient experience.
- The practice embraced social prescribing for the community to ensure patients received timely intervention when they needed it most, signposted them to services that could help them and ensured support was offered locally so the patient population could easily attend appointments.

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes ¹
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
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:	
<p>1. Dr A M Wright and Partners had a safeguarding lead who had been trained to Level 4. This was a huge benefit to the practice as it had well documented, protocolised and embedded safeguarding processes to protect both children and adults. Safeguarding Adults Level 4 course is designed to build on the knowledge of lead professionals involved in safeguarding Adults at risk of harm, who may be involved or asked to lead an investigation regarding the abuse or neglect of an adult at risk of harm.</p> <p>Staff we spoke with and those who completed the CQC staff questionnaire told us that the safeguarding lead was easily contactable. They were able to contact them during and out of working hours via telephone or the task system on the clinical record system.</p> <p>During our inspection we found the systems and processes for safeguarding were tried, tested, and found to be effective in its delivery. Staff members we spoke with and who completed the CQC staff questionnaires felt confident that any potential safeguarding concern identified could be escalated in the knowledge that there would be robust oversight, a thorough investigation by liaising with multi agencies, collation of information and follow up. This alleviated undue pressure and anxiety on clinicians.</p> <p>The safeguarding lead delivered safeguarding training and education to staff to enable them to recognise differences in risk levels, with additional visual support from detailed laminated posters in all consulting rooms and up to date contact numbers and names to empower prompt referrals.</p>	

The safeguarding team gathered relevant information from various sources by having direct links with Health Visiting teams, Midwives, School Nurses, Social services, Multi-Agency Safeguarding Hub (MASH) teams and the Police and linked together family members in order to risk stratify each case. As a result of gathering this detailed and high-level information we saw evidence of very detailed comprehensive reports having been generated for local safeguarding meetings. This meant the practice were able to demonstrate that their patients were safe and safeguarded from abuse.

There was a dedicated administration member of staff who collated and wrote reports, made sure that responses were timely and ensured patient records were correctly coded.

Records had specific read codes that were current with alerts, icons, information regarding parental responsibility and family contacts.

Cases were reviewed in depth with expert knowledge and oversight by the lead safeguarding GP who provided feedback to the referrer with a management plan which could include referral to social services.

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

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Yes
Date of last assessment: 6 July 2022.	Yes
There was a fire procedure.	Yes
Date of fire risk assessment: 18 May 2022. The practice was awaiting a date for the next assessment and had contacted the provider to chase a confirmed date.	Yes
Actions from fire risk assessment were identified and completed.	Yes
Date of Legionella Risk Assessment: 3 February 2021. Last review of risk for Legionella by external company: 26 June 2023.	Yes ¹
Actions from legionella risk assessment were identified and completed.	Yes
Electrical Installation Condition Report (EICR): 3 January 2023	Yes
Actions from EICR were identified and completed.	Yes ²
Explanation of any answers and additional evidence:	

1. At the time of the inspection, we found that a legionella risk assessment had taken place alongside a review by an external company. We queried on the day the temperature of the main boiler and the escalation of temperatures that were below the recommended ranges. We saw a spreadsheet in place for the maintenance worker to complete but the management team had not been advised and actions taken if required. We then reviewed a legionella logbook completed by the housekeeping team which was found to be much clearer with monthly water temperatures that were within the required ranges. Since the inspection the management team had a new full legionella risk assessment carried out by the external company and were awaiting the report. The external company had been asked to provide staff with some additional legionella training in the coming months.
2. Electrical Installation Condition Report was completed on 3 January 2023. At the time of the inspection some remedial work was still to be completed as the practice were waiting for the external company to confirm a start date. They had contacted the external company to chase completion of this work.

Infection prevention and control

There were high levels and high standards of cleanliness and hygiene.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes ³
Infection prevention and control audits were carried out.	Yes ²
Date of last infection prevention and control audit: July 2023	Yes ²
The practice had acted on any issues identified in infection prevention and control audits.	Yes ²
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence:	
<ol style="list-style-type: none"> 1. We observed high standards of infection prevention and control across the whole practice. The partners of the surgery employed their own housekeeping team, and they were visible all day five days a week. We observed the premises to be clean and tidy. 2. The practice carried out additional infection control audits, such as handwashing, uniform, and sharps safety audits. Actions were identified in respect of sharps safety, so a staff refresher training session took place during their monthly TARGET (Time for Audit Research Governance Education and Training) meeting in July 2023. Staff were given protected time to learn, develop and review their practice. In October 2022 the practice was awarded a 5-star rating for the cleanliness of their practice by an external company. 3. Records we reviewed demonstrated that staff had received up to date training. The practice had a new infection control lead who was learning the role and had commenced infection control audits. 4. We saw examples where significant event analyses had been completed in respect of infection prevention and control. For example, a needle put in clinical waste instead of in a sharp's container. Sharps safety was reiterated to all staff and refresher training took place in July 2023. 	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes ¹
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 ²
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours.	Yes
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none">1. An on-call GP was available every day to assist reception staff, nursing and GP registrars with any patient queries.2. Staff we spoke with and those staff who completed the CQC staff questionnaire confirmed that they knew how to access the emergency medicines should they need to do so. They confirmed that there was an emergency button on the computer system to alert staff should an emergency arise. <p>The practice also had 2 fully equipped Clinical Assessment Rooms for medical emergencies which ensured that clinical staff were able to access equipment and provide emergency care as required.</p>	

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
<p>Explanation of any answers and additional evidence:</p>	

As part of the inspection clinical record searches were undertaken by a CQC GP Specialist Advisor without visiting the practice. These searches were visible to the practice. We found that individual care records were written and managed in a way that kept patients safe. The care records showed that information needed to deliver safe care and treatment was available to all relevant staff in an accessible way, for example, management plans and safety netting.

