

Care Quality Commission

Inspection Evidence Table

Hollybrook Medical Centre (1-7602560604)

Inspection date: 12 and 17 May 2022

Date of data download: 25 April 2022

Overall rating: Good

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	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: The provider had a number of guidance documents to support staff, for example a safeguarding procedure covering both children and vulnerable adults, which was regularly reviewed to ensure this was updated in line with guidance and that relevant professional contact details were updated. The level of training required for individual staff groups was outlined in the safeguarding procedure. However, this did not reflect the current guidance. For example: level 2 safeguarding children's' training is required as a minimum for non-clinical and clinical staff who, within their role, have contact (however small) with children and young people, parents/carers or adults who may pose a risk to children. We saw from the training records and speaking with staff that not all non-clinical staff had attended the required level of training. The practice used electronic codes and alerts on the patient records to identify for example, children subject to a child protection plan, and vulnerable adults. The practice maintained a list of patients	

Safeguarding	Y/N/Partial
<p>where safeguarding concerns had been identified. We saw that regular multi-disciplinary safeguarding meetings were held to discuss children and vulnerable adults identified on the registers. The minutes of the meetings clearly identified any required action.</p> <p>The practice had systems in place to identify and follow up children with a higher number of emergency department attendances or who were 'not brought' to appointments. Any concerns were discussed at the safeguarding meetings.</p> <p>Health care professionals external to the practice were able to view and to input safeguarding information on to the electronic patient record. The practice also used special notes to share information with the out of hours service.</p> <p>The chaperone policy was accessible to all staff. The use of a chaperone was recorded in the patient electronic record. Staff who provided a chaperone service completed on-line chaperone training which was recorded on the e-learning system. All staff who performed chaperone duties had a DBS check in place.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The provider maintained a recruitment and selection policy and we reviewed four staff records and found recruitment checks were carried out in accordance with regulations. The provider used an electronic recruitment system, which enabled applicant tracking to ensure all the required information was obtained. The practice used occupational health services to check staff were vaccinated in line with current guidance.</p> <p>However, we found the reasons for gaps in employment were not always recorded, although the management team were able to verbally give the reasons.</p>	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: November 2021	Yes
There was a fire procedure. Date of fire risk assessment: 24/09/2020	Yes
Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We were informed that fire risk assessments for both sites had been arranged for May 2022. The practice confirmed that the fire risk assessment for Hollybrook Medical Centre had been carried out on 4 May 2022 and was booked for Sinfin Health Centre on 18 May 2022.</p>	

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: 19 and 20 April 2022	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Partial
The arrangements for managing waste and clinical specimens kept people safe.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The infection prevention and control (IPC) audits identified a number of issues that required attention. The overall cleanliness and general maintenance of the buildings needed to improve as many areas were seen to be dusty and walls, ceiling and skirting boards required attention. The provider had addressed the issues at the Hollybrook site. The provider had raised the issues with the landlord at the Sinfin site, as they had responsibility for the maintenance of the building.</p>	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	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> <p>Staff had received training in basic life support, and how to respond to medical emergencies including sepsis. Written guidance on medical emergencies was available on display for reception staff to refer to. All staff, including locum staff, received an induction, and an information resource pack was provided for locum staff. We saw evidence of individualised induction plans for staff, tailored around their role within the practice.</p> <p>The provider recognised that staffing was an ongoing challenge, particularly around retention. The provider had taken the opportunity afforded by the planned merger to review the staffing structure and introduce additional non-clinical managerial roles to enable career progression. A number of staff spoken with had been appointed to these new roles and welcomed the opportunity to develop their skills, knowledge and level of responsibility.</p> <p>The provider told us that they planned their clinical and non-clinical rotas six months in advance so they were able to identify any shortfalls due to staff holidays and request locum cover where required.</p>	

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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
Explanation of any answers and additional evidence: <p>The provider had reviewed the management of referrals and restructured the staff team. The medical secretarial team had increased in size, were located together at one practice site and managed the referrals from across the practices located in Derby. Staff told us this had improved the efficiency of the team and two week wait referrals were usually processed the same day.</p> <p>Clinical searches the Care Quality Commission (CQC) conducted during the inspection indicated that systems were in place to review and act upon information received by the practice, including test results in a timely manner.</p>	

