

Care Quality Commission

Inspection Evidence Table

Oakwood Surgery (1-537800653)

Inspection date: 28 April 2022

Date of data download: 28 April 2022

Overall rating: Good

At our previous inspection in August 2021 we rated the practice as Requires Improvement overall. This was because we identified issues related to the oversight of medicine management, the ongoing management of patients diagnosed with long term conditions and the uptake of preventative treatments and screening. At this inspection we found that most areas had been addressed however, the uptake of childhood immunisations and cervical screening had continued to decrease and remained below the local and national averages. The practice has therefore been rated as requires improvement for providing effective services. The practice is rated as good overall.

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">The practice had a safeguarding lead and policies in place to support staffing in the event of a safeguarding concern. Staff we spoke with knew what to do if they had any concerns about a patient.The practice maintained safeguarding registers and had safeguarding as an agenda item at practice meetings. The patient records we reviewed showed that they had been appropriately coded where safeguarding had been identified.Clinical alerts were used to alert practice staff to patients who were identified as being at risk of abuse or harm.Training records showed that staff had received child and adult safeguarding training at the appropriate level for their role.	

Safeguarding	Y/N/Partial
<ul style="list-style-type: none"> Chaperoning was undertaken by non-clinical staff when required. Staff had undertaken training in the role and had been DBS checked. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We reviewed the recruitment files for five members of staff. We saw appropriate recruitment checks had been carried out. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 9 March 2022	Yes
There was a fire procedure.	Yes
Date of fire risk assessment: 16 August 2021 Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The overall safety of the building and premises were the responsibility of the building landlords. There was a health and safety policy in place and risk assessments had been completed. The maintenance, calibration and electrical safety checks of clinical equipment and portable appliances had been carried out annually to ensure they were safe to use. Training records showed that staff had received training in health and safety which included fire safety training. The practice also had ten named fire wardens who had completed the training. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 4 June 2021	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff training records showed that staff had received infection prevention and control (IPC) training. The practice management team used an IPC self-audit tool to undertake annual audits at the practice. The outcome of the audit identified that the action needed related to furniture and fittings. For example, not all furniture and fittings were in a good state of repair. The action plan identified that the areas of non-compliance needed to be addressed by the landlords for the building. The building management team were made aware of the findings and had advised the practice that this would be addressed. 	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The receptionists and administration staff told us they worked flexibly and worked extra hours to cover staff absences when needed. • Locum staff were rarely used. However, in the event of absences where cover was needed a regular locum would be recruited through an agency. A locum pack was available, information included in the pack covered topics such as health and safety and relevant contact details. • Staff were aware of how to access emergency equipment and medicines. Records showed that the equipment and medicines were checked daily to ensure it was available, in working order and medicines were within their expiry date. The practice nurse also checked the bags the GPs used when undertaking home visits to ensure the contents were safe to use. • Training records we looked at showed that staff had completed basic life support training. • Staff spoken with were confident about how they would deal with an emergency in the event of the deterioration of a patient's condition. 	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Our review of the practice workflow found that test results were managed in a timely way. 	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHS Business Service Authority - NHSBSA)	1.37	0.79	0.79	Variation (negative)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2021 to 31/03/2022) (NHSBSA)	7.6%	8.1%	8.8%	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 (01/10/2021 to 31/03/2022) (NHSBSA)	5.96	5.19	5.29	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	92.0‰	113.4‰	128.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHSBSA)	0.76	0.62	0.60	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	7.8‰	7.7‰	6.8‰	No statistical variation

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

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

Medicines management	Y/N/Partial
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> National prescribing data showed that the practice prescribing was mostly in line with other practices locally and nationally. There was one area of antibiotic prescribing where the practice showed a higher prescribing rate than other practices. The practice regularly reviewed its prescribing habits as a clinical team with the support of the medicines management team. The reviews included the prescribing practices of non-medical prescribers. At this inspection we found that the systems for the safe management of medicines had been reviewed and the process for monitoring patients prescribed high risk medicines had improved. Our clinical searches showed that most patients were receiving appropriate medicine reviews. As part of our inspection we reviewed a sample of patients on Disease-modifying antirheumatic drugs (DMARDs) and high-risk medicines that required regular monitoring due to the risk of side effects. We found that one of the 13 patients prescribed DMARDs had not received appropriate and timely monitoring. The GP followed this up immediately and the patient was contacted to arrange a blood test. It was considered that the request for a blood test was missed because an alert was not applied to the patient's records. 	