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

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

Indicator	Practice	SICBL average	England	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2022 to 31/03/2023) (NHSBSA)	1.34	1.16	0.91	Variation (negative)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2022 to 31/03/2023) (NHSBSA)	13.2%	10.9%	7.8%	Variation (negative)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2022 to 31/03/2023) (NHSBSA)	5.21	5.34	5.23	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2022 to 31/03/2023) (NHSBSA)	119.3‰	222.0‰	129.9‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2022 to 31/03/2023) (NHSBSA)	0.48	0.77	0.55	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2022 to 31/03/2023) (NHSBSA)	5.7‰	8.5‰	6.8‰	No statistical variation

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes ³

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.	Partial ⁴
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	Yes ¹
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 ¹
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.	Yes 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 and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	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 ²
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Partial ⁵
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <ol style="list-style-type: none"> As part of the inspection clinical record searches were undertaken by a CQC GP Specialist Advisor without visiting the practice. These searches were visible to the practice. The records of patients prescribed certain high-risk medicines were checked to ensure the required monitoring was taking place. The records we examined provided evidence that patients prescribed high risk medicines had been monitored appropriately. The clinical searches identified a total of 32 patients prescribed Disease Modifying Anti-Rheumatic Drugs (DMARD's) such as azathioprine (a type of medicine that helps reduce inflammation). Of these we sampled 4 patient records and found they were being appropriately monitored. The practice had a system in place to note the prescriptions of patients prescribed high risk medicines to highlight they must have blood tests at the required intervals and repeat prescriptions would be issued if the required tests had taken place. We noted that the recording of patient medicine reviews provided consistent and comprehensive information regarding the patient and their prescribed medicines. During the pandemic the practice, in line with guidance, postponed routine medication reviews and phlebotomy unless considered necessary. The practice took a decision to protect high risk patients as the risk of COVID-19 to these patients was greater than delaying recommended blood tests. 	

Patient centred care was at the core of the work carried out at the practice. All patients were reviewed by birth month to include all those who required medicine monitoring and reviews. Appointments for reviews were extended dependent on how many long-term conditions required monitoring, reducing the need for patients to come back for additional appointments.

The clinical searches identified a total of 3 patients prescribed combination medicines such as clopidogrel and esomeprazole. (Medicines for heart disease and stomach protection). Of these we sampled all 3 records and found they were being appropriately monitored.

2. We noted some antibacterials were prescribed in higher-than-average quantities. We discussed this with the lead GP who told us that the practice had an antibiotic champion. Antibacterial prescription items had been discussed formally and informally. There were charts in the education room to show prescribing of the surgery. The practice was also aware that prescribing of quinolones, co-amoxiclav, cephalosporins and quinolones was higher than ICB and England average and had undertaken a review and found that it was mainly due to GP Registrars sticking strictly to NICE guidance. All prescribers had all been made aware of local formulary for medications. Advanced Nurse Practitioners spoke with a GP partner if they wanted to prescribe quinolones etc. They planned to continue to monitor both areas and carry out audits to review and implement changes.
3. On the day of the inspection, we found that most staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions). However, two new nurses had commenced work at the practice and the lead GP had not authorised the PGDs, but this was rectified at the inspection.
4. The practice could not fully demonstrate the prescribing competence of non-medical prescribers, and their formalised review of their prescribing practice supported by clinical supervision or peer review. This was discussed during a CQC staff interview and on the day of the inspection the partners of the practice told us that they had discussed this, written a formalised practice process which would commence on 1 September 2023.
5. At our inspection we found that the management of the medicine's refrigerators, in relation to the recording and monitoring of the temperatures, was effective. However, we did find one package that had not been stored correctly and could not be assured of the efficacy of the medicines that they contained. This was removed by the provider during the inspection.

Dispensary services (where the practice provided a dispensary service)	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
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Yes
<p>Explanation of any answers and other comments on dispensary services:</p> <ul style="list-style-type: none"> • There was a GP partner responsible for dispensary services. We were told that they were visible and visited the dispensary daily. • The dispensary was well organised, clean and well managed. • The dispensary provided medicines to approximately 33% of the practice's registered patients (those who resided more than one mile from a pharmacy) and dispensed approximately 144,000 items per year. Turnaround times for dispensing medicines were 72 hours at the time of our inspection. • All members of the dispensary team had completed NVQ Level 2 training. All dispensers received annual competency checks. • The practice was signed up to Dispensary Services Quality Scheme (DSQS). The scheme is voluntary and rewards organisations for providing high-quality services to dispensing patients. As part of the scheme, the practice undertook an annual Dispensing Review Use of Medications (DRUMs), and these were carried out by the nursing team. • The dispensary had two refrigerators to store medicines but on the day of the inspection we found that these were too full and did not allow for air to circulate around the bottom of the refrigerator. This was rectified during the inspection. • We saw that the practice provided medicines in Monitored Dosage Systems to 160 patients. The dispensary team had a separate room where these were completed on a weekly basis. • The practice had a dispensary delivery service two days a week. • Security arrangements were in place to control access into the dispensary. • The dispensary team recorded significant events although there had not been any recent events which had been classed as such. The team also recorded near misses. These had been reviewed at the monthly dispensary team meetings where any learning was identified and shared, but these were not fed into the wider reporting system or practice meetings. 	

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 ¹

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 ²
Number of events recorded in last 12 months:26	Yes
Number of events that required action:26	Yes
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> 1. Staff we spoke with or those who had completed the CQC staff questionnaires told us they felt reassured and able to raise and discuss concerns in an open environment. Each department had individual leaders who all came together formally and informally to discuss concerns. Staff spoke of an open culture where people were able to talk and discuss openly. 2. There was evidence in meeting minutes that learning, and dissemination of information took place, however meeting minutes were not detailed enough to ensure those that did not attend the meetings had enough information. 	

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

Event	Specific action taken
Issue was found when reviewing the management system for workflow of electronic clinical and non-clinical documentation. Letters had not been read and filed in a timely manner.	Management team had reiterated the importance of timely review of these documents at induction. The registered manager has now implemented a monthly review of all inboxes to check correspondence has been reviewed in a timely manner.
Call back reminders being sent to patients inconsistently	Administration staff ran searches to find those patients who had not booked a review in the last two months. Patient was then sent a text asking them to contact the practice to book an appointment. Staff were given further training.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The provider was able to demonstrate that all relevant safety alerts had been responded to. The dispensing lead reviewed all medicine safety alerts and disseminated them to the appropriate clinicians via the internal IT systems. We saw examples of actions taken on recent alerts, for example, regarding sodium valproate.</p>	

Effective

Rating: Good

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

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients’ immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients’ treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients’ needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic.	Yes
The practice prioritised care for their most clinically vulnerable patients.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">Staff had access to guidelines from the National Institute for Health and Care Excellence and used this information to deliver safe, effective and up-to-date care and treatment that met patient’s needs.	

Effective care for the practice population

Findings

- 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.
- 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.
- We conducted a remote clinical search of patients with a potential missed diagnosis of diabetes. The practice had ongoing audits in place. In March 2022 a search showed 90 potential patients where all were reviewed, and any outstanding monitoring was completed in March 2023. A further audit was carried out in August 2023 where 68 patients were found, of which 27 were new diagnoses. 41 needed repeat bloods and 7 were under active review. This was ongoing work and would have a further audit completed in three months.
- All patients with a learning disability were offered an annual health check. The practice had 97 patients registered with a learning disability, 71% of which had received an annual health check. Work was ongoing and invitations continued to be sent out for all patients to have an annual health check.
- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. In June 2022 the practice received a Lincolnshire Care Award for cancer patients. They proved that staff had gone above and beyond for their patients. To qualify for the award, they had invited patients to cancer care reviews, carried out these reviews effectively, provided support for families, and promoted a standardised service.
- DNACPR care plans were in place for patients on end-of-life treatment and contained information specific to the wishes of individuals involved.
- The practice had 2 care co-ordinators who were responsible, along with the patient's named GP to provider specialist care for the frail elderly.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder. The practice had 64 patients on the register of which 69% had received a review. Work was ongoing and invitations continued to be sent for all patients to have a review.
- Patients who experienced dementia, were referred to appropriate services. The practice had 146 patients on the register of which 82% had received a review.

