

Care Quality Commission

Inspection Evidence Table

Station Drive Surgery (1-556272016)

Inspection date: 26 September 2022

Date of data download: 07 September 2022

Overall rating: Good

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Partial
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: The practice had a lead named GP for safeguarding and staff were aware of who this was. All but one staff member had received an appropriate level of safeguarding training for their role. The practice maintained a list of vulnerable patients on their computer system. Monthly searches were undertaken, and vulnerable children were discussed with the lead GP. We saw evidence that DBS checks had been undertaken for clinical staff. A DBS check had not been undertaken for a non-clinical staff member. Whilst the practice had considered the risks associated with this, no formal risk assessment was on this individual's file.	

Safeguarding	Y/N/Partial
We saw evidence of meetings undertaken to discuss vulnerable patients. Safeguarding meetings were held on the first Tuesday of each quarter and included where able the Public Health Nurse and Safeguarding Health Visitor.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>We checked the files of three members of staff and found relevant recruitment checks had been completed for the individuals we reviewed. The references for one member of staff had not been dated and another member of staff had only one reference on file.</p> <p>There was no record of the immunisation status of two of the three staff members checked. This was discussed with a manager on the day of the inspection who informed us that the relevant requests had been submitted to the relevant department and that they are awaiting their return.</p>	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 17/01/2022	Yes
There was a fire procedure. Date of fire risk assessment: 12/09/22	Yes
Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Various health and safety checks had been undertaken to ensure the safety of staff and patients. Some of these included:</p> <ul style="list-style-type: none"> • Portable appliance testing (08/12/ 2022) • Calibration of equipment (07/10/2021) • Legionella risk assessment including water temperature checks (10/02/2022) • Fire drill had been performed in July 2022. • Electrical Safety testing (04/05/2018 valid for five years) • Gas safety assessment (12/09/2022) 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out.	Yes

Date of last infection prevention and control audit: 08/2022	
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff were aware of the name of the Infection Prevention and Control lead for the practice. Policies and procedures had been updated and all, but one staff had received training in IPC.</p> <p>The surgery had an isolation room which allowed the practice to review Covid positive and/or symptomatic patients face-to-face thus avoiding patients having to travel to be seen.</p> <p>Personal protective equipment was available to all staff in all rooms, as well as hand gels. Infection control notices were on display throughout the practice to encourage good hand hygiene.</p>	

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.	Partial
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> <p>Staff told us that there was a good team of loyal staff currently working at the practice. Staff turnover was low. The practice had recently introduced the Advanced Nurse Practitioner role to help meet the demands. Of the three staff whose records we checked, two had not completed training in fire safety.</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. ¹	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
Explanation of any answers and additional evidence: As part of the inspection, we reviewed the practice's clinical system and found that all tasks, referrals and test results were completed in a timely manner. Cover arrangements were in place for GPs on annual leave to ensure no delays in test results being reviewed.	

Appropriate and safe use of medicines

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

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

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) (01/07/2021 to 30/06/2022) (NHS Business Service Authority - NHSBSA)	1.10	0.84	0.82	Tending towards 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). (01/07/2021 to 30/06/2022) (NHSBSA)	6.9%	7.4%	8.5%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2022 to 30/06/2022) (NHSBSA)	5.02	5.20	5.31	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	144.4‰	126.9‰	128.0‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) (NHSBSA)	0.88	0.56	0.59	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	8.3‰	6.7‰	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

Medicines management	Y/N/Partial
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	NA
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 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
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <p>As part of the inspection a number of set clinical record searches were undertaken by a CQC GP specialist advisor without visiting the practice. The records of patients prescribed certain high-risk medicines were checked to ensure the required monitoring had been undertaken. The practice was able to evidence actions taken to recall patients where appropriate and/or could demonstrate which patients were under the care of secondary care. The practice told us that monthly searches were ran to identify patients on high-risk medicines and patients were contacted using text messages, letters or verbally and a monitoring appointment arranged.</p> <p>The clinical searches identified that 73% of patients over the age of 65 years on four or more medicines had had a medication review in the last 12 months. A total of 176 patients had received a structured medicines review. This meant that not all patients had received the recommended medicines reviews.</p>	

Medicines management	Y/N/Partial
Emergency medicines were appropriately stored and there were clear monitoring processes in place. Medicine fridges were monitored to ensure they were maintained at the correct temperatures for storing vaccines and other relevant medicines.	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months: 9	Yes
Number of events that required action: 9	Yes
Explanation of any answers and additional evidence: The practice used an electronic system for recording and monitoring any significant events. The records were visible to all staff and all staff were encouraged to report events. Significant events were discussed with all staff during protected learning time and learning outcomes were shared with relevant staff groups. The patient services manager had overall responsibility for ensuring that significant events were filed correctly.	

