

Care Quality Commission

Inspection Evidence Table

Carlton Group Practice (1-583747978)

Inspection date: 17 August 2021

Date of data download: 03 August 2021

Overall rating: Good

At our inspection in February 2019 we rated the practice as requires improvement overall, and requires improvement within safe, caring and well led key questions. We found that the practice was in breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Good Governance.

At this inspection, August 2021 we found that the practice had taken suitable steps to meet the requirements of the regulation.

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

Safe

Rating: Good

At our previous inspection in February 2019 we found that:

There was a lack of a systematic approach for oversight of records of skills, qualifications and training for all staff. There was no system in place to follow up children's non-attendance at secondary care appointments. The safeguarding policies did not reflect updated categories of abuse. The practice lacked a clear audit trail for patient safety and medicine alerts patient searches. The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively. Infection Prevention and Control processes had not been adequately applied at the King Street site. The practice did not have risk assessments in place in relation to medicines for use in the event of an emergency not held at the practice sites.

At this inspection August 2021 we found that the practice had taken corrective action in all these areas.

We rated the practice as good for providing a safe service because:

Safeguarding procedures had been developed which included up to date policies and staff understanding their roles and responsibilities for safeguarding patients.

Children who had been taken to secondary care appointments were followed up by the practice and there was a process to link this to the safeguarding process when appropriate.

Infection Prevention and Control systems across both the main and branch site had been improved, along with health and safety risk assessments.

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	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
<p>At our last inspection in February 2019 the practices' safeguarding policies did not reflect updated categories of abuse. We conducted a monitoring call with the practice in December 2020 and the practice had commenced a review of this policy. At this inspection August 2021 the practice had revised the safeguarding policies and had shared the new policies with staff. Staff we spoke with were knowledgeable and confident in how to report safeguarding matters. They told us that they felt very supported within the practice and knew who to go to for safeguarding information and support.</p>	
<p>At our last inspection in February 2019 there was no system in place to follow up children's non-attendance at secondary care appointments. At this inspection in August 2021 we saw documented evidence that children not brought to secondary care appointments were appropriately followed up. The practice had developed a team of care co coordinators, whose role included following up on these appointments. They supported the practices safeguarding team by identifying any children that were not brought to secondary care and in-house appointments, (for example missed childhood immunisation appointments) or repeated child A&E attendances. Where appropriate this was regarded as a safeguarding issue and treated appropriately.</p>	
<p>The practice had five chaperones who all had enhanced DBS checks in place to support them in that role.</p>	
<p>The practice used a dedicated software system to share safeguarding concerns with the out of hours team. Out of hours services are provided by Vocare.</p>	

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 Public Health England (PHE) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
At our last inspection in February 2019 there was a lack of a systematic approach for oversight of records of skills, qualifications and training for all staff. At this inspection August 2021 we saw that the practice had invested in an online system and had oversight of all staff training, needs, progress and completion. The practice told us that they always held an informal conversation regarding mental health and that a physical health check form was followed up with occupational health support in place when required. The practice were aware of the need for reasonable adjustments and plans to support staff through the Covid-19 pandemic demonstrated that they promoted staff wellbeing. The practice was actively recruiting for medical secretary and additional reception staff at the time of inspection August 2021. The practice had a spreadsheet to monitor the registrations of clinical staff and we could see that all of these were up to date.	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: November 2020	Yes
There was a record of equipment calibration. Date of last calibration: February 2021	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
A fire risk assessment had been completed. Date of completion: March 2021	Yes
Actions from fire risk assessment were identified and completed.	Yes

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: August 2021	Yes

Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: March 2021	Yes
At our February 2019 inspection the arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively. The practice had since engaged an external company to carry out appropriate health and safety risk assessments. We saw that actions had been taken on the King Street site to make patient areas safe, and that key electrical installations were secured within a locked cupboard.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: April 2021	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
At our last inspection in February 2019 we found that Infection Prevention and Control (IPC) processes had not been adequately applied at the King Street site. At this inspection August 2021 we saw that the practice had reviewed and updated their IPC policy and processes and had carried out a comprehensive IPC audit on both sites.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
Since our last inspection in February 2019 the practice had developed some team leaders within their reception team to ensure that communication was improved. Staff were encouraged to cover absences and busy periods and were encouraged to be flexible in working patterns. Staff we spoke with told us that they found this worked well as they had some control over their working patterns.	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results, and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2020 to 31/03/2021) (NHS Business Service Authority - NHSBSA)	0.60	0.78	0.70	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2020 to 31/03/2021) (NHSBSA)	6.6%	11.3%	10.2%	Tending towards variation (positive)
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	4.56	5.64	5.37	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
infection (01/10/2020 to 31/03/2021) (NHSBSA)				
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2020 to 31/03/2021) (NHSBSA)	97.8‰	120.3‰	126.9‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2020 to 31/03/2021) (NHSBSA)	0.22	0.50	0.66	Variation (positive)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2020 to 31/12/2020) (NHSBSA)	0.8‰	3.9‰	6.7‰	Significant Variation (positive)