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 (SpA) without visiting the practice. These searches were visible to the practice.

The following results were identified: -

- Patients with long-term conditions were offered an effective 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 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. The remote clinical searches identified a total of 113 patients with asthma who have had 2 or more courses of oral steroids to manage acute asthma in the last 12 months. We examined 5 patient records and found 5 of the 5 patients did not have a steroid card when one was deemed appropriate. When we spoke with the management team, we found that this was due to a coding issue, as they were all given one in the medicine bag on collection. They told us that they would undertake an audit of all the patients to ensure they had received the appropriate information.

Child Immunisation	Numerator	Denominator	Practice	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	108	135	80.0%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e., received Pneumococcal booster) (PCV booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	109	122	89.3%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	110	122	90.2%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	110	122	90.2%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	128	157	81.5%	Below 90% minimum

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

Any additional evidence or comments

The practice was aware that their immunisation scores were slightly below the expected minimum requirement and worked hard to improve these scores. We saw that they had carried out an Initial audit and data review in January 2023. Achievement was well below the 95% achievement rate with 3 targets below the minimum 90%, though it was noted that there were no exclusion codes that could remove patients whose parents declined. Recall processes were reviewed and updated. Catch-up immunisations were offered, and current processes had now ensured all eligible children had had active recalls and an attempt to have clinician discussion for non-responders. It was envisaged that the impact of this work would be reflected in the vaccination uptake for 2023/4.

Cancer Indicators	Practice	SICBL average	England	England comparison
Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	69.3%	N/A	62.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	77%	N/A	70.3%	N/A
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (3/31/2023 to 3/31/2023) (UKHSA)	76.2%	N/A	80.0%	Below 80% target
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (4/1/2021 to 3/31/2022) (UKHSA)	74.0%	58.1%	54.9%	Tending towards variation (positive)

Any additional evidence or comments
The practice was aware that their cervical cancer screening score was slightly below the expected minimum requirement and worked hard to improve these scores. Although CQC could not verify the information, the practice had provided more recent data regarding 50-64 years of age and had achieved 80% which was the minimum target.

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
<p>Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years:</p> <p>The practice had an ongoing programme of both clinical and non-clinical audits that were used to monitor quality and make improvement when actions were identified.</p> <p>A summary of audits from August 2021 to 2023 was in place and repeat prescribing audits had been completed for INR/Warfarin prescribing, chronic kidney disease and potential missed diagnosis of diabetes.</p> <p>Clinical staff performance in recording consent was measured by an audit. Twenty records were reviewed for each of the 5 clinicians of which 4 obtained 100% and 1 clinician 95%.</p> <p>Non-clinical audits were also carried out in relation to cytology, palliative care, workflow administration, 2 Week Wait referrals and child protection.</p> <p>One of the practice registrars had put together a patient/ parent information leaflet for sepsis during a time when scarlet fever was prevalent, and parents were concerned about their children.</p>	

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 ¹
The practice had a programme of learning and development.	Yes ²
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 ³
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Partial ⁴
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes ⁵
<p>Explanation of any answers and additional evidence:</p> <p>1. Mandatory training was set by the partnership and was monitored by the operations manager which was then reviewed by department managers at regular management meetings. Progress was</p>	

monitored on the clinical management system and discussed at meetings to ensure all meet current patient need and service demand.

Once a month the practice had TARGET (Time for Audit Research Governance Education and Training) meetings. All these things were important in ensuring that surgery staff could do their jobs as effectively as possible. They closed the surgery one afternoon a month (except August and December) to allow staff protected time to learn, develop and review their practice. Arrangements were in place for patient care during this time.

2. All staff were encouraged to discuss their training needs and aspirations to learn new things in order to have the ability to continue to provide high quality care for patients and support the business to continue to improve their outcomes.
3. We were provided with a timetable showing when some staff appraisals had taken place and where the remaining appraisals were due to take place in the next three months.
4. The practice told us they were assured of the competence of staff employed in advanced clinical practice, for example, advanced nurse practitioners, musculoskeletal practitioners and the clinical pharmacist, however they did not have a formal written process in place. Previously they had informal discussions, and the duty doctor was visible each day for any queries and support. Since the inspection was announced this had been discussed at a partner meeting and a formalised approach would commence from September 2023. We were told and we saw evidence that this would include monthly meetings with each practitioner and a clinical partner, random case analysis, discussion and learning points identified. A protocol for supervision and competency oversight of clinical staff including staff with a prescribing qualification was now in place.
5. We saw from a significant event that there was a clear and appropriate approach for supporting and managing staff when performance was poor.

Coordinating care and treatment

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

	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes ¹
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> 1. Dr A M Wright and partners, Bourne Galletly Medical Practice had a wellbeing centre within the practice. They had set up a team which consisted of 2 social prescribers and a well-being coach. Any member of staff could refer a patient to this team, via the patient record system. They endeavoured to contact the patient within 24 hours and introduce the service and what they were able to offer. A telephone or face to face appointment was then set up, at the practice or at the patients' home if needed. Patients worked through a wellbeing plan based on 'what matters most' to the patient and there were a further 6-12 contacts over a 3-month period. In June 2022 the team had put together a 35-page local activities booklet that they maintained and shared with patients along with a cost-of-living crisis guide. <p>The practice had a counselling service that took place within the practice, and we were told that currently they had 7 counsellors with a turnaround time of 2-3 weeks for first appointment. They also had a debt counsellor visit the practice once a fortnight to support any patients who needed advice and support on any monetary issues.</p>	

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population’s health, for example, stop smoking campaigns and tackling obesity.	Yes
Explanation of any answers and additional evidence:	

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 Cardiopulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate. 1	Yes ¹
Explanation of any answers and additional evidence including from clinical searches:	
1. Our clinical review of notes where a DNACPR decision had been recorded, identified where possible the patient’s views had been sought and respected. We saw that information had been shared with relevant agencies.	