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

Event	Specific action taken
Staff sustained a needlestick injury to hand.	The incident was reported, and appropriate action taken including washing and bleeding the site and informing Duty GP, microbiologist and the occupational health department. The practice identified that safety needles were out of stock and needed to be available. The practice also noted that a second sharps bins should be placed closer to prevent re-occurrence. There was evidence that the incident had been discussed at their team meeting.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: The Compliance Manager had overall responsibility for external safety alerts. Safety alerts came into the practice via teamnet, and were discussed and distributed to the relevant person, any relevant patient searches are carried out. All actions taken in response to the safety alerts were stored with the safety alert in teamnet. Our clinical searches, however, found the practice had not acted on a historical safety alert to ensure patients were aware of medicine risks and that appropriate action was taken to mitigate those risks.	

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. ³	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
Explanation of any answers and additional evidence: The practice held regular education meetings to discuss any learning through significant events for example and to keep updated with any changes to evidenced-based clinical guidance.	

Effective care for the practice population

Findings
<ul style="list-style-type: none">• The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.• Health checks, including frailty assessments, were offered to patients over 75 years of age.• Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

- We carried out remote searches of the clinical system to identify patients with hypothyroidism, kidney disease and high-risk diabetes. We found that the practice's management of high-risk diabetes was well managed and documented. However, we found that five patients with hypothyroidism had not had the required monitoring, with one patient being overdue their thyroid function test by two years.
- Our searches also highlighted that not all patients with long-term conditions had received a structured annual review to check their health and medicines needs were being met.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.

- Patients with asthma were offered an asthma management plan.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	54	60	90.0%	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) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	63	67	94.0%	Met 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) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	64	67	95.5%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	64	67	95.5%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	77	83	92.8%	Met 90% minimum

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

Any additional evidence or comments

The data showed that the practice had either met or exceeded all five targets set by the World Health Organisation for child immunisation. A nurse had been allocated protected administration time to review the list of patients requiring immunisation, make contact with parents/guardians to discuss any concerns and to book appointments.

Cancer Indicators	Practice	CCG average	England average	England comparison
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). (Snapshot date: 31/03/2022) (UK Health and Security Agency)	74.1%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	74.5%	63.5%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	69.8%	69.1%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	68.6%	57.6%	55.4%	No statistical variation

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

Any additional evidence or comments
The percentage of patients who had received cervical cancer screening was 74.1%, which was below the 80% national target. The practice had identified the uptake of cervical screening as an area for improvement through their own data analysis and audits. The audits had identified patients eligible for screening and had examined the most successful methods for patient communication.

Monitoring care and treatment

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

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

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

<p>The practice had undertaken a number of quality audits and quality improvement projects including a review of opiate prescribing. The practice had identified that historically they had been outliers in opiate prescribing and in response decided to review their prescribing with a view of identifying any over-prescribing and to cease prescriptions where appropriate with the input of a pain specialist working in secondary care. The results showed that the practice had made significant progress in reducing the dosage and or supporting patients to stop their opiate intake.</p> <p>The practice told us that audits were presented and discussed annually.</p>
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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

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
Explanation of any answers and additional evidence: The practice worked closely with members of the multi-disciplinary teams (MDT) including community nurses who had access to the daily duty GP for support or advice including requests for prescriptions. Monthly meetings were held.	

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: Reception staff had received training on the appropriate signposting of patients to self-help and information was available on display within the practice and on the practice website. Practice staff were aware of the benefits of social prescribing and, with the support of the community care coordinator (CCC), had links to community groups and support networks. The CCC called and/or visited all patients who were identified as vulnerable or socially isolated.	

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. ¹	Yes
Explanation of any answers and additional evidence: Consent was obtained in line with legislation.	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: During the inspection, we observed staff treating patients with respect and offering support in a friendly manner. The surgery environment was calm and quiet. Staff told us that they pledged to ensure that any patient who contacted them for help would have contact with an appropriate team member that day, and that nobody would be turned away.	

Patient feedback	
Source	Feedback
Complements received by the practice	The practice had received a total of 17 compliments about the care and service they had offered to patients.
Share your experience feedback received by CQC	We received four positive comments from patients through our share your experience forms. Staff were described as very helpful, kind and considerate. Patients told us that staff went above and beyond trying to help them. Another patient described the nurse she saw as friendly, efficient and professional.

National GP Patient Survey results

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

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 (01/01/2022 to 30/04/2022)	94.0%	86.4%	84.7%	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 (01/01/2022 to 30/04/2022)	95.1%	85.2%	83.5%	Variation (positive)
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 (01/01/2022 to 30/04/2022)	96.9%	94.6%	93.1%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	94.4%	73.4%	72.4%	Variation (positive)

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

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: Data showed that 97.6% of the respondents to the most recent published national patient survey had stated that they were involved as much as they wanted to be in decisions about care and treatment.	

