

Inspection Evidence Table

Lodge Surgery

(1-539463823)

Inspection Dates: 9 and 10 November 2023

Date of data download: 06/11/2023

Overall rating: Good

Context

Lodge Surgery offers services from both its main practice and 2 branches. Patients can access services at any site.

The provider is registered with CQC to deliver the Regulated Activities: diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury, surgical procedures, and family planning.

The practice is situated within the Hertfordshire and West Essex Integrated Care Board (ICB) and delivers General Medical Services (GMS) to a patient population of about 20,120. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices within the Halo Primary Care Network (PCN). PCNs are groups of practices working together to focus on local patient care.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the ninth highest decile (9 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 8.6% Asian, 84.8% White, 2.2% Black, 3.4% Mixed, and 1% Other.

The age distribution of the practice population closely mirrors the local and national averages, with a slightly higher number for young people.

Following our previous inspection on 5 March 2015, we rated the practice good overall and for all key questions. For this inspection, we have rated the practice good overall for the effective, caring, responsive and well-led key questions. We have rated the safe key question as requires improvement.

Although we did not find any breaches of regulations during this inspection, we identified the following areas for improvement where the provider should:

- Embed identified improvements in keeping non-clinical staff up to date with safeguarding children level 2 training, in line with national guidance.
- Embed identified improvements in processes for assessing and monitoring patients and medicines, including test results and documents, monitoring patients' health in relation to the use of medicines, safety alerts and long term conditions, in line with guidance.
- Embed identified improvements in processes for the secure storage and management of blank prescriptions and vaccines and review of patient group directions (PGDs), in line with guidance.
- Continue to take actions to improve child immunisation and cervical screening uptake.
- Continue to embed processes and systems to improve patient access, monitoring and reviewing these appropriately.

Leaders of Lodge Surgery were aware of the challenges they faced in delivering the service, this included patient access and staff recruitment, retainment, and wellbeing. They discussed with us actions taken to address these challenges. For example, the practice shared with us an overview of quality improvement work over the period 2022/2023. This work was reviewed with actions going forward during partners' strategy days which were held in November 2022 and March 23. It focused on 4 main areas: clinical efficacy, patient experience, our people management, and operational excellence, while considering the practice's vision and values and an awareness of patient and staff feedback. The practice was monitoring the effectiveness of their action plan.

Under the area of clinical efficacy, the practice had:

- Streamlined attention deficit hyperactivity disorder (ADHD) diagnosis and monitoring pathways had been streamlined for adults and children, through the Senior Clinical Administration team.
- All GP registrars also had a tutorial at induction with the practice's clinical lead for people with learning disabilities, so that they had the skills to complete health checks for this patient population, providing more capacity and expertise to do these health checks.

Under the area of patient experience and in view of GP patient survey results and feedback from the Patient Participation Group (PPG) members, the practice had:

- Installed a cloud based telephony system in September 2022, to improve telephone access for patients
- Implemented a total triage model of care for patients on 30 October 2023, to improve access and equity of access for patients
- Improved use of IT solutions to support patients, such as, IT sessions for patients
- Improved communications with patients with a monthly newsletter and regular postings on social media accounts
- Developed the PPG, with the appointment of a chair for the group
- Activated early patient access to their records

Under the area of our people management staff were described as the practice's most important asset, the practice had:

- Streamlined recruitment processes
- Carried out work to improve staff wellbeing and morale. This involved setting up a social committee, with staff walks at each site and a sports afternoon of team games with the Primary Care Network.

Under the area of operational excellence, the practice had:

- Moved reference documents for all staff in a folder on every computer's home screen rather than on notice boards. This allowed for documents to be kept up to date and readily accessible.
- Reviewed and developed their staff rota to manage workload pressures, the introduction of different duty systems and total triage model of care for patients. This was an ongoing process.
- Undertaken demand and capacity work.
- Streamlined repeat prescription process

The practice had also enrolled on the NHS England General Practice Improvement Programme (GPIP). This included attendance by managerial staff, operations and reception leads to facilitated NHS England sessions and the completion of the programme's standard template, with the decision to use the time to plan and implement a total triage model of care for patients. This was implemented on 30 October 2023.

Safe

Rating: Requires Improvement

At our last inspection on 5 March 2015, we rated the practice good for providing safe services.

For this inspection, we have rated the practice requires improvement for the safe key question. This is because:

- Some non-clinical staff had not undertaken safeguarding children level 2 training, in line with national guidance.
- The practice had test results and documents that had not been fully processed.
- Prescription stationery was not always secured in line with guidance and there was no system in place that recorded details of what blank prescriptions were kept and where, across all 3 sites.
- The recording of Patient Group Directions (PGDs) required improvement.
- While there was a process for monitoring patients' health in relation to the use of medicines including medicines that require monitoring, not all patients had had the necessary checks.
- Although there was a system for checking emergency equipment and medicines, we found 2 vaccines that were past their expiry date in the fridge, at the Redbourn Health Centre site.
- While the practice had a system for recording and acting on safety alerts, not all patients affected by them had been protected from avoidable harm.

However, the practice:

- Had in most cases, clear systems, practices, and processes to keep people safe and safeguarded from abuse.
- Carried out recruitment checks in accordance with regulations, including locum staff.
- Maintained and responded to concerns relating to their premises, such as fire safety and health and safety matters.
- We saw that appropriate standards of cleanliness and hygiene were met, across the 3 sites.
- Had adequate systems in place to assess, monitor and manage risks to patient safety
- Monitored and regularly reviewed the clinical practices and prescribing competencies of non-medical prescribers.
- Learned and made improvements in response to significant events.

Safety systems and processes

In most cases, the practice had clear systems, practices, and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented, and communicated to staff.	Yes ¹
Partners and staff were trained to appropriate levels for their role.	Partial ²
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes ³
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • ¹There was a clinical lead for safeguarding. Safeguarding policies were in place to support staff. Staff we spoke with were aware of the support available. • ²According to the information on the training report for permanent staff that was shared by the practice clinical staff were trained in safeguarding children and adults to the appropriate levels for their roles, in line with national guidance. However, we found that while non-clinical staff had completed safeguarding adults and children training at level 1, not all non-clinical staff had completed safeguarding children training at level 2. Current guidance specifies safeguarding children level 2 training as the minimum level required for non-clinical and clinical staff who, within their role, have contact (however small) with children and young people, parents/carers or adults who may pose a risk to children. During the inspection, leaders reviewed the roles of non-clinical staff for patient contact and told us that only medical receptionists had contact with patients. They confirmed an action plan had been put in place to ensure completion by November 2023 of this identified mandatory training for the medical receptionists who had not completed this training. • ³Staff we spoke with told us that there were regular discussions between the practice and other health and social care professionals to support and protect adults and children at risk of significant harm. We saw evidence of discussions held in the form of meeting minutes. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes ¹
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • ¹We reviewed 9 staff recruitment files and found that recruitment checks were carried out in accordance with regulations. This included locum staff. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Yes ¹
Date of last assessments: The practice shared with us a practice based risk assessment that covered all 3 sites, and which was reviewed in August 2023, at a Partners meeting.	
There was a fire procedure.	Yes
Date of external fire risk assessments: The Lodge Surgery - 18 June 2021 Highfield Surgery - 18 June 2021 Redbourn Health Centre - 5 July 2021	
Actions from fire risk assessments were identified and completed.	Yes ²
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> ¹The practice shared with us examples of health and safety risk assessments that had been carried out. These included, working from home and out of hours use of the lift at the Redbourn Health Centre site. ²We saw evidence that external fire risk assessments had been carried out in 2021, across all 3 sites (as per dates above). Leaders told us that these had internally reviewed in June 2022 and June 2023 and any actions had been followed up and completed. They also said that they had access to an external consultancy organisation which included health and safety services and who kept them updated on any changes to legislation. The practice was planning to have external fire risk assessments carried out for all 3 sites, in 2024. The practice also shared with us examples of quarterly fire inspection and health and safety checks that had been done, across all 3 sites. We saw evidence that annual fire drills had been completed across all 3 sites. Leaders told us that a fire drill was scheduled for the Lodge Surgery site in December 2023. 	