Medicines management	Y/N/Partial
<ul style="list-style-type: none"> • Our review of a further high-risk medicine used in combination with other medicines to treat high blood pressure (hypertension) and heart failure identified twenty six patients had been prescribed this medicine. Our initial search showed three patients prescribed the medicine had not had the required monitoring before issuing a repeat prescription. Our review of the three records showed that monitoring was fully up to date for two of the patients. The remaining patient received shared care and most of their follow up care took place at the hospital. The patient's records showed that a blood test had been requested. However, the practice staff had not ensured that the results of blood tests carried out at the hospital were entered and updated in the patient's records. Following our discussion with the provider action was taken to address this. • Where recommended emergency medicines were not routinely held, the practice had undertaken appropriate risk assessments. • There were appropriate arrangements in place for the management of vaccines and for maintaining the cold chain. We saw fridge temperatures were routinely monitored and vaccines reviewed at random were in date and stored appropriately. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	6
Number of events that required action:	6
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • There was a system for recording and acting on significant events. • Practice staff confirmed that significant events had been discussed at practice meetings. • Staff told us that incidents were logged and reported to the lead GP and managers. • We found that the format used to document significant events had been reviewed and improved. Documented information showed evidence of learning and dissemination of information to staff. 	

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

Event	Specific action taken
Blood samples not sent to laboratory due to staff leaving them on a desk in back administration room	The incident was investigated and found that staff were relying on another practice located in the same building to take the bloods to the collection point. Staff were instructed that this practice had to stop with immediate effect. The incident was discussed at an admin staff meeting and learning shared with the team. The action put in place was reviewed, there had been no further occurrence and the event closed.
A cleaner at the practice sustained a needle stick injury.	The cleaner was sent to hospital for review and treatment if required. An investigation was carried out and the staff involved in disposing sharps was identified. One to one discussions were held. The outcome was for staff to undertake further training and education. Learning was shared with the team and discussed at meetings.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • We found that the practice had a system in place to act on alerts which may affect patient safety. • Safety alerts were shared with relevant staff. Staff received instructions on any action they may need to take. There was a lead member of staff who ensured that safety alerts were acted on and details of the action taken was recorded. • We saw examples of actions taken in response to two medicine safety alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA). Our clinical searches confirmed these checks had taken place. 	

Effective

Rating: Requires Improvement

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.

At our previous inspection in August 2021 the practice was rated as Requires Improvement for providing effective services. This was because the practice uptake for childhood immunisations and cervical screening were below the local and national averages. At this inspection we found that there was no improvement in these areas. The trend over the last three years for both childhood immunisations and cervical screening showed there had been a steady decrease in take up. For these reasons the practice rating for providing effective services remains requires improvement.

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Yes

Explanation of any answers and additional evidence:

- Our review of the practice clinical system identified appropriate management of patients care and treatment who were with or at risk of long-term conditions.
- Our clinical searches included a review of patients with the potential of a missed diagnosis of diabetes based on blood test results. We found that there were three patients identified. Further analysis showed that two patients were identified as prediabetic however one patient had not been coded. The records for the third patient showed that they had been appropriately diagnosed and coded as a diabetic.
- We reviewed records for five patients with diabetic retinopathy (a complication of diabetes). Care and treatments reviews were up to date for all five patients.
- We reviewed records for five patients with asthma prescribed high numbers of short acting inhalers (which may indicate poor asthma control). Three patients had received appropriate assessment by telephone or face to face. The remaining two patients had been taking low doses of prednisolone (a medicine used to relieve swelling, redness, itching, and allergic

reactions) over a long period for other health conditions. Records showed that these patients had received relevant reviews relating to their health condition.

- Patients records we reviewed showed that all patients with later stage Chronic Kidney Disease received regular follow up reviews at the hospital and all tests were carried out by them.
- We found that 19 patients diagnosed with hypothyroidism had not had monitoring completed. A review of five patient records showed no evidence of potential patient harm. However, there were gaps in obtaining blood test results and recording these in patient records. Following our discussions plans were put in place to address this immediately.