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England 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.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes

Medicines management	Y/N/Partial
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>At our last inspection in February 2019 we found that the practice did not have risk assessments in place in relation to medicines for use in the event of an emergency not held at the practice sites. At this inspection August 2021 we found that the practice had addressed this and had clear and comprehensive risk assessments in place.</p> <p>The practice had opted out of the shared care agreement in place with the local hospital for disease-modifying antirheumatic drugs and had been supported by the local clinical commissioning group (CCG) in making this decision.</p> <p>There were planned review sessions with the non-medical prescribers at the practice and staff we spoke with told us they could seek additional support from the GPs at any time.</p> <p>As part of our inspection process we carried out remote clinical searches within the practice system. We identified some coding issues which the practice addressed at the time of inspection.</p> <p>We also identified that some patients who had asthma had requested more of one type of inhaler than would have been expected in a twelve-month period. The practice took immediate action and brought forward all reviews for these patients. They sent us a detailed action plan which demonstrated that patients had been identified and invited for a review of their asthma. The practice also changed the repeat prescriptions for these patients to an acute prescription as an immediate response to promote patient safety. The practice confirmed that did not have any patients with asthma treated with a single inhaler and that all patients were on combination inhalers as per best practice guidelines.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Partial
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	Eight
Number of events that required action:	Eight
Since our last inspection in February 2019, in which we had made a best practice recommendation regarding the significant event process at the practice, the practice had reviewed their significant event	

process and identified a clear root cause process. However, the meeting minutes did not capture the actual root cause as intended and therefore prevented both effective learning and trend analysis. The event form did not capture all the required information and not all staff we spoke with were aware of the expectation they would fill in the form and still reported verbally to line managers. The practice explained that the process was new and that they would continue to develop it.

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

Event	Specific action taken
The practice had several blood pressure monitors to loan out to patients for home testing and recording. However, although they had labeled each of the monitors one blood pressure monitor was issued to the wrong patient.	The practice reviewed the process they had used, and the checks staff had taken. As part of their learning from this event the practice introduced a reception huddle at the start of every shift so that staff could share and discuss planned events. They also reviewed the labelling process and revisited staff training in the checking process.
During a routine appointment one patient had been identified by first name only, which they shared with another patient on the list for that clinic. The patients had different surnames, dates of birth and identification numbers. The error was corrected before the patient was seen by the GP and there had been no breach of patient confidentiality.	The practice reviewed the event and the circumstances that had led to the near miss event. Although the practice used a three-point identification system they identified that the practice had been very busy at the time of the event and that there was a lot of background noise from other phone calls taking place. As part of their learning from this event the reception team were issued with headsets to reduce background noise and minimize the risk of the event being repeated.

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
The practice had a dedicated spreadsheet which captured events and how they were shared with appropriate staff within the practice. We saw examples of actions taken on recent alerts for example, regarding sodium valproate.	

Effective

Rating: Requires Improvement

At our last inspection in February 2019 we rated the practice as good for providing an effective service. At this inspection August 2021, we rated the practice as requires improvement for providing an effective service because:

Clinical data figures for patients with long term conditions, families, children and young people and working age people was negative in some areas. The practice was aware of this and had developed recovery plans to review and manage these areas.

The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.

The practice understood the needs of its population and tailored services in response to those needs.

Effective needs assessment, care and treatment

Patients' needs were, 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 held and recorded minutes from frequent clinical meetings to keep all clinical staff up to date with any new guidelines and to share concerns.	

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.