Caring

Rating: Outstanding

We rated the practice as **outstanding** for providing caring services because:

- People were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.
- Feedback from people who used the service, those who were close to them, and stakeholders was continually positive about the way staff treated people and was higher than local and national averages. People thought that staff went the extra mile, and their care and support exceeded their expectations.
- The practice demonstrated a truly patient-centred culture and staff were committed to delivering excellent care to meet the needs of individuals.
- The practice adopted a holistic approach to caring by addressing all the needs of the patient, including their physical, mental, and emotional health, while taking social factors into consideration.
- The practice had achieved higher than national and local averages in the national GP Patient survey and had maintained these high standards for several years.
- We found numerous examples of how the practice had gone to significant efforts to support vulnerable individuals to access health and social care, and how they had worked pro-actively with other organisations to support patients.

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: <ul style="list-style-type: none">• Feedback from patients, those who were close to them, and stakeholders was continually positive about the way staff treated people.• We were told by staff that there was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people’s dignity. Relationships between patients, those close to them and staff were strong, caring,	

respectful and supportive. The feedback we reviewed, both from patients and staff, indicated that these relationships were highly valued by staff and promoted by leaders.

- Patient's emotional and social needs were seen as being as important as their physical needs.
- We were told that the practice had a 'Galletly Christmas Donations scheme' which had been running for many years. The aim was to promote how dangerous loneliness can be in our elderly population. The Patient Participation Group (PPG) joined them in coordinating the delivery of Christmas gifts to older patients with a personalised signed card from their named GP. They had received many thank you cards each year from grateful patients.
- During our inspection we observed that staff members displayed a kind and caring approach towards patients. We saw evidence that the lead for carers' supported patients who were socially isolated, particularly, during the pandemic. The practice recognised carer fatigue and depression was a real issue and ensured those patients had the appropriate social care support when needed. For example, appointments and activities within the wellbeing centre.

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2023 to 30/04/2023)	93.5%	84.1%	85.0%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2023 to 30/04/2023)	90.9%	83.8%	83.8%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2023 to 30/04/2023)	95.4%	93.3%	93.0%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2023 to 30/04/2023)	90.0%	71.0%	71.3%	Variation (positive)

Any additional evidence or comments

Indicators showed that the practice had achieved high satisfaction figures in the latest national GP patient survey and were rated well above the local and England average for the latest published figures. The patient feedback we received prior to the inspection supported these figures.

The Bourne Galletly Practice Team were awarded the iWantGreatCare certificate of excellence in 2023 for delivering outstanding care.

	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No ¹
1. The practice had not carried out a recent patient survey however they did use several areas to seek feedback, for example, <ul style="list-style-type: none"> o Iwantgreatcare, which is another platform patients can add comments about care and treatment received. This platform was regularly reviewed, and comments were shared with staff. Staff had received an overwhelming number of positive comments over the last 8 years. o The NHS.uk website was monitored, and the practice responded to all comments in a timely manner. In the past 12 months 12 reviews had been received of which 7 were very positive, 1 was mixed and 4 were negative. Negative reviews were in relation to phone access, prescription issue and staff attitude. o Google reviews were monitored, and the practice responded to all reviews which were often shared with staff. Results were documented and discussed but themes and trends were not available at the time of the inspection. o Friends and family. The practice sent out a text to all patients who have attended an appointment each day (who have consented to being contacted by text) with standard questions. The information was collated and shared monthly. For June 2023 the practice had 332 responses. 291 said their appointment was very good, 17 good, 9 neither good nor poor, 6 poor and 7 very poor. Results were discussed but themes and trends were not available at the time of the inspection. o The latest GP National patient survey data was reviewed, checked for comparison against other GP practices in the area and was discussed at a partnership meeting on 1st August 2023. 	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Patients and those close to them told us via the CQC share your experience feedback that they were active partners in care and treatment received. Staff were fully committed to working in partnership with patients and their families to ensure they received a holistic approach. For example, if they required any 	

support, with their consent, a referral was done to the wellbeing centre for review and onward care by the social prescribers or the wellbeing coach.

- The practice displayed information about local services and available support.
- The practice kept regular contact with patients, listened to what was needed and adjusted services accordingly. This included choice of appointment type that met the patient's needs, including throughout the pandemic. For example, all clinic rooms were on the ground floor, there was wide corridors to enable those patients in wheelchairs to have easy access. Patients who experienced hearing problems were given face to face appointments and were collected from the waiting room at their appointment time. There was also hearing loops with printed cards with directions to each waiting room. Waiting rooms were coloured coded and there was clear signage to support those patients who had dementia.

Source	Feedback
Staff questionnaire responses	All spoke highly of the GP partners and management team. Very supportive and had open door policy. Staff spoke highly also of colleagues who gave support and shared knowledge and experience when delivering patient care. Proud of work ethic and team spirit when delivering patient care.

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2023 to 30/04/2023)	94.6%	90.2%	90.3%	No statistical variation

Any additional evidence or comments

Indicators showed that the practice had scored higher than local and national averages in the latest national GP patient survey supporting patients who had felt involved as much as they wanted to be regarding decisions about their care and treatment.

	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

Carers	Narrative
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Percentage and number of carers identified.	235 carers = 1.6% of patients registered at the practice.
How the practice supported carers (including young carers).	<p>There was a dedicated carers' lead who maintained the register and signposted patients accordingly to the appropriate support service.</p> <p>At every long-term condition review one question that was always asked was, "who cares for you?". This way patients' informal carers were identified and encouraged to register with the practice as a carer. Caring for carers helps patients with long term conditions remain well.</p> <p>In 2021 Dr A M Wright and Partners, Bourne Galletly Medical Practice were one of eight GP practices in South Lincolnshire who were awarded the Lincolnshire Carers Award. This award is an annual celebration organised by the Lincolnshire Care Association to recognise outstanding work across the care sector in the county.</p>
How the practice supported recently bereaved patients.	<p>The practice had a bereavement policy in place.</p> <p>48 hours after a bereavement their usual GP or the on-call GP contacted them to check on pastoral welfare. A bereavement card was sent with an offer for further contact if needed.</p>

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
<p>Explanation of any answers and additional evidence:</p> <p>We were told and we saw on the day of the inspection that patients were treated with dignity by all those involved in their care, treatment and support. Consideration of people’s privacy and dignity was consistently embedded in everything that staff did, including awareness of any specific needs as these were recorded and communicated.</p> <p>People who used services, those close to them and staff all understood the expectations of the service around privacy and dignity.</p> <p>Staff found innovative ways to enable people to manage their own health and care when they can and to maintain independence as much as possible. This included the supply of blood pressure monitors for those who needed them, referrals to the wellbeing centre for support with issues such as loneliness, mobility issues, keeping fit, weight loss, financial guidance.</p> <p>The chairs in the waiting areas were situated away from the reception desk to maintain confidentiality.</p>	

Responsive

Rating: Outstanding

We rated the practice as **outstanding** for providing responsive services because:

- The practice had achieved outstanding results in the national GP Patient survey and had maintained these high scores for several years.
- Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care.
- There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs.
- The practice had educational resources to ensure the patient population had the appropriate knowledge and understanding when accessing the surgery.
- We found that patients individual needs and preferences were central to the delivery of services.
- Facilities and premises were innovative to meet the needs of a range of people who used the service.
- Patients could access care and treatment in a timely way.
- The practice embraced social prescribing for the community to ensure patients received timely intervention when they needed it most, signposted them to services that could help them and ensured support was offered locally so the patient population could easily attend appointments.