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) (01/01/2021 to 31/12/2021) (NHS Business Service Authority - NHSBSA)	0.52	0.73	0.76	Tending towards variation (positive)
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). (01/01/2021 to 31/12/2021) (NHSBSA)	11.5%	8.5%	9.2%	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 (01/07/2021 to 31/12/2021) (NHSBSA)	5.05	4.97	5.28	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	112.2‰	150.2‰	129.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2021 to 31/12/2021) (NHSBSA)	0.46	0.54	0.62	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	4.7‰	7.3‰	6.8‰	No statistical variation

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

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

Medicines management	Y/N/Partial
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	NA
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We found that the practice had effective systems in place relating to the safe management of medicines. Regular audits were completed to identify patients who required monitoring prior to prescriptions being issued. Patients were invited in for a blood test and any other required monitoring. We conducted remote clinical searches as part of this inspection and found that the majority of patients had been monitored in line with the current guidelines.</p> <p>The remote searches identified a small number of patients with potential missed diagnoses, and the details were shared with the practice. The GP partner provided verbal feedback on the actions that had already been taken to manage these patients, supported by written confirmation following the inspection.</p> <p>We saw that regular medicine reviews were carried out as required by the practice medicines management team. We noted that although reviews were completed, we did not see any information in the patient notes to indicate that discussions had taken place about reducing the use of these</p>	

Medicines management**Y/N/Partial**

medicines or being prescribed alternative medicines. The GP partner acknowledged this and recognised that additional work was required to work with these patients to reduce usage of these specific medicines.

The practice maintained a log of Patient Group Directions (PGDs), which allowed registered health professionals to administer specified medicines to a pre-defined group of patients without them having to see a prescriber such as a GP or nurse prescriber. The practice used patient specific directions (PSD) to authorise the health care assistant to administer specific vaccines and injections. Staff told us they used templates within the Arden's software (a clinical decision support tool) for PSDs, which were completed by the clinicians prior to the administration of the vaccine or injection.

Staff had access to a cold chain and fridge temperature policy. We looked at the fridge temperature records at both sites. We saw that if the recorded fridge temperature was outside of the required range of 2 to 8 degrees centigrade an explanation was recorded, for example stock rotation or fridge cleaning. We saw that the practice had taken appropriate action when there had been a breach of the cold chain, which had been recorded as a significant event.

The practice had a stock of medicines available in the event of a medical emergency and there was a system in place to monitor stock levels and expiry dates. The practice used a numbered security tag system to ensure the integrity of the emergency medicines.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	74
Number of events that required action:	74
Explanation of any answers and additional evidence: Staff knew how to access the relevant policies and procedures and described the process for raising concerns and reporting incidents. Incidents were documented and logged on the shared electronic system. Staff told us that incidents were investigated, any learning identified and subsequent actions put into place. Significant events were discussed at staff meetings and a review of all significant events was undertaken annually. The review identified themes and trends, learning points, actions and evidence of monitoring. The action points identified what action needed to be taken, who was responsible and the date for completion.	

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

Event	Specific action taken
The protective covering over the plug for the vaccine fridge had become dislodged and the fridge accidentally disconnected from the power supply.	The fridge was reconnected to the power supply and the protective plug cover replaced. A review of the information held on the data logger indicated that the fridge had been switched off for 30 minutes. A sign was displayed near to the fridge to remind staff to be careful to prevent dislodging the protective cover over the plug. All vaccines were quarantined and then disposed of following advice from the manufacturers. The incident was discussed at the relevant meetings.
A patient received a letter that was intended for another patient.	The patient who received the letter notified the practice of the error and destroyed the letter. The practice resent the letter to the correct patient and also shared the information via text messaging (accuRx). The patient was notified of the error and an apology given.

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

Explanation of any answers and additional evidence:

The practice had an effective system in place for reviewing and actioning any Medicines and Healthcare products Regulatory Agency (MHRA) alerts. (The MHRA regulates medicines, medical devices and blood components for transfusion in the UK). The practice medicines management team carried out regular medicine searches based on MHRA alerts, including those based on medicine interactions. We identified patients receiving a combination of medicines which had been shown, through a drug safety update, to increase the concentration of one of the medicines. We saw that the practice had taken appropriate action and the recommended medicine doses prescribed.