- One of the local hospitals had commenced a remote staying well clinic for mild and moderately frail patients between the ages of 55 and 70. The practice were able to encourage suitable patients from their patient population to attend this clinic.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medicines reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age. However, the practice advised that these had been suspended during the Covid -19 pandemic.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Requires Improvement

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. During the Covid-19 pandemic the practice had encouraged patients to purchase their own blood pressure monitoring devices.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3	77.7%	74.3%	76.6%	No statistical variation

RCP questions. (01/04/2019 to 31/03/2020) (QOF)				
PCA* rate (number of PCAs).	13.0% (129)	10.2%	12.3%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2019 to 31/03/2020) (QOF)	84.8%	89.1%	89.4%	No statistical variation
PCA rate (number of PCAs).	17.3% (47)	11.8%	12.7%	N/A

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

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) (QOF)	70.7%	80.7%	82.0%	Variation (negative)
PCA* rate (number of PCAs).	10.5% (28)	5.5%	5.2%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months (01/04/2019 to 31/03/2020) (QOF)	55.6%	63.0%	66.9%	Tending towards variation (negative)
PCA rate (number of PCAs).	24.6% (173)	15.1%	15.3%	N/A
The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) (QOF)	58.5%	72.5%	72.4%	Variation (negative)
PCA rate (number of PCAs).	12.0% (155)	7.4%	7.1%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2019 to 31/03/2020) (QOF)	94.1%	94.5%	91.8%	No statistical variation
PCA rate (number of PCAs).	0.6% (1)	4.0%	4.9%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2019 to 31/03/2020) (QOF)	48.7%	74.3%	75.9%	Significant Variation (negative)
PCA rate (number of PCAs).	14.0% (98)	9.9%	10.4%	N/A

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

Any additional evidence or comments

The practice was aware of the negative figures for their patients with long term conditions. Throughout the Covid-19 pandemic the practice had risk stratified these patients and had recently developed a recovery plan to review all patients with long term conditions. The recovery plan was risk based to look at those patients who required more support first.

Families, children and young people

Population group rating: Requires Improvement

Findings

- The practice had not met the minimum 90% for four of five childhood immunisation uptake indicators. The practice had not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for four of five childhood immunisation uptake indicators. The practice had developed a recovery plan and were working with their patient group to encourage them to accept vaccinations for their children.
- The care coordination team supported the practice plan to improve attendance at the childhood immunisation clinics and sent multilingual text links to patients when required.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2019 to 31/03/2020) (NHS England)	216	237	91.1%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2019 to 31/03/2020) (NHS England)	205	235	87.2%	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) (01/04/2019 to 31/03/2020) (NHS England)	206	235	87.7%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)	206	235	87.7%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)	177	221	80.1%	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 they had not reached the target for childhood immunisations and had identified that significant numbers within their patient population group were resistant to taking their children for immunisations. The practice had involved their care co-ordinators to support their recovery plan and their patient participation group (PPG). The PPG had involved local community leaders and planned to have discussions with local religious leaders to encourage uptake of childhood vaccinations.

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could cancel appointments through the NHS app and order repeat medicines without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (Snapshot date: 31/03/2021) (Public Health England)	56.7%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	64.6%	71.2%	70.1%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	55.1%	63.0%	63.8%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis (01/04/2019 to 31/03/2020) (QoF)	87.1%	94.9%	92.7%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2019 to 31/03/2020) (PHE)	45.8%	48.8%	54.2%	No statistical variation

Any additional evidence or comments

The practice's care co-ordination team supported the practices' plan to improve the number of people accepting the cervical smear screening. The care coordinators encourage rebooking of appointments and opportunistically try to book the patients they are talking to about other care issues to have screening when appropriate. The practice had also engaged their population group through community and religious leaders that their PPG had identified and engaged on the importance of screening tests.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- The practice had a care coordinator team who supported patients who had a learning disability with a pictorial letter explaining their telephone review in advance.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed young patients at local residential homes.

