

# Care Quality Commission

## Inspection Evidence Table

### Dr Touseef Safdar (1-548913045)

Inspection date: 14 and 23 September 2021

On 14 and 23 September 2021 we carried out an unannounced focused inspection at Dr Touseef Safdar, as a result of concerns we had received regarding a lack of service provision being offered to patients. This inspection specifically related to those concerns.

We did not review the ratings at this inspection.

## Overall rating: Inadequate

### At this inspection we found:

- Services did not always meet patients' needs.
- People were not always able to access care and treatment in a timely way.
- Complaints were not used to improve the quality of care.
- The practice culture did not effectively support high quality sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.

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

## Safe

## Rating: unrated

This was a focused unrated inspection responding to specific areas of concern. Therefore, not all areas within the safe key question were reviewed or reported upon. During our inspection we found:

- There was no effective approach to managing staff absences.
- We identified issues with the induction process for new staff working at the practice.
- There were gaps in the monitoring of emergency medicines and vaccines.
- The medicines fridge temperature was not appropriately monitored to ensure that when temperatures were recorded as out of range with the manufacturer's recommendations appropriate action was taken.
- There was a lack of oversight of safeguarding processes.
- There was a lack of monitoring of infection control practices.

## Safety systems and processes

**The practice did not always have clear systems, practices and processes to keep people safe and safeguarded from abuse.**

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	No
Partners and staff were trained to appropriate levels for their role.	Partial
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"><li>• During our inspection on 14 and 23 September 2021 we found that there was a safeguarding lead clinician for safeguarding, however the lead clinician had not been routinely available between June and September 2021. We were therefore concerned that the oversight for safeguarding was not being effectively managed in their absence.</li><li>• We carried out a review of safeguarding records and found there were registers in place. However, we found inconsistencies regarding a safeguarding referral for a child who had failed to attend for their immunisations on three occasions. The patient records indicated that a referral to the local safeguarding hub had been made by the practice however there was no evidence of this referral in the patient records. We were unable to obtain evidence or assurance at the time of our inspection that the referral had been completed. Following the first day of this inspection, 14 September, the practice sent us an action plan to advise us their safeguarding registers had been reviewed and all staff were up to date with safeguarding training. They told us prior to our inspection they had implemented a system for children who were not brought for immunisation appointments in line with their safeguarding processes.</li><li>• On the second day of this inspection, 23 September 2021, we found evidence the practice had reviewed safeguarding registers for children and adults. We saw evidence the process for immunisation recalls had been reviewed at a practice meeting in August 2021. As a result, a named non-clinical staff member was tasked to review children who were not brought in for their immunisation appointments. However, we found that this system had not been formalised.</li><li>• During our inspection on 14 September 2021 the practice sent us an action plan to advise us all staff were up to date with safeguarding training. At our further inspection of the practice on 23 September 2021, we found most staff, with the exception of a newly appointed non-clinical staff member&lt; were trained to the appropriate safeguarding levels for their roles.</li></ul>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>During our inspection we found a lack of references and inductions for newly appointed non-clinical staff in their personnel files. We reviewed additional staff members personnel files and found gaps in references for a further three staff members. After the inspection the practice sent us evidence of references and disclosure and barring checks undertaken for all staff working at the practice in line with safer recruitment. They told us at the time of the inspection this information was held electronically.</li> </ul>	

### Infection prevention and control

#### Appropriate standards of cleanliness and hygiene were not always met.

	Y/N/Partial
The practice had acted on any issues identified in infection prevention and control audits.	Partial
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>At this inspection we found that areas of infection, prevention and control was not being routinely monitored as the disposable curtains in the nurse's room, which were due to be changed in July 2021 had not been actioned.</li> </ul>	

### Risks to patients

#### There were gaps in 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.	No
There was an effective induction system for temporary staff tailored to their role.	No
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>At this inspection we found there were ineffective systems in place to manage staffing levels. There was no formal process in place for managing locum clinicians absences to ensure adequate cover arrangements were in place to provide a safe and consistent level of service and to mitigate risk. As a result, we found that there were insufficient staff to provide appropriate cover to support the care needs of patients registered at the practice. The practice told us that short notice absences of the locum GPs and nurses had impacted on the delivery of the service. Although additional locums had been sourced to provide cover this was not a consistent approach and had left significant gaps in service provision.</li> </ul>	

- The Care Quality Commission (CQC) had received a number of complaints that patients were unable to access an appointment with a clinician and were being told to attend out of hours services or to contact NHS 111. After the inspection the practice sent us an action plan on how they would address the staffing levels to maintain a safe and effective service. We followed this up on the second day of this inspection to assure us that clinicians were offering appointments to patients. We found improvements had been made to GP staffing arrangements however, we found that there was still gaps in the nursing provisions being offered to patients. The practice told us they had plans to address this from October 2021.
- Clinicians working at the practice were employed on a locum basis. A GP induction pack was available for temporary staff. We found that during 1 June and 10 September 2021 the practice had employed a further 11 locum GP's to provide temporary cover. We reviewed the nursing arrangements and found a locum nurse had provided temporary sessions with no GP oversight on 12 and 17 August 2021. We could not be assured that these staff were provided with an induction or ongoing support, oversight and supervision so that patient care and treatment were managed safely.