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 audits: Lodge Surgery - 1 March 2023 Highfield Surgery - 1 March 2023 Redbourn Health Centre - 3 March 2023	
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 ¹
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We found premises to be visibly clean and tidy during our inspection visit, across all 3 sites. Cleaning was undertaken by an external company and leaders regularly monitored the cleanliness of the premises, across all 3 sites. ¹Staff we spoke with understood and were able to explain the process for safely handling clinical specimens. 	

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 ¹
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 ²
There were enough staff to provide appointments and prevent staff from working excessive hours.	Yes ³
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • ¹Staff we spoke with knew where to find the emergency equipment, when needed. They also told us that if they had any concerns about a patient, they would speak to a GP. • ²Reception and administrative staff we spoke with were aware of actions to take if they encountered a deteriorating or acutely unwell patient. • ²During the inspection, leaders told us that they would be reviewing the locations of their Closed Circuit Television (CCTV) monitors, across all 3 sites so that they were more visible and accessible to staff, to support the monitoring and management of risk to patient safety (and staff). • ³The practice has access to long term locum GP cover for consistency. 	

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment, in most cases.

	Y/N/Partial
Individual care records, including clinical data, were written, and managed securely and in line with current guidance and relevant legislation.	Yes ¹
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 ²
There was a documented approach to the management of test results, and this was managed in a timely manner.	Partial ³
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
Explanation of any answers and additional evidence:	

- ¹A review of patient records in relation to a series of patient clinical record searches that were undertaken by a CQC GP specialist advisor, identified that care records were generally managed in line with current guidance.
- ² and ³There were processes in place for managing patient referrals and test results. Staff we spoke with were aware of these processes and were able to share examples with us.
- ³At the time of our patient clinical record searches, we found that on the practice's system there was a laboratory report that had been misfiled and 8 test results that had been received over a month ago, had not been marked as viewed. There were 69 unfiled documents. Thirteen of these items had been received by the practice between May 2023 and September 2023. These documents could contain information requiring a response from the practice. There were also 539 items where the relevant clinical codes had not been added to the patients' clinical records. These documents dated back to 18 June 2022. This meant staff may not be able to easily see the patients' recent medical history. During the inspection, the practice took action to review these documents and provided assurances of an action plan and future monitoring.

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation. However, these required strengthening.

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

Indicator	Practice	SICBL average	England	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2022 to 30/06/2023) (NHSBSA)	0.79	0.90	0.91	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). (01/07/2022 to 30/06/2023) (NHSBSA)	10.5%	8.7%	7.8%	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 (01/01/2023 to 30/06/2023) (NHSBSA)	5.50	5.79	5.24	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	66.4‰	71.2‰	129.6‰	Tending towards variation (positive)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2022 to 30/06/2023) (NHSBSA)	0.27	0.46	0.54	Tending towards variation (positive)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	6.6‰	5.3‰	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.	Partial ¹
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Partial ²
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 ³
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	Yes ⁴
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 medicines that require monitoring (for example, warfarin, methotrexate, and lithium) with appropriate monitoring and clinical review prior to prescribing.	Partial ⁵
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.	NA
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.	Partial ⁶
<p>Explanation of any answers and additional evidence, including from clinical searches:</p> <ul style="list-style-type: none"> • ¹Blank prescriptions were generally kept securely and their use monitored in line with national guidance. However, during the onsite visit of the Lodge Surgery branch, while this room was only accessible to staff, we found blank prescriptions in an unlocked printer and small cabinet in the back staff office. Leaders dealt with this matter immediately by removing these blank prescriptions from use and by raising this as a significant event, with changes to the systems for the management of blank prescriptions. This included, adding checks for the appropriate storage of blank prescriptions to the quarterly health and safety list, across all 3 sites. • ¹We also found that while the practice noted the receipt of blank prescriptions, there was no system in place that recorded details of what blank prescriptions were kept and where, across all 3 sites. Leaders 	

recognised this as an area for improvement and said that they would be reviewing and amending system for records of blank prescriptions.

- ²During the inspection, we saw that staff had the appropriate authorisations to administer medicines. This included PGDs. However, we found that the recording of PGDs required improvement. For example, they had staff members listed on them who no longer worked at the practice and names of staff members had been inserted in empty rows that had formerly been scored through on the form. Leaders recognised this as an area for improvement and said that they would be revising and amending PGDs, appropriately.
- ³The practice shared with us examples of how they monitored and reviewed prescribing competence and practices of non-medical prescribers. For example, annual audits were carried out of the prescribing competence and practices of non-medical prescribers. Clinical staff we spoke with also told us that they approached GPs for any support in this area when needed and they had regular supervision and annual appraisals.
- ⁴As part of our inspection, a series of patient clinical record searches were undertaken by a CQC GP specialist advisor. This included a review of the management of patients prescribed a disease-modifying antirheumatic drug (DMARD), medicines used to treat autoimmune conditions. These medicines require routine monitoring and blood tests due to the risk of significant side effects. We looked at patients who were prescribed Methotrexate and our search found 74 patients of which 7 had not had the required monitoring, in the last 6 months. We then reviewed a random sample of 5 of these patients' records and found that they were all monitored through secondary care.
- ⁴We also identified that 1437 patients had had a medicine review in the last 3 months. A random sample of 5 of these medicines' reviews found that these had been carried out appropriately.
- ⁵A further search looked at the systems 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. We found that 58 patients who were prescribed Warfarin, and we saw that 50 of these patients had potentially not had the required monitoring. We then reviewed a random sample of 5 of these patients' records and found appropriate monitoring in place for 4 of these patients. During the inspection, further information was provided by the practice for the remaining patient and we saw that they were monitored appropriately. Leaders also told us that they had reviewed and updated the practice's Warfarin monitoring policy to reflect the needs of this patient.
- ⁵We also reviewed consultations for medicine usage for Gabapentinoids and we found that 32 out of 205 patients had potentially not had a review in the last year. We then reviewed a random sample of 5 of these patients' records and found that for 4 of these patients a medicines review was overdue, with 3 outstanding by under 1 month. During the inspection, the practice took action to contact all the 4 patients and provided assurances of an action plan and future monitoring,
- ⁶During our onsite visit, we found that medicines and vaccines were generally stored, monitored, and transported in line with the UK Health Security Agency (UKHSA) guidance to ensure they remained safe and effective. For example, staff we spoke with understood the importance of maintaining the cold chain for vaccines and were able to explain the process for receiving delivery and monitoring vaccine fridge temperatures. However, during the onsite visit of the Redbourn Health Centre branch, we found that 2 vaccines in the fridge were past their expiry date. Leaders dealt with this matter immediately by removing these vaccines from use and by raising this as a significant event, with a review of the systems in place for the management of vaccines, to be discussed at the next nurses' meeting.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes ¹
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes ²
There was evidence of learning and dissemination of information.	Yes ³
Number of events recorded in last 12 months:	20
Number of events that required action:	20
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> ¹ and ² Staff we spoke with were aware of the systems and processes for reporting incidents and were able to share examples with us. ³ We asked staff to complete questionnaires as part of our inspection process. Staff fed back how leaders shared information and learning from incidents and significant events with them. 	