Responding to and meeting people’s needs
The practice was extremely organised and ensured they delivered services to meet patients’ needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes

<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • People’s individual needs and preferences were central to the delivery of tailored services. • There were innovative approaches to providing integrated person-centred pathways of care that involve other service providers, particularly for people with multiple and complex needs. • The services were flexible, provide informed choice and ensured continuity of care. • The practice adapted delivery of services to meet the needs of the patient population. They had changed to a demand led system providing a GP/ANP patient triage system, with no pre-bookable GP/ANP appointments which had enabled them to have more appointments available to meet the increasing demand. • Facilities and premises were fit for purpose and met the needs of a range of patients. The practice building had been extended twice in order to meet the growing population of Bourne in Lincolnshire. We found an informative five-minute video on the practice website that gave people a virtual tour of the practice, where to enter, sign in for appointments and the different waiting areas. This meant patients were provided with a sense of comfort and were able to become familiar with their surroundings before stepping foot inside. • The practice provided a purpose-built level 3 surgical theatre which offered community based surgical procedures through the Primary Care Community Surgical Scheme in Lincolnshire. All procedures were performed by suitably qualified General Practitioners and hospital consultants.
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Practice Opening Times	
Day	Time
Practice Telephone Lines	8.00am - 6.30pm Monday to Friday
Reception Opening Times	
Monday	8.15am – 8pm
Tuesday	8.15 am – 8pm
Wednesday	8.15am – 8pm
Thursday	8.15 am – 8pm
Friday	8.15 am – 6pm
Saturday	
Dispensary:	8.30am - 6.00pm Monday to Friday
Appointments available:	
Monday	8.30am - 6pm 6.30pm - 8.00pm

	(prebooked appointments only)
Tuesday	8.30am - 6pm 6.30pm - 8.00pm (prebooked appointments only)
Wednesday	8.30am - 6pm 6.30pm - 8.00pm (prebooked appointments only)
Thursday	8.30am - 6pm 6.30pm - 8.00pm (prebooked appointments only)
Friday	8.30am - 6pm
Saturday	9.00am - 12noon (prebooked appointments only)
Patients requiring a GP outside of normal working hours were advised to contact the surgery and they would be directed to the local out of hours service which is provided through NHS 111.	

Further information about how the practice is responding to the needs of their population
<ul style="list-style-type: none"> • 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. • 70% of patients were signed up to use the NHS App to book appointments, those who did not have internet access or struggled with the technology could still ring the practice. • The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. They also provided a service for patients with Profound Intellectual and Multiple Disabilities (PIMD) in collaboration with residential care staff. The quality of health care for people with PIMD was important due to their limited ability to communicate their needs. • Longer appointments or home visits took place and were dependent on the patient's needs. • There was a medicines delivery service for housebound patients. • Patients who experienced hearing loss were offered face to face appointments on the day of request. A hearing loop was in place and printed cards were available to direct patients to the correct waiting room. • The practice had 7 care homes where patients who were registered with them lived. • The practice had a dedicated emergency phone line which the emergency services, district nurses or care home staff could use if they wanted to speak to a clinician or get some advice on any patients who were registered at the practice. • The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues. • All children under the age of 6 years of age had direct access to the acute illness clinic as required. These clinics enabled children to access medical advice quickly and easily for a wide range of illnesses.

These were delivered by highly trained nurses who were able to offer both advice and provide prescriptions if necessary.

- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice was open until 8pm on a Tuesday and Thursday.
- Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were also available Saturday and Sunday.
- 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 was accredited as a Veteran Friendly Practice by the Royal College of General Practitioners.
- In June 2023 the practice introduced the Galletly Intergenerational Music to bring together children and elderly patients in care homes. The aim was that both groups, and their carers could integrate into their community and to improve the wellbeing of our elderly patients. Positive feedback had been received and requests for further sessions to be held going forward had been requested.
- The practice had a Health and Wellbeing Coach who had set up seated exercise classes for the elderly during the pandemic. The role was now well established, with a large focus being on health promotion in their elderly population. The practice also worked in partnership with the local leisure centre and OneYou (Lincolnshire Free Health and Wellbeing Programmes) who also offered free exercise so patients could access Aquafit, gym work outs and specialist classes for free for 12 weeks.
- The practice advertised and all staff and patients were aware of 'Treatment Room 15'. This room had been identified as a safe space for anyone needing immediate help. Patients can approach any member of staff, call or write to the practice and ask for an appointment in treatment room 15. It is designed to protect patients at risk of domestic abuse.
- The practice ran educational sessions with the help of LIVES volunteers on basic first aid and resuscitation before COVID19 and the PPG have asked them to set another morning up. They received positive feedback from families who joined this training session for emergency first aid.
- The practice social prescribing and health and wellbeing team worked to support parents who were struggling, liaising with various services including safeguarding agencies. They strongly promoted smoking cessation through groups and information leaflets. Their social prescribers also ran walking groups which created friendship groups for young adults. This was well received and had an average uptake of 10 people. They also had a Department of Work and Pensions advisor who regularly ran fortnightly clinics with the social prescriber to give advice on finances, applications for PIP and other benefits. This team had produced a 35-page local activities booklet that they maintained and shared with patients.
- The practice was introducing a new weight Management service with their Health and Wellbeing Coach. 20 patients were contacted and offered a 12-week course based at the practice. Initial feedback was positive, but a survey would be carried out at the end of the first 12-week course for actions and learning.
- The practice worked closely with a local charity 'Don't Lose Hope'. The practice facilitated in house counsellors who were coming to the end of their training who needed case studies to qualify. Patients were aware of this, and suitable patients were referred to the team to get access to these talking therapies. It meant that the waiting time to be seen by a trained professional was 2-3 weeks for first appointment.
- The practice took part in the Rainbow Badge Scheme to support Lesbian, gay, bisexual, and transgender staff and patients (LGBTQ+). They were well represented and understood at the practice. Badge wearers were making it obvious that they wish to be available for anyone with questions or concerns about their sexuality or gender identity.