**People experiencing poor mental health
(including people with dementia)**

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medicines.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training. The practice had planned refresher training as not all staff had received dementia training within the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	97.6%	83.9%	85.4%	Tending towards variation (positive)
PCA* rate (number of PCAs).	13.3% (13)	16.9%	16.6%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	78.5%	77.6%	81.4%	No statistical variation
PCA rate (number of PCAs).	13.2% (12)	7.3%	8.0%	N/A

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

Monitoring care and treatment

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

Indicator	Practice	England average
Overall QOF score (out of maximum 559)	496	533.9
Overall QOF score (as a percentage of maximum)	88.7%	95.5%
Overall QOF PCA reporting (all domains)	6.1%	5.9%

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

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

The practice had carried out audits following a medical alert and having completed a safety search to identify patients who could be affected. We saw that the practice had made effective changes to the care of five patients with one medicine for treating patients with a thyroid condition. The practice carried out audits following their minor surgical procedures, and paid attention to any possible post-operative

complications such as infection or pain. We saw that the practice had continued this audit over time and reviewed contributory factors. As a result of the continuous review the practice had adjusted dressing and bandaging techniques to improve the outcome for patients who received this minor surgical procedure.

Any additional evidence or comments

The practice had developed a care co-ordination team to improve quality of care to the care and nursing homes to whom they provided a GP service. The care and nursing homes we spoke with told us that they found this a very helpful service.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: The practice management team had changed since our last inspection in February 2019. The practice had developed a supportive performance management process and provided support and training to their staff. Staff we spoke with told us that the new team had brought in some very good changes and that they felt involved in these and knew what was expected of them.	

Coordinating care and treatment

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

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

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
The practice had a social prescriber who was able to engage people in healthy living options and developments within the area.	

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
DNACPR decisions were always discussed at multi disciplinary team meetings with care and nursing homes when appropriate, in addition to the individual conversations with patients and their families. The consent form included best interests and enable the person or their guardian to sign consent on their behalf within the consent form.	

Caring

Rating: Good

At our last inspection in February 2019 we rated the practice as requires improvement for providing a caring service, this was because: Patients were less positive than the local CCG and England averages in being treated with care and concern and their confidence and trust in the healthcare professional they saw or spoke to. One hundred and one registered patients were electronically coded as being a carer which represented only 0.7% of the practice population.

At this inspection in August 2021 We rated the practice as good for providing Caring services because:

Although the National GP survey indicated that patients were less positive than the local CCG and England averages, the results had improved since our last inspection. The practice had reached out to patients and conducted mini surveys all of which had positive results.

The practice had improved their carers register. Two hundred and twenty-six registered patients were electronically coded as being a carer which represented 1.4% of the practice population. The Covid-19 pandemic had interrupted their progress with identifying carers. The practice had plans to revisit identifying and coding carers and were aware that their population group had many extended families who did not readily identify themselves as carers.

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-judgmental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

Source	Feedback
Patient Participation Group (PPG)	We spoke with two members of the PPG during our inspection process. They told us that there had been no-engagement from the practice during the Covid-19 pandemic. However, they noted that the management team had changed during December 2020 and that there had been engagement and that some meetings had taken place with the practice and that others were planned. The PPG expressed the view that the circumstances of the Covid-19 pandemic had been extraordinary and that this had meant usual expected annual reviews for patients with long term conditions had not been carried out as expected. The PPG told us that the new practice management team had made them very welcome and had sought to include them in a development group formed to discuss the relocation of the practice.
Care homes	We spoke with a representative from each of the six care and nursing homes who received a GP service from the practice. Most of the representatives told us that they

	were happy with the service. A couple of the representatives had not had good experiences with the care co coordinators meetings whilst the other four found these video calls very helpful. They all found it difficult to get through to the practice and did not have a direct dial. Five of them reported that the care from the practice was good.
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National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2021 to 31/03/2021)	72.3%	87.9%	89.4%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2021 to 31/03/2021)	63.8%	86.3%	88.4%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	80.5%	93.8%	95.6%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	65.2%	78.9%	83.0%	Variation (negative)

Any additional evidence or comments

The practice was disappointed with the results of the National GP survey and had a meeting planned to discuss the further changes they needed to make. Although the results were lower than regional or national averages they had improved since our last inspection in February 2019. In both June and July 2021, the practice had reached out to patients and conducted small scale mini surveys with patients who had received recent treatment from the practice. All the results of these mini surveys were either positive or very positive.

Question

Y/N

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

Yes

Any additional evidence

The practice had carried out a text message survey during the covid-19 Pandemic and received positive results.

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

Easy read and pictorial materials were available. The practice had a member of staff who was able to use sign language and other members of staff who spoke a variety of different languages.