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, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Specific patient clinics available at the practice included asthma, diabetes and COPD.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs and advanced clinical specialists followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	120	148	81.1%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	112	144	77.8%	Below 80% uptake
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	110	144	76.4%	Below 80% uptake
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	108	144	75.0%	Below 80% uptake
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	129	175	73.7%	Below 80% uptake

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

- Practice staff told us that childhood immunisations were undertaken at the practice and had continued throughout the pandemic.
- Data for the uptake of childhood immunisations for the period 1 April 2020 to 31 March 2021 at the practice showed that neither the WHO based target of 95%, the recommended standard for achieving herd immunity or the 90% minimum uptake was being met for all five indicators we mentioned above. Four of the indicators showed that uptake was below 80%. The uptake for childhood immunisations showed a steady decrease on previous years.
- Practice staff were aware of the decreasing numbers of children presenting for immunisation. The staff explained that a number of parents had refused to have their child immunised. Families were invited to speak with nurses and GPs on the importance of having the immunisations. Leaflets explaining the benefits of childhood immunisations were available for parents in different languages. The practice management team told us that all effort was made to support patients to make informed decisions. However, parents or legal guardians who continued to decline are asked to sign an immunisation refusal form. Parents also signed to acknowledge that they had been made aware of the consequences of their child not having the immunisation. Parents were also told that they could change their mind at any time.
- Staff told us about the action they were taking to improve the uptake of child immunisations. With the support of the administration team, the practice nurses carried out follow up calls and recalls to parents or guardians of children not brought for their appointment. Staff would also notify the health visitor of any children who failed to attend after three occasions.
- The practice management team also told us that the Clinical Commissioning Group (CCG) had offered support to discuss how the uptake of childhood immunisations could be increased. The practice had not at the time of the inspection taken up the support. The practice management team were aware that they needed to be more proactive and planned to take up the CCG offer of support.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 31/12/2021) (UK Health and Security Agency)	58.2%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	59.5%	52.8%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	49.6%	55.6%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	45.5%	52.9%	55.4%	No statistical variation

Any additional evidence or comments

- Data showed that cervical screening uptake at the practice was significantly below the 70% uptake and the national target of 80%. Data also showed the uptake trend over a three-year period remained below the local and national averages. Staff were aware of the decrease and explained the actions they had taken to improve the uptake of cervical screening. The practice nurse told us that they had proactively contacted patients that were overdue. The importance of cervical screening was discussed with patients at every opportunity. Written information was available to support and educate patients in making informed choices.
- The uptake of other national cancer screening programmes was comparable to local and national averages. The practice clinical staff encouraged and advised about the importance of taking part in the cancer screening programmes.

Monitoring care and treatment

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

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

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

- Audits were carried out to monitor and review medicine prescribing at the practice in response to safety alert notifications.
- The practice had undertaken a search to identify patients taking a medicine to prevent blood clots to make sure patients had appropriate blood tests done every six months. A total of 44 patients were identified and all were checked to identify when blood tests were done and when the blood tests are next due. The practice noted that one patient had abnormal blood results. Checks were made to ensure the patient had been referred for specialist care. Plans were then put in place for bloods to be monitored every three months. Systems were put in place to undertake weekly searches so that practice had an up to date record of patients prescribed the medicines.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Staff had access to and completed training identified as mandatory by the provider. • Clinical staff had opportunities to attend local networks and online events to help maintain skills and development. • We saw that the advanced nurse practitioner (ANP) and practice nurse took responsibility for their professional development. Staff confirmed that they were supported to meet the requirements of professional revalidation. The (ANP) had an allocated supervisor at the practice and had received supervision of their clinical and non-medical prescribing practices. This was a formal process and records were maintained to evidence the discussions that took place. 	

Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice shared the outcome of the ReSPECT process carried out for individual patients with other services. This ensured other professionals were aware of the personal wishes relating to a patient's clinical care and treatment if they were unable to make or express their choices. • The practice held meetings with a multidisciplinary team (MDT) of professionals at which patients with complex needs and palliative care needs were discussed. 	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice identified patients that needed support to meet their health and wellbeing needs. This included patients with long term conditions and those who needed 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Training records showed that clinical staff completed training relating to the Mental Capacity Act. Staff we spoke with understood relevant legislations and guidance when obtaining consent and decision making and had access to policies and procedures to support them. Our clinical searches identified that DNACPR decisions made were appropriate and clearly recorded. Respect templates and care plans were embedded. There was evidence of full discussions with patients and relevant multidisciplinary teams. 	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We observed that staff showed an understanding of patients' personal, cultural, social and religious needs. 	