- The practice had been a 'safe surgery' since 2021 which meant they were committed to tackling the barriers faced by migrants in accessing healthcare. They ensured that lack of ID or proof of address, immigration status or inability to speak English was not a problem for patients who needed help and support.
- The practice had staff who were able to speak more than one language, for example, Polish, Spanish, Russian, Urdu, Portuguese but staff could also access Language Line if required.

Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	Yes ¹
The practice offered a range of appointment types to suit different needs (e.g., face to face, telephone, online).	Yes
Patients were able to make appointments in a way which met their needs.	Yes
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Yes ²
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:

1. Patients could access services and appointments in a way and at a time that suited them. Technology was used innovatively to ensure people had timely access to treatment, support and care. This could be through text messaging and video conferencing.
 - The practice offered a GP led triage system which aimed to ensure that all patients received care and treatment or were signposted to other healthcare providers. The practice provided flexibility in their offered appointments which included: online booking, electronic consultation, in-person booking at the reception desk, and telephone appointments at a time that best suited the patient, if needed.
 - Extended hours clinics were available Monday to Thursday 6.30pm to 8pm or telephone consultations with a GP or ANP for routine appointments on Saturday mornings from 9am to midday.
 - Longer appointments were available with the practice nurse. These helped patients who were on multiple disease registers to have a holistic review. Patients and carers found this convenient as it reduced the need to have multiple appointments.
2. The practice was in the process of making changes to the website in order to make it highly accessible and usable to ensure as many patients as possible could find what they need quickly and easily to improve digital accessibility. For example, writing content that's easy to understand, setting page titles, use of headings correctly, writing good link text, using alt-text for images and ensuring that videos were accessible.

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2023 to 30/04/2023)	69.7%	N/A	49.6%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 30/04/2023)	81.4%	57.5%	54.4%	Variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2023 to 30/04/2023)	79.1%	55.0%	52.8%	Variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2023 to 30/04/2023)	89.8%	76.1%	72.0%	Variation (positive)

Any additional evidence or comments
Indicators showed that the practice had achieved exceptionally high satisfaction figures in the latest national GP patient survey and were rated well above the local and England average for the latest published figures for appointments and telephone access. The practice had maintained such high scores for a few years.

Source	Feedback
NHS.uk website (formerly NHS Choices)	We reviewed NHS choices before the inspection and found the practice had received 29 comments from August 2021 to July 2023. All reviews had been responded to by the management team. 23 were positive where comments from patients included: - <ul style="list-style-type: none">• care and treatment was very good, with some staff going above and beyond• good, kind and caring service• seen on the day you phone in• quick and professional service with staff always pleasant and helpful 6 comments were negative and were about telephone access, appointments and staff attitude.
https://www.iwantgreatcare.org/	1026 reviews since 2015. They had a 5-star rating and over 335 patients had put in a review in the last 12 months, The Bourne Galletly Practice Team was

	awarded the iWantGreatCare certificate of excellence in 2023 for delivering outstanding care.
Google Reviews	Only 1 response in the last five years where they were given five stars.
Patient feedback received directly by CQC after inspection announced.	<p>We received feedback from 14 patients via the CQC share your experience feedback forms of which 13 were very positive:-</p> <ul style="list-style-type: none">• Quick prescriptions. Efficient care for my 2 children.• Handled referrals to hospital, Accurate diagnoses and treatments of various conditions concerning all family members. Very quick efficient appointment allocation, always seen within a day. Sympathetic and considerate manner from all staff.• Excellent service on all occasions of appointments. Most recent, phoned in the morning, call back received and appointment for that day. Thorough check at the appointment and great care and kindness. Antibiotics given. Great service for the community. The whole team are fantastic, and they always take the time to make you feel like you are the only patient when we all know they are extremely busy.• We have had to use the practice so much over the years as my son was very poorly and Dr XXX was amazing with all the referrals, letters and communication. Dr XX dealt with me many years ago with skin cancer and was also amazing. I cannot thank the practice enough. We have been registered with them for over 26 years and have always had great service.• I trust them implicitly and know that my family are registered with the right Doctors practice, and I recommend them to everyone. Thankyou Team Galletly.• I needed to register my parents with the practice as they had moved to Bourne and attended the practice to do this. Both had a lot of medication and needing blister packs. The Receptionist, XXX was amazing. She supported me through the whole process, took time and care to ensure the process was fully completed. She went above and beyond to ensure I had all the information I needed, that Mum & Dad were registered and details of who I could contact regarding blister packs in the area. The whole experience was outstanding. Thank you XX for your empathy, understanding and care.• All nurses and doctors I have come into contact with for both myself and my 9-month-old son have been truly amazing, it is a great GP surgery even if they have no appointments there are other ways of getting advice/help you need. When you do get an appointment, they are very helpful, compassionate, listening, understanding. I have no complaints of any of the times I have used the surgery and staff never make you feel like you are wasting their time even if the problem is minor.• In my many years of experience in visiting Doctors surgeries and hospitals in the UK this practice is second to none. The care and support my whole family have from the team is exemplary.• Dr XXX always helps me in every way he can, I'm quite complex person with all my medical and mental issues. He's super friendly and always makes me feel at ease. However, I will say it's such a shame

	that Dr XX left she was the best literally feel lost without her she fought my corner near enough daily! She is greatly missed especially by me.
Staff questionnaire responses	52 staff had completed the CQC staff questionnaire. All were overwhelming positive about the partners and management team. They were very supportive and had open door policy. Staff also spoke highly of teamwork who were willing to support and shared knowledge. They were all proud of how responsive the practice were especially during COVID-19.
Care Homes	CQC spoke with 5 care homes. All praised the practice, most notably that the Care Co-ordinators were a great help in managing patient's primary care, doctors' visits and medication reviews.

Listening and learning from concerns and complaints
Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	10
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes ¹
There was evidence that complaints were used to drive continuous improvement.	Yes
<p>1. The practice had several ways that patients could contact them with comments, suggestions or complaints. By use of Suggestion box at reception, completing a complaints form, email their concerns to a dedicated complaints email address or by letter.</p> <ul style="list-style-type: none"> Patients and others were involved in regular reviews of how the service managed and responded to complaints. <ul style="list-style-type: none"> The service could demonstrate where improvements had been made as a result of learning from reviews and that learning was shared with other services. Investigations were comprehensive and the practice used innovative ways of looking into concerns, including using external people and professionals to make sure there was an independent and objective approach. The practice had a complaints policy, which was accessible to staff, written in line with recognised guidance. We observed that the practice investigated complaints in a timely manner. The practice offered apologies to patients, lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient did not feel listened to.	Fully investigated and clinician involved apologised and had reflected that in future more importance would be given when listening to symptoms and feelings expressed by a patient.
Delay in getting a prescription	Fully investigated and clinician responded to timeline from appointment to issuing the prescription. Apology given.