Source	Feedback
Feedback from Care Registered Home	The GPs were described as very caring and commented that they treated people with compassion, respect and dignity. They provided emotional support in particular as people entered the end of their life.

National GP Patient Survey results

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

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 (01/01/2022 to 30/04/2022)	97.6%	91.4%	89.9%	Tending towards variation (positive)

	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
<p>Explanation of any answers and additional evidence:</p> <p>The practice website contained lots of information which was available in several different languages and patients could choose their preferred format. Required forms could be accessed from the website, and patients could access appointments online.</p>	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 66 patients who were carers. This represented less than 1% of the patient population.
How the practice supported carers (including young carers).	<p>Meetings and information sessions had been run for their patient carers as well as the local care agencies.</p> <p>Patients had access to social prescribers as well as community and care coordinators who supported carers and signposted them to further help. Carers had access to a befriending service, which offered companionship for a cared for person, enabling the carer to have some time to themselves.</p>
How the practice supported recently bereaved patients.	The practice worked closely with the multidisciplinary team and patients were signposted for avenues of support including The Good Grief Caffe in Ludlow.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Responsive

Rating: Outstanding

We rated the practice as outstanding for providing a responsive service. This was because:

- The practice had responded to the needs of its population by delivering services differently during the pandemic. For example, one GP undertook three visits to Ludlow Community Hospital every day between 8am and 10pm, seven days a week to ensure they could remain open with both covid positive and covid negative patients.
- Station Drive Surgery led the vaccination scheme and continued to offer weekly walk-in clinics so that the community and wider area still needing vaccinations had access to a local hub. Through working closely with the immigrant population and the traveller community, the practice had achieved one of the highest immunisation rates in the country for that demographic group.
- The practice was involved in a number of community initiatives including setting up a volunteer group called “The Drug Runners” to collect and deliver urgent medication to people isolating or housebound for example.
- The practice offered free pop-up screening in the community for example at Ludlow’s Winter market providing blood pressure monitoring and health checks including cancer screening.
- They had Worked towards tackling health inequalities through working in partnership with Ludlow Golf Club for “Golf on Referral” for people between aged 30–50yrs particularly male, as there was a lack of facilities for males locally & on a low income.
- Regular attendance to the local Breastfeeding Group to provide GP support for any issues particularly relevant to new mothers, including mental health support.
- The practice was also involved with the “Hands Together Ludlow’s Mentoring Scheme”, working to provide role models, peer support and improved employment prospects for young people. They also worked to ensure that there was continuing youth provision in Ludlow.
- GP’s were involved with community first aid and CPR courses aimed at parents, carers and grandparents and carried out educational sessions in the community, covering aspects such as home emergency care including sepsis and meningitis.
- Patients were very positive about access to appointments at the practice. All four indicators from the national GP survey were above the local and national averages with 89.5% of respondents stating they were satisfied with the appointment offered. Eighty four percent responded positively to the overall experience of making an appointment.
- The practice worked with local councilors and another local practice to establish a community initiative, which was known as “Pulling Together Ludlow”. The project, was successful in recruiting more than 1000 volunteers to help with tasks such as collecting prescriptions, shopping and befriending. A helpline and a social media page was manned 12 hours a day and for seven days a week by volunteers.

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
<p>Explanation of any answers and additional evidence:</p> <p>There was level access to the main building with automatic doors. Consulting rooms were on the ground level. The Blossom Suite was accessible at car park level, providing alternative accommodation.</p> <p>Interpreter service were offered, and staff told us that they had met with Ukrainian refugees to provide information on how to register with the NHS. They had also produces leaflets in Ukrainian/Russian and placed these on the website along with other local and national links. The practice told us that each new Ukrainian patient and or family had been offered an appointment with a GP partner upon registering at the surgery and ongoing support offered as required.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 8pm
Tuesday	8am to 8pm
Wednesday	8am to 8pm
Thursday	8am to 8pm
Friday	8am to 8pm
Alternate Saturday	8.30am to 12.30am

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

- Patients had a named GP who supported them in whatever setting they lived.
- 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.
- There was a medicines delivery service for housebound patients.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- The practice worked with the Community Matron and District Nurses with a view of admission avoidance;
- Weekly ward rounds at the local care homes were undertaken.
- 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 Monday to Friday. Appointments were available alternate Saturdays between 8.30am and 12.30pm.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