**Information to deliver safe care and treatment**

**Staff did not always have the information they needed to deliver safe care and treatment.**

	Y/N/Partial
There was a documented approach to the management of test results, and this was managed in a timely manner.	Partial
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• At this inspection we found that there was a lack of clinicians working consistently at the practice between 1 June and 10 September 2021. We therefore could not be assured that oversight and test results were being followed up in a timely way or safety netting was in place. A review of the practice clinical system, identified 179 documents were awaiting filing dating back to 30 July 2021 and 165 documents were awaiting coding dating back to 1 August 2021.</li> </ul>	

**Appropriate and safe use of medicines**

**The practice did not always have systems for the appropriate and safe use of medicines, including medicines optimisation**

Medicines management	Y/N/Partial
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Partial
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	No
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.	Partial
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	No
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	No
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	No
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>At the first day of this inspection, 14 September, we found evidence three Patient Group Directions (PGDs), required to allow nurses to administer certain medicines held at the practice had been authorised in August 2021 by the authorising manager but had not been signed by any nursing staff working in the practice. We reviewed this again at the second day of the inspection on 23 September 2021 and found two PGDs were still waiting to be signed by members of the nursing team. The practice told us this would be signed by a nurse when they agreed to administer under that specific PGD. However, we noted this had been dated a month prior and was not assured there was a system and process in place for oversight of this.</li> <li>We saw evidence of action being taken by practice-based pharmacists in the management of patients on high risk medicines. However, we found 16 of 40 patients who were being prescribed Rivaroxaban (a medication used to treat and prevent blood clots) had no creatine clearance calculated in the last 12 months.</li> <li>At this inspection we found several pages of the refrigeration monitoring records for the large fridge in the nurse's room had been recorded as out of range. We found non-clinical staff were being asked to record fridge temperatures in the absence of a clinician with no training or oversight of the records by clinicians. Temperatures recorded ranged between 3 and 14 degrees throughout July and August 2021. At this inspection we found the data logger inside the large fridge was switched off . There was no evidence any action had been taken or advice sought on the efficacy of the medicines administered to patients. After the inspection the practice told us staff had completed refresher training in maintaining the cold chain and had reviewed processes to ensure that checks were being countersigned as an additional safety measure. At the second day of the inspection we found most clinical staff had completed training in maintaining the cold chain however, there was further evidence that the medicine fridge temperatures had been recorded on three separate occasions as being out of range. Although the practice sent us</li> </ul>	

**Medicines management****Y/N/Partial**

copies regarding the datalogger to assure us temperatures were in range; there was no evidence of any oversight of this process.

- During this inspection we found there were gaps in the monitoring of emergency medicines and vaccines. We found evidence that the emergency drugs were last checked on 21 June 2021. We found adrenaline contained in a grab bag used for emergencies had expired in April 2021 and glucogel had expired in August 2021. We also found six boxes of shingles vaccines had expired in July 2021 and three boxes of diphtheria, tetanus and polio vaccines had expired in August 2021. After the inspection, the practice told us the process for the monitoring and reviewing emergency medicines had been reviewed and out of date medicines and vaccine had been discarded. On the second day of the inspection we found the process for checking emergency medicines and fridge monitoring had been reviewed. We found that the fridge containing vaccines was overstocked. Emergency medicines had been reviewed, however a risk assessment had not been undertaken for medicines not held on-site and needles for injections that had expired had not been removed or replaced.

# Effective

# Rating: Unrated

**This was a focused unrated inspection responding to specific areas of concern. Therefore, not all areas within the effective key question were reviewed or reported upon. During our inspection we found:**

- The practice failed to evidence all patients' needs were adequately assessed. We found care and treatment was not always delivered in line with current legislation, standards and evidence-based guidelines.
- We saw instances where people did not receive effective care or treatment (for example, diabetes and missed annual asthma reviews).
- We found not all staff had the skills, knowledge and experience to carry out their roles.
- We could not be assured induction arrangements supported new staff to be able to safely and effectively manage patients.