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

Event	Specific action taken
Wrong vaccine given to patient.	Review completed. Patient checked and apologies given. Discussed with staff, with reflections on learning.
Wrong medicine prescribed for patient.	Review completed. Patient checked and apologies given. Discussed with staff and repeat prescription protocol reiterated to the reception team.
Out of date vaccine (by 3 days) given to patient.	Review completed. Patient checked and apologies given. Discussed with staff, review, and changes to strengthen the systems in place for the management of vaccines.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial ¹
Staff understood how to deal with alerts.	Yes ²
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> ¹ As part of our inspection, a series of patient clinical record searches were undertaken by a CQC GP specialist advisor. This included a review of patients who were prescribed aldosterone antagonist and who were also on angiotensin-converting enzyme (ACE) inhibitors or angiotensin II receptor blockers (ARBs). These medicines have been identified as a combination drug alert by the Medicines and Healthcare products Regulatory Agency (MHRA). The combined prescribing of these medicines 	

increases risk of severe hyperkalaemia which is high potassium levels in the blood. Our clinical searches identified that 9 out of 82 patients who were prescribed a combination of these medicines had potentially not had the appropriate monitoring, in the last 6 months. We then reviewed a random sample of 5 of these patients' records and found that monitoring was overdue for all these 5 patients. However, we saw that recalls had been sent to 4 of these patients by the practice, but they had not responded to date. During the inspection, the practice provided us with further information about these 5 patients. Two patients had had the appropriate monitoring; while the practice had contacted 2 other patients and the appropriate appointments had been booked with them, with 1 patient awaiting results from a recent blood test. Leaders also told us that they would also follow up with the other 4 patients identified by this clinical search and provided assurances of an action plan and future monitoring in this area, including amendments to the prescriptions of patients' medicines.

- ²The practice had identified members of staff to coordinate alerts and there was a system in place to share information with staff.

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 were 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.	Partial ¹
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Partial ²
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic.	Yes
The practice prioritised care for their most clinically vulnerable patients.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Clinical staff we spoke with told us that regular informal meetings were held among clinicians. Positive feedback about these meetings were also included by staff in their questionnaires, including non-clinical staff.• The practice also facilitated a range of staff meetings which included multi-disciplinary clinical meetings and involved clinicians from other health services.• Staff we spoke with told us that they were able to attend updates and learning events.• Staff had access to evidenced-based guidance, such as those from the National Institute for Health and Care Excellence (NICE) and used these to support audits of clinical care.• The practice made use of clinical system templates to support the management of patient care and treatment.	

Effective care for the practice population

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental, and social needs. Health checks were offered to patients over 75 years of age.
- Flu, shingles, and pneumonia vaccinations were offered to relevant patients in this age group.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice 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

Explanation of any answers and additional evidence:

- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- 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.
- Leaders told us that the practice had been able to diagnose more patients with suspected hypertension by sending them texts and asking them to do home readings, over a period of 7 days. Blood pressure monitors were provided to those who did not have one, and a diagnosis and monitoring hypertension pathway had been developed. This was managed by a clinical lead, with support from an administrative staff member.
- Patients with COPD were offered rescue packs.

As part of our inspection, a series of patient clinical record searches were undertaken by a CQC GP specialist advisor. The records of patients with long term conditions were reviewed to ensure the required assessments and reviews were taking place. These searches were visible to the practice.

- Patients with long-term conditions were offered an 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.
- ¹One search looked at patients with asthma who had had 2 or more courses of rescue steroids in the last 12 months. The search identified 55 patients, with 1225 patients on the asthma register. We then reviewed a random sample of 5 of these patients' records for the care of asthma who had required a high dose steroid treatment for a severe asthma episode. We found that while these 5 patients had been assessed by a clinician, they had had no follow up to check their response to treatment within a

week of an acute exacerbation of asthma. An annual asthma review was also overdue for 4 of these patients. The practice had sent invites to 3 of these patients but these dated back to 2017 (1) or 2021 (2) and to date, patients had not responded. During the inspection, the practice took action to contact the 4 patients and provided assurances of an action plan and future monitoring, including arrangements for a prompt review of patients with asthma when they had 2 or more courses of rescue steroids.

- ¹We also carried out a search for the potential missed diagnosis of CKD stage 3, 4 or 5, and we found 104 patients. We then reviewed a random sample of 5 of these patients' records and saw that 2 patients had a missed diagnosis of this condition. During the inspection, the practice took action to contact these 2 patients, providing assurances of an action plan and future monitoring. Leaders also told us that they would be reviewing the remaining 99 patients found by this clinical search and provided an overview of actions going forward in this area. This included appropriate coding on patients' records and follow up protocol for patients who did not attend appointments for monitoring tests.
- ²Another search reviewed the monitoring of patients with chronic kidney disease (CKD): stages 4 and 5. The search identified 57 patients who were coded as having this diagnosis, with 9 patients noted as not having had urine and blood tests monitoring in the last 9 months. We then looked at a random sample of 5 of these patients' records which showed that 4 patients were monitored by secondary care and 1 patient had been sent reminders by the practice, but they had not responded to date. During the inspection, the practice took action to contact this patient and provided assurances of an action plan and future monitoring.
- ²We reviewed the monitoring of patients with hypothyroidism. The search identified 590 patients coded as having this diagnosis. Records showed that 33 patients were overdue thyroid stimulating hormone (TSH) testing. We then reviewed a random sample of 5 of these patients' records and we saw that 4 patients were overdue this testing and 2 of these patients were also overdue a medicines review. However, 1 patient was under the care of varied services and reminders had been sent to the 3 other patients, but they had not responded to date. During the inspection, the practice took action to contact all 33 patients identified by this clinical search and provided assurances of an action plan and future monitoring in this area, including amendments to the prescriptions of patients' medicines.
- ²A further search looked at the recording of patients diagnosed with diabetic retinopathy. This condition is a complication of diabetes caused by high blood sugar levels. Our search identified that of 947 patients, 81 had high blood sugar levels at the last blood test. We then reviewed a random sample of 5 of these patients' records and saw that 4 patients had been reviewed accordingly, with 1 patient booked for an upcoming annual diabetes and medicines reviews.