Access to the service

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

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes
Patients were able to make appointments in a way which met their needs	Yes
There were systems in place to support patients who face communication barriers to access treatment	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff continued to see patients face-to-face throughout the pandemic where clinically necessary. A specific isolation room with a separate entrance had been created for symptomatic patients to be seen locally. Video-consultations had been set up, and the practice offered telephone, email, website submissions and enquiries via e-consult.</p> <p>Safety measures had been put in place so that home visits and Care Home visits could continue through the Covid-19 pandemic, even to covid positive patients.</p> <p>Patients were able to book routine face-to-face appointments with all clinicians.</p>	

National GP Patient Survey results

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

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 (01/01/2022 to 30/04/2022)	81.7%	N/A	52.7%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	84.3%	57.0%	56.2%	Variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2022 to 30/04/2022)	70.1%	54.7%	55.2%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	89.5%	74.0%	71.9%	Variation (positive)

Any additional evidence or comments

The practice had scored above local and national averages in all four indicators relating to access to appointments within the National GP Patient Survey.

Source	Feedback
Stakeholders	<p>A Stakeholder told us that the practice had gone above and beyond to support the 24 bedded ward at Ludlow Hospital, often working outside of their contractual hours. They told us that the practice had also supported staff educationally and emotionally and they commended their commitment to the hospital and the community.</p> <p>Other comments included that the GPs were very responsive, providing timely responses and actions to the changing needs of people and facilitating patient choice with regards to treatment. They further commented that they had received outstanding support to the patients and the staff team.</p>
Share you experience feedback received by CQC	We received a total of four feedback forms from patients. One patient told us urgent appointments were fitted into the GP's already full schedule. Another patient told us they needed an urgent appointment and was seen by the GP on the same morning and it was treated was received. A follow up appointment had been arranged, which was very reassuring.

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.	14
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: The complaints records examined showed that patients' written concerns were well managed. Details of escalation routes if patients were not happy with the outcome, was not documented within the outcome letter.	

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: The practice had three partners who were supported by a team of managers. The practice population had grown by 1500 patients over the past four years, with further housing development plans due in the next couple of years. The practice had responded to the challenges of the increased demands by reviewing the staffing composition to include Advanced Nurse practitioner roles to help support the GPs.	

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
The practice's ethos was to treat patients with respect and dignity at all times, and to provide the highest quality of care for their patients. They strived to embrace change and community partnership working to enable improved patient choice, access and services. The practice told us that all staff contributed to their agreed mission statement.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice operated an “open door” culture where staff reported they could raise concerns with any member of the leadership team.</p> <p>There was a strong focus on staff welfare, for example, staff were offered 30 minutes per the working day to do some exercise and go outside (in addition to their lunch break). Staff also had direct access to the practice’s counsellors. There had also been a change on the terms of staff employment to offer sickness pay. Tea and coffee and a range of fruit were available for staff to have.</p> <p>The practice’s mental health practitioners were made available if staff wanted to access them privately and were provided with supportive information.</p>	

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

Source	Feedback
CQC staff questionnaires and staff interviews	<p>Staff commented positively about many elements of working at the practice. They told us that they worked well within a team and had supportive colleagues. They described the environment as well organized, friendly but professional. They told us it was a busy surgery and hard work but rewarding.</p> <p>Staff told us they felt able to speak with anyone with a problem and they would get advice. They said there was an open-door policy for support and that managers were always approachable.</p> <p>Staff told us that they genuinely cared for their patients and went that extra bit to ensure patient felt they were dealt with professionally. Patients needs came first and they were well looked after. Staff told us they felt proud of the work that they did.</p>

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

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.	Partial
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: Two of the three staff whose files we looked at had not completed fire safety training.	

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
Explanation of any answers and additional evidence: Staff had access to the business continuity plan remotely from computer and mobile phone devices.	

Appropriate and accurate information

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

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

Governance and oversight of remote services

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

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: The practice had an active Patient Participation Group (PPG) who continued to meet remotely during the covid pandemic and have since returned to meeting face to face. The group included a good cross section of patients from various backgrounds to represent the patient population.	

Feedback from Patient Participation Group.

Feedback
We spoke with members of the Patient Participation Group (PPG) and received written feedback. They described it as a strong practice offering high quality care. They told us that there had always been a positive approach to patient inclusion and had a pro-active approach to patient care.
We were told that access to appointments were good and that the PPG reported that patients had not experienced difficulties accessing GP appointments. The practice focused on the needs of the local community.

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: The practice was a recognised training practice and had two partners who were accredited trainers. The practice told us they had regular education meetings and receive students from schools and colleges in for work experience. The practice also worked alongside the ICB to provide clinical skills training to pharmacists. The practice was also an accredited research practice, their most recent work included work on early identification of arterial fibrillation. The registered manager was the acting chair of the South West Shropshire Primary Care Network and worked collaboratively with the other practices and attended board meetings.	

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.
- 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.