Source

Feedback

Your experience of care

We asked the practice to put a link to the Care Quality Commission “your experience of care” form on their website before we commenced the inspection. However, we did not receive any completed forms.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2021 to 31/03/2021)	78.0%	91.1%	92.9%	Significant Variation (negative)

	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
Percentage and number of carers identified.	The practice had 226 registered carers which represented 1.4% of their population group. The practice was aware that they needed to identify and record those patients with caring responsibilities. However, they had found the Covid-19 pandemic had hindered their progress in this area. They had developed a care co-ordination team who had put carer information onto the notice boards in both the main and branch sites and were planning a carers campaign for people with caring responsibilities to identify themselves with the practice. The practice was aware that their population group included many extended families who did not readily identify themselves as carers.
How the practice supported carers (including young carers).	The practice was aware of the importance of using links with schools and community groups to support their younger carers. They had plans to refer younger carers into community support programmes and were aware that they had not yet identified all their younger carers. The practice offered an annual flu jab to all carers who were over 18 years of age.
How the practice supported recently bereaved patients.	People who had been bereaved were supported by the care coordination team; who signposted them to relevant support groups within the community.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	No
There were arrangements to ensure confidentiality at the reception desk.	Partial
The practice had a licence to play a radio in the waiting room at the main site which had its reception area at one end of the waiting room. This helped to prevent conversations being clearly overheard. At the branch site (King Street) there was a separate reception area to the waiting area.	

Responsive

Rating: Good

We rated the practice as good for providing a responsive service because: the practice had reached out to patients during the Covid-19 pandemic to understand their experience with appointments. The practice had recently increased the number of telephone lines into the practice to improve patients' experience in getting through to the practice.

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
The practice and its branch at King Street were located in older buildings. However, both sites had been refurbished to meet health and safety and infection prevention and control standards.	

Practice Opening Times

Day	Time
Opening times:	
Monday	8am -6pm (only until 1pm at King Street site)
Tuesday	8am -6pm (only until 1pm at King Street site)
Wednesday	8am -6pm (only until 1pm at King Street site)
Thursday	8am -6pm (only until 1pm at King Street site)
Friday	8am -6pm (only until 1pm at King Street site)
Appointments available:	
Monday	8.30-12.30pm and 1.30pm-6pm (only until 12.30pm at King Street site)
Tuesday	8.30-12.30pm and 1.30-6pm (only until 12.30pm at King Street site)
Wednesday	8.30-12.30pm and 1.30-6pm (only until 12.30pm at King Street site) (only until 12.30pm at King Street site)
Thursday	8.30-12.30pm and 1.30-6pm (only until 12.30pm at King Street site)
Friday	8.30-12.30pm and 1.30-6pm (only until 12.30pm at King Street site)

	<p>Additionally, a new online digital service is available on Sunday mornings where appointments are offered with a GP via the Q Doctor App for further details https://www.qdoctor.io All practices across East Staffordshire are participating in this extended access.</p>
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Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.

People with long-term conditions

Population group rating: Good

Findings

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

Families, children and young people

Population group rating: Good

Findings

- The practice offered flexible nurse appointments at the beginning and end of the appointment day so that families and school age children could attend without the need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. The duty doctor was available for same day appointments whenever possible or next available appointment if the matter was less urgent.
- Parents with concerns regarding children under the age of 10 were offered same day appointments whenever possible or next available appointment if the matter was less urgent.
- The practice had revised the childhood Immunisations clinic from a Friday to midweek to accommodate the religious practices of their patient population groups.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 6pm on a Monday to Friday.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers, asylum seekers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Access to the service

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

National GP Survey results

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

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2021 to 31/03/2021)	43.8%	N/A	67.6%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	52.6%	66.4%	70.6%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	46.1%	64.0%	67.0%	Variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	67.2%	81.7%	81.7%	Variation (negative)

Any additional evidence or comments

The practice was disappointed with the results of the national GP survey and had reached out to patients during the Covid-19 pandemic to understand their experience with appointments. We saw that all recorded responses were either positive or very positive. The practice had recently increased the number of telephone lines into the practice from eight to 16 and made more reception staff available at busy times to improve patients' experience in getting through to the practice.