Patient feedback	
Source	Feedback
PPG	We spoke with a PPG member, who told us that staff were always respectful towards them. They extended a lot of praise for the care they had received.
GP National Patient Survey	The overall outcome of the practice GP National Patient Survey showed that patients felt that staff listened to them, cared and expressed concern about their welfare.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2021 to 31/03/2021)	83.5%	86.6%	89.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2021 to 31/03/2021)	81.2%	85.3%	88.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	94.5%	94.4%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	75.2%	78.3%	83.0%	No statistical variation

Any additional evidence or comments

The outcome of the GP National patient survey showed that overall patient's felt their experience with the practice staff was positive. The outcome of the practice survey was similar to the local and national averages.

Question	Y/N
The practice carried out its own patient survey/patient feedback exercises.	No

Any additional evidence

- The practice had not recently carried out its own patient surveys. However, feedback from patients was received through the PPG. The GP National patient survey data showed that patient responses were similar to the CCG and England averages.
- The practice management team reviewed the outcome of their national patient survey results each year. This involved noting any improvements on the previous year, any trends, areas where they were doing well and areas for improvement.

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"> • The practice had access to interpretation services if needed. In the absence of an interpreter some of the staff at the practice were able to speak with patients in their first language. • Feedback received indicated that patients were happy with their involvement in decisions about their care and treatment. • Sufficient time was given during consultations to enable patients to make an informed decision about the choice of treatment available to them. 	

Source	Feedback
Interview with Patient Participation Group (PPG) member	We spoke with one of the PPG members who was extremely positive about the care and treatment they received at the practice. They told us that they felt included and received sufficient information to understand their care and treatment.
NHS UK	There were four reviews on the NHS UK website, two received one star ratings and two three stars. Patients raised concerns about access to the practice both via the telephone and getting an appointment.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2021 to 31/03/2021)	90.1%	89.9%	92.9%	No statistical variation

Any additional evidence or comments

The outcomes of the National GP Patient Survey results were positive about patient's involvement in decisions about their care and treatment.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified.	<ul style="list-style-type: none"> At the time of the inspection the practice provided a service to a population of 11,104 patients. There were 138 patients registered as carers at the practice. This represented approximately 1.3% of the practice population. This was under the suggested minimum of 2%. Carers were encouraged to register as a carer with the practice. There was a dedicated carers notice board and an information pack available in the reception area. These contained details on the support and services available to carers.
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> Carers were offered an annual health check. Carers were offered an annual flu vaccine. The practice made every effort to identify young carers. All carers had access to the Birmingham's carer's hub. The practice staff called all the carers on the register during the peak of the pandemic to check on their wellbeing.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> The practice maintained a register of patients who received end of life care. Families who had a bereavement were contacted and offered an open invitation to attend the practice, if they wanted to advise or to discuss anything further. The practice had bereavement packs which included information and details of support services available for the family.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Staff recognised the importance of and took measures to ensure people's dignity and respect when using the service.• Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There was information at reception alerting patients to this.• Confidentiality was covered as part of new staff induction and staff signed a confidentiality agreement as part of their employment.	

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
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice staff understood the needs of their patients and improved services in response to those needs. • The facilities and premises were appropriate for the services delivered and were well maintained and equipped to support timely diagnosis and treatment of patients. • The practice was located within a health centre. Reasonable adjustments had been made so that people in vulnerable circumstances could access and use the services. There were disabled toilet facilities and nappy changing facilities. • There was a hearing loop available for those with a hearing impairment. • The practice provided a service to a diverse population, this included a high number of patients whose first language was not English. Some of the practice staff were multilingual, which supported staff to explain patients planned care and treatment plans where appropriate. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday	8.30am – 1.15pm and 3.30pm – 6pm
Tuesday	8.30am – 1.15pm and 3.30pm – 6pm
Wednesday	8.30am – 1.15pm and 3.30pm – 6pm
Thursday	8.30am – 1.15pm and 3.30pm – 6pm
Friday	8.30am – 1.15pm and 3.30pm – 6pm