Well-led

Rating: Outstanding

We rated the practice as **outstanding** for providing a well-led service because:

- Leaders had an inspiring shared purpose and strived to deliver and motivated staff to succeed.
- There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. There was a deeply embedded system of leadership development and succession planning, which aimed to ensure that the leadership represented the diversity of the workforce.
- Leaders have the experience, capacity, capability and integrity to ensure that the strategy could be delivered and risks to performance were addressed.
- Leaders at every level were visible and approachable. Compassionate, inclusive and effective leadership was sustained through a leadership strategy and development programme and effective selection, deployment and support processes and succession planning.
- Comprehensive and successful leadership strategies were in place to ensure and sustain delivery and to develop the desired culture. Leaders have a deep understanding of issues, challenges and priorities in their service, and beyond.
- There were high levels of staff satisfaction across all staff groups. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process. There were consistently high levels of constructive staff engagement.
- Staff felt valued and supported to develop professionally.
- There was a strong organisational commitment towards quality and inclusion across all the patient population and the workforce.
- Quality and integrity were a high priority resulting in a caring culture within a strong practice. There were opportunities provided for all staff for their personal development.
- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- There was strong collaboration across all staff and a common focus on engaging with patients and other services to improve quality of care and the patient experience.

Leadership capacity and capability
There was compassionate, inclusive and effective leadership at all.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • We observed proactive management and strong clinical leadership. GPs had defined lead managerial responsibilities to work alongside the management team. • Leaders at all levels demonstrated high levels of experience. Most of the partners at the practice were longstanding and had a wealth of knowledge and experience in providing safe and effective patient care and treatment. • There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans. • We were told by staff who completed the CQC staff questionnaire that there was an open culture within the practice where any issues could be raised at team meetings. We saw evidence of this in meeting minutes. In addition, there was an open-door policy where staff could speak with senior management and /or team leaders. • The practice continually looked forward and adjusted its plans and priorities. We looked at GP partner meetings where workforce planning and capacity were regularly discussed. • The provider was aware of future challenges to quality and sustainability and actively sought to resolve these. For example, the provider had plans to employ more clinical staff and had been successful in securing two more GPs who would commence work at the practice over the coming months. • We saw evidence of a strong culture of learning and development where all staff were encouraged to develop, thus enhancing services to patients. For example, upskilling of staff and then promotion, acute illness and prescribing courses. • The practice was part of a wider network of GP practices and were a member of South Lincolnshire and Rural Primary Care Network. 	

Source	Feedback
We received feedback from members of the practice team by a series of structured interviews with clinical and non-clinical staff and via	<ul style="list-style-type: none"> • Efficient, friendly, approachable. • All managers are very approachable and supportive. All staff share rest areas and there is no segregation of Managers, Doctors or other members of staff. • First names are used except for GPs in front of patients.

returned staff questionnaires.	<ul style="list-style-type: none"> • The managers are friendly, approachable. They support their staff. Everyone feels safe and included. They are also firm and keep the standards of the practice on top. • Good I feel they are responsive and reactive. They care about their staff welfare, and they manage to remain professional yet friendly and helpful. • It is positive, friendly, and approachable. Managers have good relationships with staff. • I think there is a good working relationship between all staff at the practice. It feels like a happy place to work. • They always have time for you with any queries or problems. • I feel appreciated for my work here. • I think managers and staff have a good relationship – striking the balance well of managing but also maintaining supportive and friendly environment. • Is very good, the managers treat people very well, they are open and inclusive and forthcoming with information and are very happy to offer explanations and provide information as required. There is a good team rapport throughout the practice.
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Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice mission statement and motto were ‘We are a modern, friendly and innovative practice, serving the community and our motto is “Friendly Innovation” where we are dedicated to providing you with excellent health care and providing a nurturing environment for our team to work in. We are a happy family of staff and value the contributions we all make towards keeping you and your family healthy’. • The practice continually looked forward and adjusted its plans and priorities. The practice aimed to provide all their patients with the highest quality care by a well-trained and motivated team. They recognised the special expertise of their staff members and were committed to passing on expertise in respect of training and education of GP registrars and other staff. • Staff we spoke to or those who completed the CQC staff questionnaire told us that they felt able to raise concerns with any of the leadership team. We were told that any concerns raised were acted on as soon as possible to maintain good working relationships in the team which improved the service to patients. • The practice held regular team and individual support meetings with the staff team. 	

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
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 ²
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>1. Leaders had an inspiring shared purpose and strove to deliver and motivate staff to succeed. There were high levels of satisfaction across all staff, including those with particular protected characteristics under the Equality Act. We saw evidence there was a strong organisational commitment and effective action towards ensuring that there was equality and inclusion across the workforce.</p> <p>We were told that during the COVID-19 pandemic the practice ensured that staff members were always informed. The partnership team met every day at 7am to discuss updates and provided their staff with updates and briefings immediately afterward advising them of the measures being taken to keep them safe. As the Pandemic continued with various forms of lock down, they prioritised staff who had birthdays and other significant events that would normally be celebrated in groups. They undertook to sending gifts to people on these occasions; for example, “dining kits” so people could celebrate a birthday at home. Throughout the pandemic they arranged for Easter gift vouchers and Christmas hampers for every member of the team. As measures eased, they provided a hairdresser and manicurist who attended the Practice to give haircuts to any member of the team. They subsequently also provided manicures and hand massages. We were told that this support was warmly welcomed and appreciated by the team with many positive comments.</p> <p>More than 52 CQC staff questionnaires were completed and returned prior to the inspection. Staff spoke of a culture that supported their wellbeing and how proud they were to work at this practice. Staff well-being was promoted and key to maintaining a positive and motivated staff team. Of those who completed the staff questionnaire:</p> <p>100% of staff had good working relationships with their direct line manager.</p> <p>100% of staff said they felt able to approach GP’s and practice management.</p> <p>100% said there was a strong sense of teamwork in the practice.</p> <p>All staff we spoke with and those who completed the staff questionnaires expressed very positive views about and said that the management were visible, accessible, accountable and made time to listen. Staff told us that the management structure both administration and clinical promoted excellent care and treatment for their patients.</p>	