Child Immunisation	Numerator	Denominator	Practice	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	155	184	84.2%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	198	217	91.2%	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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	200	217	92.2%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	195	217	89.9%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps, and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	225	248	90.7%	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

- Uptake of child immunisation was slightly below national targets for 1 indicator and marginally below for another. Data trends showed that uptake had remained generally below the national target for the percentage of children aged 1 who have received primary immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) and for the percentage of children aged 2 who have received immunisation for measles, mumps, and rubella.
- The leadership team undertook reviews of practice performance against the QOF, with a QOF tracker in place which was reviewed monthly.
- During the inspection, the practice provided information relating to their current performance for their uptake of child immunisation taken from the QOF. This data showed that for the period 2023/2024 Quarter 1, 85.4% of children aged 1 had completed a primary course of immunisation for three doses of DTaP/IPV/Hib/HepB; and 84.4% of children aged 2, had received 1 dose of MMR. This data was unverified.
- The practice also shared with us an overview of child immunisation processes which included the identification of eligible children and the recall of patients, along with a pathway for nonattendance.

- Staff we spoke with told us about procedures in place to encourage uptake of child immunisation. For example, there were follow up arrangements for patients who failed to attend appointments and flexibility for arranging appointments to meet individual need.

Cancer Indicators	Practice	SICBL average	England	England comparison
Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	59.6%	N/A	62.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	76.5%	N/A	70.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (4/1/2021 to 3/31/2022) (UKHSA)	50.0%	55.3%	54.9%	No statistical variation
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (3/31/2023 to 3/31/2023) (UKHSA)	75.3%	N/A	80.0%	Below 80% target

Any additional evidence or comments
<ul style="list-style-type: none"> • Uptake of cervical screening was slightly below the 80% national target. Data trends showed uptake had remained consistently below the national target. • The leadership team undertook reviews of practice performance against the QOF, with a QOF tracker in place which was reviewed monthly. • During the inspection, the practice provided information relating to their current performance for their uptake of cervical screening taken from the QOF. This data showed that for the period 2022/2023 Quarter 4, the percentage of women eligible for cervical cancer screening aged 25-49 years who had been screened appropriately it was 73%; and for women aged 50 to 65 years, it was 79.4%. This data was unverified and not comparable to the data from the UK Health and Security Agency (UKHSA). • The practice also shared with us an overview of cervical cancer screening processes which included information about patients who wanted to opt out of the screening programme. • Staff we spoke with told us about procedures in place to encourage uptake of cervical screening. For example, there were follow up arrangements for patients who failed to attend appointments and flexibility for arranging appointments to meet individual need.

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
<p>Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years:</p> <p>The practice shared with us an overview of clinical audits that had been undertaken for the period 2022/2023, these included:</p> <ul style="list-style-type: none">• Opioid deprescribing QI project: Meetings with clinicians revealed variations in the practice for initiation and review of opioids. The aim of this project was to reduce overall practice prescribing of oral opioid medication (aim 5%) and combined opioid prescribing for chronic, non-cancer, non-palliative patients taking > 120mg morphine equivalent daily at start of audit period (aim 10%). Varied changes were tested in this audit, including e-learning training for clinicians and early medicines reviews of acute prescriptions, with appropriate changes adopted. Improvements were tracked through audit of patients on >120mg oral morphine equivalent (OME) and prescribing data for total opioid prescribing. Between October 2022 and March 2023, a reduction in total OME (for patients on >120mg OME) from 1507mg to 1278mg (15% above target). Between April 2022 and January 2023 a reduction in total practice prescribing of oral opioids: 9.1% (above target). Benefits to patients included lower opioid burden leading to lower long term risks of side-effects including falls, depression and drowsiness, with more awareness of self-management options. This work was ongoing.• Clopidogrel and Proton Pump Inhibitors audit: These medicines have been identified as a combination drug alert by the Medicines and Healthcare products Regulatory Agency (MHRA). This audit was started in May 2022 and 24 patients who were prescribed Clopidogrel and Omeprazole or Esomeprazole were reviewed, with follow up actions undertaken. Learning for clinicians included, avoiding starting patients on this medicines combination, unless considered essential, the recording of discussions on patients' record and directions on the labelling of Clopidogrel medicines. Follow up audits in this area have been carried out by the practice in October 2022 and June 2023.	

Any additional evidence or comments

The practice shared with us an overview of quality improvement work over the period 2022/2023. This work was reviewed with actions going forward during partners' strategy days which were held in November 2022 and March 23. It focused on 4 main areas: clinical efficacy, patient experience, our people management, and operational excellence, while considering the practice's vision and values and an awareness of patient and staff feedback. These included:

- Under the area of clinical efficacy, attention deficit hyperactivity disorder (ADHD) diagnosis and monitoring pathways had been streamlined within the practice for adults and children, through the Senior Clinical Administration team. All GP registrars also had a tutorial at induction with the practice's clinical lead for learning disabilities, so that they had the skills to complete health checks with people with learning disabilities, providing more capacity and expertise to do these health checks.
- Under the area of patient experience, a new cloud-based telephone system was installed in September 2022. The practice recognised that getting through on the phone was the biggest issue for patients, according to their National GP Patient survey results.

- Under the area of operational excellence, reference documents for all staff were held in a folder on every computer's home screen rather than on notice boards. This allowed for documents to be kept up to date and readily accessible.

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 ¹
Staff had protected time for learning and development.	Yes ¹
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 ²
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 ³
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • ¹During the inspection, we found that the practice had a programme of learning and development. For example, staff had access to online training and supported staff to carry out learning in areas of interest and specialisms. • ¹Staff we spoke with told us that they had protected time for learning and development. • ²Staff also said that they had had access to appraisals, coaching and mentoring from leaders and other colleagues when needed, as well as regular supervision and annual appraisals. Staff also informed us that where applicable, they were supported to meet the requirements of professional revalidation or to discuss development opportunities. Positive feedback about learning and development at the practice was also fed back by staff in their questionnaires. • The practice provided us with information on how they assured competence of staff employed in advanced clinical practice. For example, annual audits for non-medical prescribers. 	

Coordinating care and treatment

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

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

<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice worked with other organisations to deliver effective care and treatment. For example, positive feedback provided by 2 of the 3 care homes that the practice provided services to, highlighted the development of good working relations with residents, their relatives, and care home staff.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Staff we spoke with gave us examples as to how they supported patients to live healthier lives. For example, staff told us how they could or would refer patients to a social prescriber. Social prescribers can help patients and their carers with further information and access to community and advocacy services. During the onsite visit, we spoke to the practice’s 2 social prescribers. They explained how they were widely used by the practice, and they provided us with an overview of their work. This included working with people with a learning disability, people with a mental health need, homeless individuals, and older people and involved home visits and facilitating drop in monthly sessions at a homeless charity’s premises. The practice provided patients with information about conditions, such as, diabetes and lifestyle advice. 	

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 ¹
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> ¹We reviewed 3 patients’ records where a DNACPR decision had been noted. These had been recorded in line with national guidance. We also saw that where possible the patients’ views had been sought and respected and we saw that information had been shared with relevant agencies. 	