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.
- In recognition of the religious and cultural observances of patients the GPs responded promptly when needed. This could be outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- 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 offered extended hours through local Hub arrangements where patients were able to access appointments outside of normal working hours seven days a week. Out of Hours (OOH) arrangements was with NHS 111.
- The practice held a register of patients living in vulnerable circumstances including homeless people 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.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

Access to the service

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

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Partial
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes
Patients were able to make appointments in a way which met their needs	Yes
There were systems in place to support patients who face communication barriers to access treatment	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Patients had timely access to an initial assessment, test results, diagnosis and treatment. • Information we received from patients told us that they were not always able to be seen in a timely manner for their needs. The reasons they gave for this was due to not being able to access the practice for an appointment and it was difficult to get through to the practice by telephone. • The GPs offered home visits for patients who were housebound (the frail, elderly or vulnerable patients). Patients or their carer were asked to contact the practice before 10.30am to arrange this, so that clinical staff could assess the need for a visit the same day. A detailed process was in place for making informed decisions on undertaking home visits. Decisions on whether a home visit was needed was made by the GP. • The practice offered a variety of clinics, which included family planning, asthma and diabetes. 	

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2021 to 31/03/2021)	46.0%	N/A	67.6%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	48.0%	62.5%	70.6%	Variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	59.5%	61.6%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	66.6%	76.8%	81.7%	Variation (negative)

Any additional evidence or comments

<ul style="list-style-type: none"> • Patient responses in the national patient survey were mostly negative about access to the practice. The results were significantly lower than both the CCG and England averages. • Following the last inspection in August 2021 the care quality commission (CQC) had received three complaints and all expressed concerns about access to the practice. Concerns raised told us that they either had to wait for long periods on the telephone or were unable to get an appointment. The practice was aware of patient concerns about access and had introduced new systems to address this. For example, the practice had introduced an appointment texting system for its older patient population. This had helped to ease the problem with access for this population group. The practice planned to extend the system to other patient groups.

Source	Feedback
NHS UK	There were four reviews on the NHS UK website, two received one star ratings and two three stars. Patients raised concerns about access to the practice both via the telephone and getting an appointment.

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

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Information about how to make a complaint or raise concerns was available to patients. The practice informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint. The practice had a complaint policy and procedures in place which were available and easily accessible to staff. Complaints were discussed at the practice meetings and any trends and learning identified. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
Blood results were entered into the wrong patients' medical record.	The practice carried out an investigation and found that it was a hospital laboratory error. The error was corrected and patient information updated. The practice added an alert to the records of patients with similar names to mitigate the risk of this happening again.
A patient felt receptionist communication was poor.	The practice carried out an investigation and found the cause for the concern was due to the absence of one of the practice nurses. The practice receptionists had not had the opportunity to contact the patient and cancel their appointment before the patient arrived at the practice. The patient received an apology. Discussions and updates were held with staff on being mindful of how to communicate with patients.

Well-led

Rating: Good

At our previous inspection in August 2021 the practice was rated as Requires Improvement for providing well led services. This was because the practice did not have effective oversight of governance arrangements. At this inspection we found that improvements had been made and the practice was rated as good for providing well led services.

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice spoke about the challenges of the COVID-19 pandemic and how they had adapted to this in order to continue to deliver services to their population.• The development of the practice included areas to improve services for patients. For example, the practice worked with local professionals and services to ensure patients had continuous access to care and treatment during the COVID-19 pandemic.• The practice was also part of a wider network of GP practices called Birmingham SmartCare. A GP Federation in Birmingham owned and run by local primary care clinicians working together to improve health and wellbeing.• We saw evidence of a clear and identified leadership structure and staff expressed a confidence in the leadership team.	

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice vision and values formed part of its overall written strategy. The vision of the practice aimed to provide quality health care to patients in its local community. Staff would strive to provide safe and compassionate care to all its patients in an environment that supported the whole of the team.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
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"> The management team operated an open-door policy and staff were encouraged to share ideas and raise any concerns. Staff told us that they felt able to raise any formal concerns. The practice had an emphasis on staff wellbeing. For example, the practice had a policy in place which supported staff that were carers. The policy enabled flexibility in staff working arrangements when needed. 	