2. A duty of candour policy was in place.

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

Source	Feedback
We received feedback from members of the practice team by a series of structured interviews with clinical and non-clinical staff and via returned staff questionnaires.	<ul style="list-style-type: none"> • I am very proud to be able to work at a Practice where I feel safe and able to be supported in my role. To gain knowledge and able to ask for help. The support the GP's and staff have given to me when I first started at Galletly when I had a family emergency was amazing, I will be forever grateful for that. I love working with the Galletly Practice Family. • Being part of the Galletly Family and doing my absolute best with my team to provide the best possible service to our patients. • I am proud that I was promoted, and I can grow in this practice and was given an opportunity. I'm really happy here. • I am proud of our team we are hardworking loyal and caring and get on well. • I feel proud when I read the good reviews online that the practice receives and feel really proud to work for the practice. I'm proud of the team that I work in and the service that we have embedded into the practice and seeing the outcomes this has for our patients. • I am really proud of the fact that the surgery really cares about their patients. I am also proud of the fact that the environment is cordial, I feel relaxed at coffee time. The way they give gifts on Christmas is inspiring. • Safeguarding. I believe it is robust and safe. Clinical care. We provide a high level of clinical care. Dedicated Staff. We have built a good team of dedicated staff who want to help. • Considering there are a lot of us we work well as a team. • The teamwork within the Galletly, excellent support from senior clinical staff, flexibility and understanding from the management team and our exceptional reviews from our service users and the local general public. • Patients praise for the surgery often this is seen on social media. Feeling like a team and worthy team member • Having worked through covid I'm very proud of how the whole team pulled together in a very difficult period. • I'm proud of our practice and the team we have. I'm proud of the supportive partnership we have. • I am proud to work at the Galletly. We are a good team who really care about our patients. We all work very hard. We are forward thinking and very up to date. • The practice sets high standards for itself and is proud of its achievements. We all work hard to maintain those high standards. Prior to coming here, I was told that everyone was really friendly (by someone not having worked here) and it was a really good place to work. Having that impression in the community is clearly something to be proud of. • How organised the practice is in general. The induction has been well structured so far. • Everyone in the practice works incredibly hard and often goes above and beyond to ensure the best possible patient experience. My colleagues are

	<p>so supportive and happy to answer questions and give help if needed. There is a great team spirit.</p> <ul style="list-style-type: none"> I think that this is a good practice and from what I have seen everyone does their best to provide a great service to the patients.
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Governance arrangements
There was a strong emphasis and staff had clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Governance arrangements were proactively reviewed and reflected best practice. A systematic approach was taken to working with other organisations to improve care outcomes. The practice used a clinical management tool called GP TeamNet. This was specifically for GP practices and provided them with a single management tool which staff could access and find information efficiently. The practice had established policies, procedures and activities to ensure safety. There was a system in place to monitor and review policies according to guidance, legislation and practice needs. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. There was a system in place for reporting and recording significant events. Staff confirmed, and we saw evidence, that findings were discussed at meetings (or sooner if required). The practice carried out an annual analysis of the significant events to identify themes or trends. The practice acted on and learned from external safety events as well as patient and medicine safety alerts. Meeting minutes were in place but in some areas were not detailed regarding actions and learning. 	

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • There was a demonstrated commitment to best practice performance, risk management and systems and processes. The practice reviewed how they functioned and ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively. Problems were identified and addressed quickly and openly. • Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. • The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. • Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. • Reception staff had access to policies in relation to patient medical emergencies and a duty doctor was available throughout each working day. • Staff were trained to recognise the symptoms of sepsis and to act on them. • A range of health and safety risk assessments were undertaken and regularly reviewed. Actions were taken where needed. 	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The information used in reporting, performance management and delivering quality care was consistently found to be accurate, valid, reliable, timely and relevant. There was a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement. 	

- The practice was in the process of making changes to the website in order to make it highly accessible and usable so as many patients as possible can find what they needed quickly and easily. For example, writing content that's easy to understand, setting page titles, using headings correctly, writing good link text, using alt-text for images making videos accessible.

Governance and oversight of remote services

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

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 ¹
The practice had an active Patient Participation Group.	Yes ²
Staff views were reflected in the planning and delivery of services.	Yes ³
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: -	
<p>1. The practice was proactive in response to patient concerns about access. In July 2023 they had changed to AccuRx to give patients online access. This had been advertised on the practice website, via social media and when patients attended the practice in person. At present only partners at the practice ran AccuRx and they were maintaining a spreadsheet of data and planned a review in September 2023 to assess how they can roll out this platform for wider use in the practice. Initial feedback from both staff and patients was positive. (Accurx is a software platform which enables the practice to contact patients easily and manage their care remotely).</p>	

The practice had introduced Patient Partner in response to complaints about call waiting times. Patient partner is an automated telephone appointment booking system which patients can use around the clock. It enables patients to book, cancel or amend appointments at any time without the need to speak to a receptionist. It had been designed to make it easier for patients to call at any time to manage their appointments, freeing up telephone lines for other queries and urgent problems.

A staff member commented that 5-minute telephone calls were too short with too much complexity since COVID-19. Appointments were redesigned and changed to 10-minute telephone calls. The practice also put out further adverts to increase the number of GPs and Advanced Nurse Practitioner's.

2. The practice had an active Patient Participation Group (PPG). We saw the recent August PPG newsletter, which was seeking further PPG members, advertising a wellbeing event in September along with the NHS awareness programmes for the coming months. PPG meeting minutes were also available.
3. More than 52 CQC staff questionnaires were completed and returned prior to the inspection. Staff spoke of a culture that supported their wellbeing and how proud they were to work at this practice. All staff reported that they were encouraged to continue to develop and in turn improve outcomes for patients. They spoke of an open culture and how they felt valued and listened to. They were encouraged to provide feedback and suggestions for improvement.

Feedback from Patient Participation Group.

Feedback
<p>We were in contact with the chairperson on the PPG who told us that they met in the practice every two months. They currently had 7 members and a senior partner from the practice also attended to update them on practice issues. They felt the practice responded well to any issues raised and had recently increased the length of appointments to allow more time for discussion. The PPG also liaise with others in Lincolnshire with a firm interest in representing South Lincolnshire and sharing expertise.</p> <p>Prior to COVID-19 and the evolution of social prescribing, the PPG were forward-thinking and created a booklet that they remain very proud of. The booklet included community help available and took them weeks to gather information and get published. It was a very well received and is an appreciated resource for patients and GP's alike.</p>

Continuous improvement and innovation

There were evidence of 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
Explanation of any answers and additional evidence:	

Examples of continuous learning and improvement

- Staff had dedicated learning and development time.
- The practice premises had many practice-led services to support the delivery of care and treatment for the practice. This included musculoskeletal services, health and wellbeing, counselling, phlebotomy and a baby clinic.
- There was a strong focus on education and training for practice staff and for GP registrars and medical students.
- The practice had future plans for further services which included: -
 - Development of long-term condition groups as part of a primary care hub.
 - Moving to 7 day a week extended access.
 - Extending the day surgery to provide more local services.
 - Development of a respiratory infection hub (business case had already been submitted).
 - Increasing the clinical team to include a community psychiatric nurse and continued GP recruitment.

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