## Effective needs assessment, care and treatment

**Patients' needs were not always assessed, and care and treatment was not always delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.**

	Y/N/Partial
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	No
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	No
Patients' treatment was regularly reviewed and updated.	No
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes

Explanation of any answers and additional evidence:

- During our inspection on 14 and 23 September 2021, we found 40 GP sessions had not taken place or had been cancelled for patients who required an appointment between 1 June 2021 and 10 September 2021. Therefore, we were not assured that patients needs were being routinely assessed as there were limited GP and nursing appointments to provide a safe and consistent level of service. The lack of consistency meant there was a lack of continuity of care and that patients experienced delays in assessing their physical and mental wellbeing.

- Due to the lack of service provision, we found evidence patients appointments were being cancelled and could not be assured the practice was following up patients in a timely and appropriate way. We were told patients were being re-directed to contact NHS111 or the urgent treatment centre because no face to face or telephone appointments were available at the practice.
- We reviewed nursing appointments and found nine clinics had been cancelled between 24 August 2021 and 14 September 2021. The practice staff told us they had experienced difficulties in finding nurse locum cover during a period of sickness. When cover arrangement were sought, they prioritised immunisations for children. We reviewed patients with long term conditions and found there were 210 patients on the asthma register. We found that only 17 of the 210 patients had received an asthma review in the last 12 months. We also found evidence that a diabetic patient with raised HbA1c levels in 2019 and 2021 last had a diabetic review on 23 May 2018.

## Effective staffing

**The practice was not always 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.	Partial
The practice had a programme of learning and development.	Partial
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.	Partial
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	No

Explanation of any answers and additional evidence:

- During our inspection we found not all staff had the skills and experience to deliver effective care. We found that all clinicians were employed by the practice on a locum basis, in addition to a high staff turnover of non-clinical staff working in the practice. Two receptionists had recently been appointed and were working through an induction process and a further two receptionists had been employed as apprentices in the last nine months. Due to the inconsistency and inexperience within the workforce we found this had the ability to impact on delivering an effective service which also had the ability to compromise on patient safety.
- During our inspection, we found the practice had recently employed two reception staff. We saw evidence of an induction checklist, however, it was unclear if formal arrangements were in place for the oversight of newly appointed staff. The practice told us that they were providing staff inductions through an experienced trainer with oversight from the practice manager. We saw



evidence of an induction process in place, however the trainer appointed had no formal training experience and these arrangements were ad-hoc. We could therefore not be assured the induction arrangements enabled new staff to have access to accurate information, that enabled them to safely and effectively manage patients.

- There was a lack of effective clinical oversight at the practice and no clinical meetings taking place. All clinicians working at the practice were employed as locums and we found evidence that a locum nurse had delivered sessions when no GP's were working on-site which has the ability to compromise patient safety.

## Helping patients to live healthier lives

### Staff were not consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
Patients had access to appropriate health assessments and checks.	No
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• During our inspection we found that patients did not have appropriate health assessments and checks due to the lack of GP and nursing provision in place to offer a safe and effective service. We found evidence that routine appointments were being cancelled and reviews for long term conditions was overdue for some patients registered at the practice.</li> </ul>	

## Responsive

Rating: unrated

This was a focused unrated inspection responding to specific areas of concern. Therefore, not all areas within the responsive key question were reviewed or reported upon. During our inspection we found:

- People were not able to access care and treatment in a timely way.
- Complaints were handled inappropriately, and we saw limited evidence of discussion, shared learning or how complaints led to improvements in the quality of care.

### Responding to and meeting people's needs

**Services did not always meet patients' needs.**

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	No
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• During our inspection on 14 and 23 September 2021, we found patients experienced difficulties in obtaining an appointment with a GP or nurse due to a lack of provisions in place. This meant that there was limited flexibility in obtaining appointments. The Care Quality Commission (CQC) had received complaints and feedback from patients that appointments had been cancelled. There was a lack of flexibility to offer appointments for working age people and patients experienced difficulty in obtaining routine or emergency appointments. This included for children who were told to contact NHS111 or the urgent treatment centre. The lack of appointment availability meant that patients could not access care and treatment in a timely way.</li></ul>	

### Access to the service

**People were not able to access care and treatment in a timely way.**

National GP Survey results

	Y/N/Partial
Patients were able to make appointments in a way which met their needs.	No
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	No
Patients with urgent needs had their care prioritised.	No
The practice had systems to ensure patients were directed to the most appropriate person to respond to their immediate needs.	Partial

Explanation of any answers and additional evidence:

- At this inspection we found evidence there was limited access to GP and nurse appointments offered to patients. We reviewed sessions for morning and afternoon clinics from Friday 1 June 2021 until Friday 10 September 2021 and found there were significant gaps in the GP and nursing provision being provided by the service. We found evidence locums had cancelled clinical sessions and there were no provisions in place to provide a consistent level of service. This resulted in a lack of service being offered to patients requiring an appointment. Patients were unable to make an appointment and were being told to contact urgent care services or NHS 111 due to a lack of service provision. We saw evidence that on 12, 17 and 31 August 2021 there were no GPs working on-site at the practice.
- We found that the practice was not providing adequate nurse appointments for patients. We found evidence there had been no nurse provisions in place on nine separate occasions between 24 August and 2021 and 14 September 2021. The practice told us that a long-term locum nurse had been off work for four weeks and would be returning in October 2021. During this time, there was no adequate cover in place to provide a consistent service to patients and appointments were either being cancelled or re-arranged. CQC had received complaints from patients that routine appointments, for example, the removal of stitches had been cancelled and patients were being asked to attend the urgent care centre as there was no nursing provision at the practice.
- The practice told us they had sought temporary cover arrangements through locum agencies but had experienced difficulties in covering clinical sessions. When temporary cover was being provided for nursing clinics, they were prioritised for immunisation clinics. Delays in providing nurse led clinics meant that other structured reviews such as asthma and diabetes were not taking place.

## Listening and learning from concerns and complaints

### Complaints were not used to improve the quality of care.

	Y/N/Partial
There was evidence that complaints were used to drive continuous improvement.	No

Explanation of any answers and additional evidence:

- We found complaints were not consistently and effectively managed and investigated at the practice.
- We saw evidence a complaint had been escalated to National Health Service (England) (NHSE) from a patient registered at the practice regarding difficulties with access to appointments.
- The Care Quality Commission (CQC) had also received evidence of complaints sent to the practice which had not been acknowledged, actioned or investigated. Patients had raised concerns that they had been unable to make a formal complaint to the practice regarding access

to appointments and their care and treatment. Although we saw evidence that a complaint had been reviewed at a practice meeting in August 2021, we found that the overall system for handling complaints was inappropriate.

- We found complaints were not routinely being acknowledged or reviewed with staff to provide a shared learning to improve the quality of care being delivered.

## Well-led

**Rating: unrated**

**This was a focused inspection responding to specific areas of concern. Therefore, not all areas within the well-led key question were reviewed or reported upon. At this inspection, we found:**

- There was a consistent lack of clinical and management oversight to fully support staff to deliver safe care and treatment to patients.
- The delivery of high-quality care was not assured by the leadership, governance arrangements or culture within the practice.

### Leadership capacity and capability

**Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.**

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	No
They had identified the actions necessary to address these challenges.	No
There was a leadership development programme, including a succession plan.	No
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"><li>• We were not assured leaders fully understood the challenges to quality and sustainability. We found a lack of clinical and management oversight from the provider to fully support staff to deliver safe care and treatment to patients. Gaps in the service to deliver high quality care had not been identified and planned for by the leadership team. For example, we found some clinical staff were overseeing the running of the practice in the absence of the practice manager or lead clinician with no escalation processes in place to manage this effectively. The lead GP was unable to carry out clinical duties and was reliant on a long term locum GP to provide clinical leadership. We found there was limited time to carry out this role effectively and the process for clinical oversight was ineffective during their absence as there were no suitable arrangements in place to mitigate risk.</li><li>• Capacity planning had not been undertaken or reviewed by the provider, which led to a failure to identify the shortfalls. We found the provider had tried to source cover arrangements however, there was no long term planning to mitigate the risks they faced, and the action taken was reactive rather than proactive. There was no evidence of the long term planning arrangements for the future of the service and there was a heavy reliance on locum staff to deliver the service in addition to a high staff turnover and inexperienced non-clinical staff members which created instability. The increase in the number of locum GP's and nurses used to provide temporary cover at the practice meant that there was a lack of continuity of care. These failures meant the practice was unable to effectively monitor its requirements to deliver safe care and treatment.</li><li>• Following the concerns raised, the provider completed an action plan to outline the steps they would take to improve the leadership within the practice. This included appointing a new GP partner as part of their succession planning and long term stability and sustainability.</li></ul>	