Caring

Rating: Good

Kindness, respect, and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social, and religious needs of patients.	Yes ¹
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes ¹
Patients were given appropriate and timely information to cope emotionally with their care, treatment, or condition.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> ¹Staff we spoke with demonstrated the values of the practice and dealt with patients with kindness, respect, and compassion. ¹We spoke with the Chair of the PPG who was positive about the practice, the staff, and the care they received. The delivery of services by the practice was described as patient focused, which in turn fed into the ethos of the staff team. 	

Patient feedback	
Source	Feedback
Patient feedback – nhs.uk	We noted that there were 2 nhs.uk review platforms for the practice. One referred to the 3 branch sites in name and we looked at all the reviews from the last year (4 reviews). These 4 reviews were rated with a 5 star rating and described staff as kind, caring and professional. The practice had responded to 1 of these reviews.
Patient feedback – nhs.uk	We reviewed the other nhs.uk review platform for the practice. This one referred to the Lodge Health Partnership. We noted that 670 reviews had been submitted. We reviewed the first 230 of these reviews (around a third) which dated back to August 2023. This review showed predominantly positive reviews with 88% listed with a 4 or 5 star rating. The most frequently used words related to care and treatment were listening, thorough, efficient, kind, caring and helpful. There was also a clear theme of positive feedback for both clinical and non-clinical staff. With regards to reviews with a 1 to 3 star rating (12%), generally 2 and 3 star reviews were happy with their care and treatment but highlighted a phone system issue or other administration concern. Three reviews cited problems with test results or referrals, with 2 reviews unhappy that they had been told to attend the accident and emergency department or contact 111. Most reviews had been responded to by the practice with a suggestion to contact them to discuss, where the review had expressed concerns.
Care home	We gathered feedback from 1 of the 3 care homes the practice provided services to. This nursing home could support up to 80 people, including people who were living with dementia. Feedback was very positive about the services and support the practice provided, including accessibility to contact the practice when needed. There were 2 advanced nurse practitioners who carried onsite weekly rounds, with occasional junior doctors as well as GP trainees assisting. Clinical pharmacists also visited the care home at least once a week, to carry out medicines reviews for residents. The care home was also allocated a named GP who had organised quarterly multi-disciplinary team meetings at the care home. This involved

	<p>clinicians from local mental health services, including a Consultant Psychiatrist in elderly care. These meetings also offered learning opportunities for care home staff to develop their skills and knowledge, while supporting better care and treatment for the residents. Care home staff also told us that the practice involved residents, their relatives and care home staff in decisions about their care and treatment and that they worked very well together as a team.</p>
Care home	<p>We also received feedback from another care home the practice provided services to. This involved nursing and supportive living settings for 20 adults with learning disabilities, mental health needs and complex health needs. Feedback was very positive about the services and support the practice provided, including accessibility to a named GP and appointments which was provided by a friendly and caring team of clinical and non-clinical staff. A named GP carried out weekly phone calls for residents living in the nursing service and fortnightly phone calls for residents in the supported living setting, along with support from the nursing team. Residents, their relatives, and care home staff were involved by the practice in decisions about people's care and treatment and the practice was described as an extension to the home's service.</p>

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2023 to 30/04/2023)	90.1%	87.5%	85.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2023 to 30/04/2023)	83.3%	85.3%	83.8%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2023 to 30/04/2023)	92.4%	95.3%	93.0%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2023 to 30/04/2023)	63.8%	73.8%	71.3%	No statistical variation

Any additional evidence or comments

- National GP Patient survey results were slightly above or below local and England averages.
- These results had been reviewed by the practice and a plan was in place with actions prioritised to address improvements, accordingly. For example, from the 30 October 2023 the practice moved to a total triage model of care for patients which involved a form-based online consultation and triage

platform. This was carried out to streamline the patient journey and to provide a better all round experience for patients (and staff). The practice was monitoring the effectiveness of their action plan.

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

Any additional evidence
<ul style="list-style-type: none"> The practice carried out its own patient feedback exercises. The practice shared with us patient feedback which they continuously collected and reviewed, with required actions identified to manage improvements, appropriately. For example, following patient feedback, changes were made to the practice's website. Staff we spoke with told us that patient feedback was regularly encouraged and shared with the team. This included positive patient feedback. During the inspection, leaders shared examples of positive feedback that had been submitted by patients about the practice and staff.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff we spoke with were aware of the needs of the practice's population and gave us examples on how they supported patients to be involved in decisions about their care and treatment. For example, clinical staff members we spoke with worked with patients and their family carers (if appropriate), to help patients better understand their health condition and care and treatment needs. This included long term conditions, such as, diabetes and mental health. During the onsite visit, we saw that a notice board with patient information in easy read and pictorial materials was displayed in the reception areas at the Redbourn and Highfield sites. 	

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2023 to 30/04/2023)	90.0%	92.5%	90.3%	No statistical variation
Any additional evidence or comments				

<ul style="list-style-type: none"> National GP Patient survey results were in line with local and England averages. 	
	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. Numbers of young carers	2% (545) 9
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> Carers register Carers champion Carers packs Carers board onsite, across the practice's 3 sites Information for carers on practice website Seasonal vaccines Offer of support, including referral to social prescribers
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> Processes to support bereaved patients had been streamlined within the practice, with all death administration and liaising with relatives coordinated through the Senior Clinical Administration team Telephone calls by GPs or nurses to families arranged to offer condolences, advice, support, and signposting Face to face appointments offered with clinical staff, for further support if needed Patients remained on carers register (if listed), for further support if needed

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 ¹
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> ¹During the inspection, we saw that across all 3 sites, private areas were available for patients if they were distressed or wanted to discuss sensitive matters. 	

Responsive

Rating: Good

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 ¹
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes ²
The practice made reasonable adjustments when patients found it hard to access services.	Yes ³
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> ¹The practice had developed services in response to the needs of patients. For example, it offered a variety of clinics and services which included, NHS health checks, contraception advice, minor surgery and illness, joint injections, long term conditions and medication reviews with clinical pharmacists. Patients could also access care and treatment in areas such as cervical screening, child immunisations and dressings, through the nursing team. These clinics and services were available to patients across all 3 sites, to suit their needs. ¹Since May 2023, a GP led menopause group clinic was also available to patients. The practice was planning more clinics for long term conditions, such as, diabetes, asthma, and chronic pain once staff had had the appropriate training. ²During the onsite visit, we saw that the facilities and premises were appropriate and reasonable adjustments had been considered in the design of the interior of the buildings, across the 3 sites. ³Staff we spoke with gave us examples as to how they made reasonable adjustments when patients found it hard to access services. For example, home visits were arranged for patients who were unable to go to the practice, with drop in sessions and vaccination clinics facilitated in the community. ³The practice had been awarded a purple star. This is awarded to practices who show they provide high-quality care for people with a learning disability. All GP registrars also had at induction a tutorial with the practice’s clinical lead for people with learning disabilities, so that they had the skills to complete health checks with this patient group, providing more capacity and expertise to do these health checks. ³The practice was a veteran friendly practice. The veteran friendly GP practice accreditation is a programme run by the Royal College of General Practitioners (RCGP) and NHS England to recognise and support practices in delivering the best possible care and treatment for patients who have served in the armed forces. 	