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

Source	Feedback
Staff interviews	Staff told us that they felt the GPs were supportive and open to discussion. Staff felt that all the staff worked well as a team and supported each other.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Structures, processes and systems to support good governance and management were clearly set out. Staff responsibilities covered governance arrangements and these were proactively monitored and reviewed. Staff were clear on their roles and accountabilities. The management team told us that the non-clinical teams they had introduced to support the monitoring of governance arrangements at the practice were working. This was evidenced by the improvements noted in processes such as recruitment and medicine management. The management team had established policies, procedures and activities to ensure safety. 	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice used a comprehensive health and safety checklist which was completed on the monthly walkabout of the premises. Health and Safety risk assessments had been completed and plans put in place to mitigate any risks identified. An online tool, TeamNet was used to monitor that identified health and safety concerns had been addressed and the practice and premises were health and safety compliant. The practice had a business continuity plan to mitigate risks to patients and staff in the event of any disruption to the service. Risks assessments and arrangements were in place for managing the premises and staff. The practice's overall performance in relation to patient and outcomes and satisfaction with the service were in line with local and national averages. Our clinical system searches found appropriate management of patients and clinical risks. Staff had received appropriate training to help manage potential risks to patients and the service, such as basic life support and fire safety training. The practice was able to share with us examples of audits undertaken to support service improvements. 	

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

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes
The practice actively monitored the quality of access and made improvements in response to findings.	Partial

There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • There were arrangements in place for staff to work remotely to support the continuity of services, if needed. • Patients that were potentially digitally excluded could still contact the practice via telephone and were assessed by a clinical member of staff. A face to face appointment was provided if needed. • Home visits were available to the practice's most vulnerable patients. • Results from the latest published GP national patient survey showed low levels of patient satisfaction with access. Of the four access related questions we reviewed the practice scored between 7.5% and 22.6% lower than the national averages. The practice management team was aware of this and had started to introduce systems to address areas of concern. • Infection prevention and control measures had been put in place to maintain staff and patient safety during the pandemic. 	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Our remote searches of the practice clinical system identified that there was a high use of data and information to support decisions specific to patient care and treatment. Our review identified that where there were gaps in the review of patient test results action was taken to address this immediately. For example, appointments were offered to patients where needed. This reduced and mitigated any immediate or potential risk. • Arrangements in place were in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Records were stored electronically using secure systems and the practice had a named data protection officer. • The practice submitted data or notifications to external organisations safely and as required. 	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The data controller certificate was seen and active until 19 March 2023 	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff were able to raise suggestions and give feedback through the practice meetings, on an informal basis and through appraisals. Patients were encouraged to provide feedback, when visiting the practice, through the practice website and through the practice Patient Participation Group (PPG). The practice had an active PPG of approximately 20 members. PPG meetings had been held in January, June and October 2021. The minutes of the meetings were available on the practice website for all patients to access. The practice also actively followed up on the outcome of the GP patient national survey and developed an action plan to support improvements where needed. The practice GPs and management team were aware that patients had concerns about accessing the practice. staff were aware The provider worked with stakeholders and GP practices both within and external to their wider network of GP practices. This allowed for sharing and learning to promote improvement in patient care. Staff were able to raise suggestions through the practice meetings. 	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> • We spoke with the chair for the practice patient participation group (PPG). They told us that the group had remained active during the latter part of the COVID-19 period. Meetings were held quarterly and three meetings had been held in 2021. • Due to the ongoing pandemic, the meeting was conducted via video conference calls. Patients who did not have access to video conferencing joined the meetings via the telephone. • The minutes of the meetings showed that the practice had used this opportunity to inform and update patients of changes at the practice due to COVID-19.. • Topics discussed included the launch of accuRx. This is a digital communication tool used to send out text messages to patients. The tool could also be used for many other forms of communication which includes setting up video consultations, sending documents, surveys and requesting photos. • Patients also asked questions relating to access. Patients told the practice that access was poor and were concerned that there were insufficient appointments available. The practice staff explained to patients about the number of GPs there should be for the number of patients registered at the practice. Data shared with patients showed that currently, there were more GPs than required working at the practice.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Records we examined showed shared learning with staff and changes implemented and monitored to support improvement. For example, all staff which included reception and administration staff were encouraged to be involved in the audit process and share the outcomes of these at practice meetings. 	

Examples of continuous learning and improvement

<ul style="list-style-type: none"> • Practice staff were encouraged to develop their skills to maintain competences and professional development was supported. • The practice worked with other practices within the federation based in Birmingham. This provided peer support and opportunities for learning and improvement.
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Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **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.