Source	Feedback
NHS Website	<p>The practice had received 11 reviews on the NHS website. The new management team had not yet gained practice access to the site to respond to any of the concerns, although they planned to do at their earliest opportunity.</p> <p>The reviews the practice had received were mixed with three, one-star reviews, two, two-star reviews, three, three-star reviews and five, five-star reviews. Those reviews which were under five stars were concerns about access during the Covid-19 pandemic and changes to face to face appointments.</p>

Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	six
Number of complaints we examined.	two
Number of complaints we examined that were satisfactorily handled in a timely way.	two
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	none

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
The practice had introduced a complaints and compliments meeting to identify any additional learning from peoples experience of the surgery.	

Example(s) of learning from complaints.

Complaint	Specific action taken
There was a complaint about the attitude of GP during a patient consultation.	The practice reviewed this with the GP and the GP used reflective practice to consider some of the issues that had led to the complaint. This resulted in the GP making some changes to their approach during consultations and the patient received a suitable apology.

<p>There was a complaint about a nurse's attitude during a patient consultation.</p>	<p>The practice reviewed the event, and the influencing factors that had led to the clinic running late. The nurse reviewed the appointment they had with the patient and identified some key issues which could have been better communicated. The patient received an appropriate apology.</p>
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Well-led

Rating: Good

At our previous inspection in February 2019 We rated the practice as requires improvement for providing a well led service because: There were gaps in the practice's governance systems and processes. The practice had not shared or documented a sustainable practice business plan or strategy. There was a lack of oversight on the maintenance of accurate records of skills, qualifications and training for staff and in staff appraisals.

At this inspection August 2021 we found that the practice had taken suitable steps to comply with the requirements of the regulation.

We rated the practice as requires improvement for providing a well led service because:

Governance process had been developed/ improved and were clear and transparent.

The practice had developed a business strategy and succession plan and had included key staff in future developments to support the succession plan.

All staff records had been reviewed and there was a comprehensive and up to date record of all skills, qualifications and training for staff and within staff appraisals.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
The practice had developed and implemented a succession plan. Staff knew about future developments and promotions had been applied for and awarded to staff as part of the succession plan. There was a clear direction for the future development and relocation of the surgery, although a formal plan had had to be finalised. The practice had been successful in recruiting new GP partners and were planning to hold further interviews for another partner in August 2021.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
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
The new management team at the practice had developed a clear vision and set of values which staff understood and felt included in the development of the practice. The practice held minuted meetings which monitored their progress against their strategy and the steps they needed to take to achieve success.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
The new management team at the practice had embraced an open and supportive culture and had worked with staff to make these changes. Although the new management team had not been in post for 12 months there were already signs that the open and inclusive culture were beginning to embed. New staff felt welcome and able to report anything, more experienced staff were beginning to adjust although they had not fully embraced event reporting.	

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

Source	Feedback
Staff	Staff we spoke with told us that the practice felt like a very large family. All the staff we spoke with told us that they enjoyed their jobs and were happy working at the practice. Staff we spoke with told us that they had felt well supported during the Covid-19 pandemic.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes

Staff we spoke with knew what was expected of them with many of the new systems and improvements that the practice had implemented since December 2020. The practice held scheduled minuted meetings to discuss new ways of working and encourage staff to engage with the new processes.

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.	No
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
The practice was reviewing the training required for major incidents at the time of our inspection in August 2021.	

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

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes
The practice actively monitored the quality of access and made improvements in response to findings.	Yes
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes

The practice had developed links within the local community to assist people who experienced digital poverty and required support to be able to connect to health providers, as well as family and friends during the Covid -19 pandemic.

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

Governance and oversight of remote services

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

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
The practice was actively recruiting new PPG members at the time of our inspection in August 2021. The PPG were included in staff newsletters to keep them abreast of the ongoing changes in the practice.	

Feedback from Patient Participation Group.

Feedback
The PPG told us that they now felt valued by the new management team and had been asked to nominate two members to join the practice development group in preparation for the new build and location of the practice.

Continuous improvement and innovation

There was 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
Staff readily engaged in reflective practice and took responsibility for improvements required in response to complaints. Meetings minutes were shared with all staff so that they did not miss essential information if they were away on the day of a staff meeting. Minor surgery was audited and reviewed over time enabling working practices to be reviewed and refined as required.	

Examples of continuous learning and improvement

The practice had recently joined up with the Staffordshire County Council initiative to be part of the community champions group. This is part of a county wide campaign to increase uptake of the Covid-19 vaccination programme.
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Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **PHE:** Public Health England.
- **QOF:** Quality and Outcomes Framework.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
- ***PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#)). Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.
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- ‰ = per thousand.