Practice Opening Times

The Lodge Surgery site was open between:

- 8am to 6.30pm on Mondays to Fridays (excluding bank holidays)
- 8.30am to 12.30pm on Saturdays

Appointments were available at this site from:

- 8.30am to 5.30pm on Mondays to Fridays (excluding bank holidays)
- 8.30am to 12.00pm on Saturdays

Extended hours were also available at the Lodge Surgery site from:

- 5pm to 8pm on Mondays to Fridays (excluding bank holidays)
- 8.30am to 4.30pm on Saturdays

Highfield Surgery and Redbourn Health Centre were open from:

- 8am to 6.30pm on Mondays to Fridays (excluding bank holidays)

Appointments were available at these sites between:

- 8.30am and 5.30pm on Mondays to Fridays (excluding bank holidays)

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.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice was open from 8am until 6.30pm on a Monday to Friday (excluding bank holidays), across all 3 sites. On Saturdays, the Lodge Surgery was open from 8.30am until 12.30pm. Extended hours were also available at the Lodge Surgery site from 5pm to 8pm Monday to Friday (excluding bank holiday) and on Saturdays, from 8.30am to 4.30pm.
- When the practice is closed, patients can access support, treatment, and advice from the NHS 111 service.
- The opening times and details of clinics, across the 3 sites were available on the practice's website.
- 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.
- A social prescriber facilitated a drop in monthly session at a local homeless charity for residents.
- The practice had organised a vaccine clinic on 14 November 2023 at a local hotel which houses refugees.
- A transgender pathway had been developed by the practice to make sure that this group of patients were aware of how their records were managed and to discuss with them the benefits of keeping their birth gender on their records.

Access to the service

People could usually access care and treatment in a timely way.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment, or advice.	Partial ¹

The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Yes ²
Patients were able to make appointments in a way which met their needs.	Yes ³
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Yes ⁴
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> <ul style="list-style-type: none"> • ^{1 and 2}National GP patient survey results were below local and national targets. This included, how easy it was to get through to someone at the practice on the phone, number of respondents who were very satisfied or fairly satisfied with their GP practice appointment times and who were satisfied with the appointment (or appointments) they were offered. Data trends showed that these had remained consistently below the national target, with a downwards trend from April 2022. However, during the inspection process, we saw that the practice was aware of its performance, had delivered interventions and could demonstrate an improved performance, while acknowledging further scope for improvement. • ¹For example, following their results from the GP patient survey in April 2022, the practice installed a cloud based telephony system in September 2022, to improve telephone access for patients. • ¹During our onsite visit, we saw how across all 3 sites, an electronic wall board located in staff only areas, provided a live overview of the telephony system. It included the number of calls coming in, waiting time for patients and the duration of calls. This information was also available on the practice's computers, and it was closely monitored by managerial and reception staff. Leaders told us that all available staff would be asked to take calls during peak periods of telephone demand. The leadership team also monitored and reviewed practice performance against monthly data reports of the telephony system. Leaders told us that telephony system data reported an improvement in this area and that this work was ongoing. • ¹The practice was also working with reception staff to improve the time taken to answer a call. For example, attendance by practice staff at a primary care improvement conference to learn from other practices, had noted an example where a practice had improved their telephone answering. This knowledge was found to be useful to share with the practice's reception leads. The practice had also employed the use of a signposting toolkit by the reception team to help support them with signposting patients efficiently. This was implemented following staff feedback, as they felt they would benefit from extra training and ongoing support. • The practice had established a Senior Clinical Administration team in 2022, following feedback from salaried GPs around the high demand of their time by administrative duties. Staff we spoke with told us about the positive impact that this team had had on GPs' workload. This impacted positively on the delivery of patient care. • ^{1 and 2}Following the inspection, the practice shared with us data on the number of appointments offered which included GP and non GP staff, to highlight the increase in the number of appointments offered. In October 2022, the practice had offered 6,635 appointments, with 8,133 appointments offered in October 2023. The practice also submitted data on the increase in the percentage of face-to-face appointments, from 56% in October 2022 to 65% in November 2023. • ²The practice offered different types of appointments on the day and pre-bookable such as, telephone and face-to-face. Patients were offered appointments at any of the 3 sites. This helped to make sure patients received timely care at a time that suited them. • ²Appointments could also be booked with a range of clinicians, depending on patients' clinical need. These could include GPs, advance nurse practitioners, practice nurses, healthcare assistants, clinical pharmacists, or physiotherapists. 	

- ²Longer appointments were offered to patients when needed, such as for home visits and to accommodate discussions of multiple or complex needs.
- ³The practice had established a form-based online consultation and triage platform which patients could use to book appointments.
- ³The practice moved to a total triage model of care for patients on 30 October 2023 to improve access and equity of access for patients. This involved training for all staff and a communications campaign for patients.
- ³Self-booking appointment links were sent to patients via text.
- ⁴The practice had run IT surgeries for anyone needing help with the NHS application (App), encouraging repeat prescriptions to be requested by patients electronically through the Electronic Prescription Service (EPS). These sessions had been co-facilitated with PPG members. Leaders told us that more patients had downloaded the NHS app and were requesting prescriptions through this route.

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2023 to 30/04/2023)	25.0%	N/A	49.6%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 30/04/2023)	37.5%	55.4%	54.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2023 to 30/04/2023)	28.3%	53.2%	52.8%	Variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2023 to 30/04/2023)	51.0%	71.2%	72.0%	Variation (negative)

Any additional evidence or comments

National GP patient survey results were below local and national targets. Data trends showed that these had remained consistently below the national target, with a downwards trend from April 2022. However, during the inspection process, we saw that the practice was aware of its performance, had delivered interventions and could demonstrate an improved performance, while acknowledging further scope for improvement.

These results had been reviewed by the practice and a plan was in place with actions prioritised to address improvements, appropriately. For example, the practice shared with us an overview of quality improvement work over the last year. This work was reviewed with actions going forward during partners' strategy days which were held in November 2022 and March 23. It focused on 4 main areas: clinical efficacy, patient experience, our people management, and operational excellence, while considering the practice's vision and

values and an awareness of patient and staff feedback. The practice was monitoring the effectiveness of their action plan.

Under the area of patient experience and in view of GP patient survey results and feedback from PPG members, the practice had:

- Installed a cloud based telephony system in September 2022, to improve telephone access for patients
- Implemented a total triage model of care for patients on 30 October 2023, to improve access and equity of access for patients
- Improved use of IT solutions to support patients, such as, IT sessions for patients
- Improved communications with patients with a monthly newsletter and regular postings on social media accounts
- Developed the PPG, with the appointment of a chair for the group
- Activated early patient access to their records

Under the area of operational excellence, the practice had:

- Reviewed and developed their staff rota to manage workload pressures, the introduction of different duty systems and total triage model of care for patients. This was an ongoing process.
- Undertaken demand and capacity work. This included, attending webinars with the Primary Care Improvement Team and reception staff collecting data over a 2 week period to identify demand trends and which also identified capacity of clinical and non-clinical staff. Findings showed increased demand on Monday mornings, with telephony system data indicating when most calls were coming in. From this work, the practice had increased the number of reception staff taking calls between 8am and 10am, and their staff rota planner organised more on the day capacity when there was absence due to leave, meetings, or other reasons. The practice had also run a demand and capacity session for staff, with areas identified, reviewed and ideas put forward for improvement. For example, patients turning up at the wrong site for appointments could be addressed by adding the full post code of the site to be visited in the person's text reminder. These areas were further reviewed by the partners, during the March 2023 strategy day.
- Streamlined repeat prescription process

Additionally, the practice had enrolled on the NHS England GPIIP. This included attendance by managerial staff, operations and receptions leads to facilitated NHS England sessions and the completion of the programme's standard template, with the decision to use the time to plan and implement a total triage model of care for patients. This was implemented on 30 October 2023.