## Culture

### The practice culture did not effectively support high quality sustainable care.

	Y/N/Partial
There was a strong emphasis on the safety and well-being of staff.	No
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Partial
The practice encouraged candour, openness and honesty.	No
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>At this inspection, we found there was inadequate staffing levels and inexperienced staff to safely meet patients needs and provide adequate oversight of patient care and treatment. We found staff working at the practice lacked the experience, skills and training to provide safe care to patients. Some staff felt overwhelmed and were being tasked to carry out responsibilities normally carried out by clinical staff. This meant that some staff felt that they had to 'learn on the job'. The large turnover of staff had meant locum clinicians had been tasked in completing additional processes to support non-clinical staff in carrying out their roles effectively.</li> <li>We identified the practice did not have appropriate systems and processes to be assured complaints were routinely recorded, investigated and discussed. The complaints we reviewed had not been managed well. We did not see that all patients or those affected had received an apology, details of the investigation, outcome and action taken. In addition, if the response had been dealt with verbally, this was not documented.</li> <li>After the inspection, the provider told us they would address the culture in the practice and sent evidence of a questionnaire they were in the process of reviewing with staff to address some of the issues raised. They also told us that they would undertake a review and embed a new complaints process to improve the culture at the practice.</li> </ul>	

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

Source	Feedback
Staff	Staff reported the changes in staffing had been difficult to manage and had been challenging.
Staff	Some staff felt overwhelmed by the workload and reported they were taking on more responsibility as a result of the lack of experienced workforce.

## Governance arrangements

### The overall governance arrangements were ineffective.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
Staff were clear about their roles and responsibilities.	Partial

There were appropriate governance arrangements with third parties.	No
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>During our inspection we found that governance arrangements were not effective and embedded, which placed patients at risk. For example, staff failed to work in accordance with the emergency medicines protocol, appropriate action was not taken when medicine fridge temperatures were checked and recorded as outside the recommended temperature range to maintain the safe storage and stability of the medicines. We found that staff tasked to carry out this role lacked experience, knowledge and training on the seriousness of the abnormal readings and the action they needed to take. After the inspection the practice told us staff had completed cold chain monitoring training. We followed this up on the second day of the inspection on 23 September 2021 and found all non-clinical staff with the exception of one had completed the training.</li> <li>We found there was no formal systems in place to monitor the quality of services provided.</li> </ul>	

### Managing risks, issues and performance

#### The practice did not have clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	No
There were effective arrangements for identifying, managing and mitigating risks.	No
When considering service developments or changes, the impact on quality and sustainability was assessed.	No
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>We found limited assurance that systems were in place for managing risk. Clinical meetings or supervision sessions were not in place nor were there any dedicated slots for nurses to discuss patients during the working day with a GP. We found the practice had provided sessions for patients with a temporary nurse without a GP present on site to provide clinical oversight and support if required.</li> <li>We found there was no assurance for the long-term cover arrangements for clinicians to provide an adequate and safe service for patients registered at the practice. There was no evidence of a consistent clinical lead in place to oversee governance and supervision. When gaps had been identified in the lack of clinical capacity or appointment provisions we found the practice had not sought additional support within their locality or with stakeholders. This resulted in issues not being adequately managed which impacted upon the delivery of providing a safe and effective care.</li> <li>We saw limited evidence of effective arrangements for identifying, managing and mitigating risks. We saw evidence that a practice meeting had taken place however, there was no evidence to demonstrate current and emerging risks were discussed. Consequently, we identified several instances where risks had not been managed for example, insufficient staffing and absence of clinicians.</li> </ul>	

**The practice did not have 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.	No
The practice actively monitored the quality of access and made improvements in response to findings.	No
There were recovery plans in place to manage backlogs of activity and delays to treatment.	No
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Due to the limited number of appointments available we found the practice was not responding to patients needs. We received concerns from patients about poor access to appointments. The practice had changed its appointment system during the Covid-19 pandemic, however we found patients experienced challenges in obtaining a telephone or face to face appointment.</li> <li>• There was no processes in place for managing the quality of the service. We found the practice faced challenges in providing adequate cover arrangements in the absence of locum clinicians but did not escalate this further or seek support externally to make improvements.</li> </ul>	

**Appropriate and accurate information**

**The practice did not always act on appropriate and accurate information.**

	Y/N/Partial
Staff used data to monitor and improve performance.	No
There were effective arrangements for identifying, managing and mitigating risks.	No
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• During our inspection we were not assured that systems in place enabled staff to monitor and review data and improve performance.</li> <li>• We found effective arrangements for identifying, managing and mitigating risks were not in place so that appropriate actions could be instigated to address any variances identified. This resulted in areas of risk developing, due to the absence of effective oversight, control mechanisms and accountability within the practice.</li> </ul>	



## 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)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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

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

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

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

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

## Glossary of terms used in the data.

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