Leaders also told us that with the new cloud based telephony system the time taken to answer calls had improved significantly. Feedback in August 2022 from the previous 6 months about the old telephone system indicated that patients were been cut off and that there were waiting times of over 30 minutes. Leaders said that the new telephony system had allowed the practice to have live data on how many patients were in the queue, so the team could react quicker, with a ring back function so that callers did not have to hold on. So, patients were no longer lost in the queue, with electronic wall boards located in staff only areas, providing a live oversight of calls, including peak periods of telephone demand when all available staff would be asked to take calls to meet need. The practice's performance against monthly data reports of the telephony system was also monitored and reviewed by the leadership team. Leaders said that telephony system data suggested improvement in this area. For example, in July 2023, 7,124 calls entered the queuing system, of which 6,022 were answered (84.5%) and 1102 were missed (15.5%). These missed calls were those that entered the queue but then for reasons unknown, the person terminated the call. The average time taken to answer a call was 3 minutes 29 seconds. The peak period of telephone demand was noted daily between 8.30am to 9.30am, with an average of 420 calls taken on Mondays and 300 calls taken, on the other days of the week. In response to their performance, the practice had carried out demand and capacity work to address these matters. Telephony system data for October 2023 logged 11,402 inbound calls, with an average queue

response rate of 4.6 minutes. November 2023 figures logged 9,486 inbound calls, with an average queue response rate of 8.5 minutes. This latter increase in waiting times was attributed to the completion of consultation forms via the telephone, as staff were supporting patients and educating them with the new total triage online system.

Leaders also told us that in October 2023, 1,596 online consultation forms had been submitted by patients and processed by the practice, with 3,885 noted in November 2023, as the total triage platform went live on 30 October 2023. They highlighted examples of positive patient feedback from www.nhs.uk which referred to the form-based online consultation and triage platform.

The practice also shared with us an overview of feedback they had received via the NHS Friends and Family Test (FFT), over the last 12 months. This feedback tool was created to help service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed. It's a quick and anonymous way for patients to give views after receiving NHS care or treatment, by asking the question: 'Overall, how was your experience of our service?', which is then ranked from 'very good' to 'very poor'. There were 6 submissions of the FFT for Lodge Surgery in November 2022, with 5 rated as 'very poor' and 1 rated as 'poor'. Thirty four submissions were noted in November 2023, with 28 rated as 'very good', 1 rated as 'good', 1 rated as 'neither good or poor', 1 rated as 'poor' and 3 rated as 'very poor'. Leaders told us that the monitoring and reviewing of the practice's performance was ongoing and responsive to the needs of patients (and staff).

Following the inspection, the practice shared with us data on the number of appointments offered which included GP and non GP staff, to highlight the increase in the number of appointments offered. In October 2022, the practice had offered 6,635 appointments, with 8,133 appointments offered in October 2023. The practice also submitted data on the increase in the percentage of face-to-face appointments, from 56% in October 2022 to 65% in November 2023.

Source	Feedback
Patient feedback – www.nhs.uk	We noted that there were 2 nhs.uk review platforms for the practice. One referred to the 3 branch sites in name and we looked at all the reviews from the last year (4 reviews). These 4 reviews were rated with a 5 star rating and 3 of these reviews were complimentary about the form-based online consultation and triage platform used up by the practice, describing it as easy to use and efficient. The practice had responded to 1 of these reviews.
Patient feedback – www.nhs.uk	We then reviewed the other nhs.uk review platform for the practice. This one referred to the Lodge Health Partnership. We noted that 670 reviews had been submitted. We reviewed the first 230 of these reviews (around a third) which dated back to August 2023. This review showed predominantly positive reviews with 88% listed with a 4 or 5 star rating, with positive comments regarding the form-based online consultation and triage platform and improvements to telephone access. With regards to reviews with a 1 to 3 star rating (12%), generally 2 and 3 star reviews were happy with their care and treatment. However, they highlighted a phone system issue or other administration concern. Most reviews had been responded to by the practice with a suggestion to contact them to discuss, where the review had expressed concerns.
Patient feedback	In the last year, CQC received 12 pieces of feedback about Lodge Surgery. Older items (4) were negative about the care and treatment received, the availability of appointments, practice's staff approach towards patients and a general dissatisfaction with the services provided. Recent feedback (8 items) included

	negative feedback about the practice's move to a total triage model of care for patients and the use of a form-based online consultation and triage platform, with concerns about the accessibility of the form and system. There was also negative feedback about previous and current telephone access to the practice, the availability of appointments, administration errors and the approach of administrative staff. However, 1 item also included positive feedback about the clinical staff; while another item which was rated as positive, referred to the practice's attempts to improve their telephony system and the progress that they were making.
Care home	We gathered and received feedback from 2 of the 3 care homes the practice provided services to. Feedback was positive about the services and support provided, including the practice's accessibility and responsiveness to residents' needs. The practice also involved residents, their relatives and care home staff in decisions about their care and treatment and they worked very well together as a team.

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.	62
Number of complaints we examined.	4 ¹
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 ²
There was evidence that complaints were used to drive continuous improvement.	Yes ³
<p>Explanation of any answers and additional evidence: need numbers</p> <ul style="list-style-type: none"> ¹The practice shared with us an overview of all complaints received in the last year. Leaders told us that a significant reduction of complaints around telephone access, had been noted. During the onsite visit, we looked at 4 of these complaints in more detail. ²The practice complaints procedure was available on the practice's website. Information about how to complain was also available onsite, at all 3 branches. ²Staff we spoke with were aware on how to signpost patients to information on how to make a complaint or raise concerns. ²The practice informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint. ³Complaints were discussed with staff and any trends and learning identified. ³Leaders told us that in response to patient feedback, an editable version of the practice feedback form was promptly created and uploaded on their website. ³Positive feedback received by the practice was shared with staff. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient complained about missed telephone appointment, as wrong number dialled by clinician.	Complaint acknowledged with patient and investigated by deputy practice manager. Apology given to patient via telephone. Investigation completed and shared with staff.
Patient complained about the way they were spoken to by a clinician.	Complaint acknowledged with patient and investigated by practice manager. Apology given to patient and new appointment booked. Details of Parliamentary and Health Service Ombudsman included in communications with patient. Investigation completed and shared with staff
Patient complained about not been informed of the cancellation of an appointment.	Complaint acknowledged with patient and investigated by practice manager. Apology given to patient. Details of Parliamentary and Health Service Ombudsman included in communications with patient. Investigation completed and shared with staff.

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 ¹
They had identified the actions necessary to address these challenges.	Yes ²
Staff reported that leaders were visible and approachable.	Yes ³
There was a leadership development programme, including a succession plan.	Yes ⁴
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> ¹There was an experienced leadership team in place, who understood both local and national challenges to healthcare. The practice was responsive and proactive to feedback during the inspection process and acted immediately to make necessary improvements with regards to health and safety and patient care and treatment matters identified. ²Leaders were aware of the challenges they faced in delivering the service, this included staff recruitment and retainment, including supporting their wellbeing. They discussed with us actions taken to address these challenges. ³Staff fed back in their questionnaires that the leadership of the practice (both clinical and managerial) were visible and approachable. In our discussions with staff, this positive feedback about the practice's leadership was reaffirmed. ⁴The practice shared with us an overview of their succession planning which had started by looking at 'vulnerable roles and vacancies' within the organisation. These included clinical and non-clinical roles and actions to reduce those risks. A succession planning proposal for the role of practice manager had also been developed. 	

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 ¹
Progress against delivery of the strategy was monitored.	Yes ²
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice's mission statement was: 'Working together effectively to enhance the health and wellbeing of our communities', alongside communication, helpful and empathetic attitude, making things easier and quality values. 	

- ¹Staff we spoke with knew and understood the vision, values, and strategy and their role in achieving them.
- ²The practice monitored the delivery progress of their strategy. For example, the practice shared with us details from one of their strategy days which was held on 15 March 2023. This meeting had included the review of feedback from focus group sessions with staff, with steps going forward to be actioned into their strategy. Half of the staff team had participated in a demand and capacity session, while the other half of the team had attended a focus group about working at the practice, facilitated by an external facilitator.

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 ¹
There was a strong emphasis on the safety and well-being of staff.	Yes ¹
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness, and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • ¹Staff we spoke with told us that they were very positive about the culture of the practice. They felt that they were able to raise concerns and that there was a no blame culture, with a strong emphasis on staff wellbeing. This included, support for staff who were involved in difficult incidents. This positive feedback about the culture of the practice was also fed back by staff in their questionnaires. • ²One of the leaders at the practice had received an award in October 2023 for 'Excellence in Supporting Staff Health and Wellbeing' from the Hertfordshire and West Essex Integrated Care Board (ICB). 	

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

Source	Feedback
Staff feedback	Staff we spoke with and feedback from staff questionnaires described a very inclusive culture at the practice. Staff were very complimentary about the leadership and told us that they felt well supported in terms of both their roles and wellbeing. They told us that the practice was a happy and friendly place to work.

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 ¹
Staff were clear about their roles and responsibilities.	Yes ²
There were appropriate governance arrangements with third parties.	Yes
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> ¹Governance structures and systems were in place. For example, staff had access to policies and procedures. We also saw evidence that there were meeting structures in place that were inclusive of all staff and important information was shared with the team. ²Staff we spoke with were clear about their roles and responsibilities. An action tracker was also in place to support staff and their line managers, with the monitoring and performance of tasks. 	

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 ¹
There were effective arrangements for identifying, managing, and mitigating risks.	Yes
A major incident plan was in place.	Yes ²
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> ¹The practice shared with us an overview of quality improvement work over the last year. This work was reviewed with actions going forward during partners' strategy days which were held in November 2022 and March 23. It focused on 4 main areas: clinical efficacy, patient experience, our people management, and operational excellence, while considering the practice's vision and values and an awareness of patient and staff feedback. The practice was monitoring the effectiveness of their action plan. So, for example, under the area of our people management, staff were described as the practice's most important asset. Recruitment processes had been streamlined, with work carried out to improve staff wellbeing and morale. This involved setting up a social committee, with staff walks organised at each site and a sports afternoon of team games arranged with the Primary Care Network. ²The practice had also completed the NHS England GPIP. This included attendance by managerial staff, operations and receptions leads to facilitated NHS England sessions and the completion of the 	

programme's standard template, with the decision to use the time to plan and implement a total triage model of care for patients. This was implemented on 30 October 2023.

- ²We saw that the practice had a business continuity policy in place which had been last reviewed in October 2023. This policy included incidents, such as data loss, ICT failure, loss of operating premises, staffing shortage and supplier failure.

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 ¹
Performance information was used to hold staff and management to account.	Yes ¹
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • ¹The practice had a QOF and finance manager in post. • ¹The leadership team undertook reviews of practice performance against the QOF, with a QOF tracker in place which was reviewed monthly. • ¹During the onsite visit, we saw that across all 3 sites, a QOF notice board was in staff areas which displayed data for monitoring and improvement. 	

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
Staff are supported to work remotely where applicable.	Yes ¹
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • ¹The practice supported staff to work remotely, where applicable and completed working from home agile risk assessments with staff. Positive feedback about the support provided for working remotely was also fed back by staff in their questionnaires. 	

Engagement with patients, the public, staff, and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes ¹
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes ²
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> ¹The practice had engaged with specific groups of patients to identify any improvements required to enable them to access the service. For example, the practice had organised a vaccine clinic on 14 November 2023 at a local hotel which houses refugees. These arrangements included access to interpreters on the day. Leaders also told us about their work with residents of a local homeless charity. This had included ensuring that accurate reasonable adjustments were recorded on patient's records, organising vaccine clinics at the residents' charity, and working closely with residents and their supporters, on keeping their long term condition health checks up to date. A social prescriber also facilitated a drop in monthly session at the charity's premises for residents. ²In the feedback provided in staff questionnaires, examples were given of how staff views were reflected in the planning and delivery of services. For example, the practice had reviewed working processes between summarisers and registration clerks when records were re-created in gender reassignment cases. 	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> The Chair of the PPG we spoke with was positive about the working partnerships between the group and the practice and how they were actively involved. For example, the group had supported the facilitation of learning sessions for patients about the NHS App. They also told us that they were working together with the practice on the recruitment of new members, while aiming for the group's membership to better reflect the practice's population. A registration form for joining the PPG, monthly newsletters and minutes of past PPG minutes were available on the practice website.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes ¹
Learning was shared effectively and used to make improvements.	Yes ²
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> ¹The practice supported a culture of continuous learning and development. For example it is a training practice for GP Registrars to become a GP with 5 GP Tier 3 Trainers, 1 Tier 4 GP Training Programme 	

Director and 6 GP trainees, at the time of the inspection. In addition the practice periodically trains and mentors nursing students in training at the University of Hertfordshire.

- ¹Staff we spoke with told us that they were very positive about the continuing learning and improvement ethos of the practice. They felt that that the leadership of the practice (both clinical and managerial) were very receptive and supportive with their ongoing learning, training, mentoring, and development. This positive feedback about the practice's leadership was reaffirmed by staff in their questionnaires.
- ²Staff consistently spoke about the culture of the team, how they worked well together and how wellbeing was given high priority. This impacted positively on the delivery of patient care.
- ²The practice undertook regular clinical audits to support service improvement.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique, we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands. The percentage of practices which show variation depends on the distribution of the data for each indicator but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have “Met 90% minimum” have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules-based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of 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 those aged 25 to 49, and within 5.5 years for those 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.