Effective

Rating: Good

QOF requirements were modified by NHS England for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	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: Staff told us they used Arden's software (a clinical decision support tool), to promote consistency and safety through the use of templates. This system incorporated current evidence based practice.	

Effective care for the practice population

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

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check and influenza vaccine.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- Patients living with cancer were offered an annual review. Newly diagnosed patients were contacted to offer support alongside community support services.
- The medicines management team contacted patients discharged from hospital to discuss any changes to prescribed medicines.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- 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.
- Midwife clinics were available to book into at the practice with the patients being seen in a community setting. Combined postnatal and 8 week baby checks were offered to mothers.

Management of people with long term conditions

Findings

- Two of the GPs were responsible for the oversight of the management of patients with long-term conditions. They were supported by the nursing team, with individual members of staff taking lead roles of specific conditions.
- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- Our remote searches of patients with asthma who had been prescribed rescue steroids identified that a follow up review after the exacerbation of their asthma did not always take place.
- 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 home 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)	254	268	94.8%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England)	260	278	93.5%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England)	260	278	93.5%	Met 90% minimum
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)	260	278	93.5%	Met 90% minimum
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)	245	330	74.2%	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

The practice acknowledged it had been difficult to maintain the childhood immunisation programme due to challenges within the nursing team. Not all members of the nursing team had been able to work onsite during the pandemic or had not completed the necessary training to deliver childhood immunisations. Short term sickness had also impacted on the availability of nursing staff.

The practice offered immunisations at both the main site and the branch site in Sinfin. Systems were in place to identify children who did not attend appointments, and to escalate to the health visiting team and safeguarding lead for inclusion in the practice safeguarding meetings.

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: 30/09/2021) (Public Health England)	72.1%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (PHE)	68.8%	62.2%	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) (PHE)	66.3%	70.3%	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) (PHE)	44.2%	53.0%	55.4%	No statistical variation

Any additional evidence or comments
<p>The practice was aware that their cervical cancer screening uptake was below the target of 80%. Staff described the challenges around engaging with patients due to the varied demographics of the practice population. The practice had taken action to increase uptake through enabling patients to book appointments online, sending out three appointment invites in addition to the invite from the national screening service, and offering appointments during the Saturday morning extended hours. The practice told us they had completed 1360 cervical cancer screening tests during the previous 12 months.</p> <p>The practice provided unvalidated QOF data for cervical cancer screening for the period 01/04/2021 to 31/03/2022. This data is not comparable to the data in the table above provided by UKHSA. The practice told us that for patients aged 25 to 49 years they had achieved 85.3% and for patients aged 50 to 64 years they had achieved 83.6%.</p> <p>Uptake of screening for breast cancer and bowel cancer were in line with or above national averages.</p>

Monitoring care and treatment

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

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

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

An audit had been undertaken to identify patients in the range for diabetes without a clinical diagnosis recorded on their electronic patient record. The first audit cycle identified 76 patients. A review of the records identified issues and highlighted actions that needed to be taken. The second audit cycle was carried out after four months and identified some improvements had been made, although further actions were required. These were recorded in the audit and information shared with the staff team.

An audit had been undertaken on the use of FeverPAIN and Center clinical prediction scoring tools by clinicians in the management of sore throat. These tools can be used to identify patients with a sore throat who are more likely to benefit from antibiotics, therefore reducing variation in diagnosis and inappropriate prescribing. The first audit cycle identified that either of these tools had only been used for 15% of patients (6 out of 41 patients). The findings were reported back at the clinical meeting, clinicians reminded of the relevance of using the tools and shown how easy the tools were to access in the electronic patient record. The second audit cycle identified that the tools had been used for 26% of patients (14 out of 54 patients). Although an improvement had been noted, it was recognised that further engagement with the clinical team was required to further promote this change in practice.

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> <p>We saw that the provider was committed to developing the staff team. Clinical staff with no experience of working in general practice had been supported to gain additional skills and qualifications through university courses.</p> <p>Staff said that the practice supported and encouraged them to develop their roles. Staff within the nursing team told us about the courses they had attended or were currently studying towards. Non clinical staff told us about development opportunities provided by the new non-clinical managerial roles.</p> <p>All staff included locum staff, completed an induction programme, which was tailored towards their job role and individual needs. A locum pack which contained useful information to assist locum staff to fulfil their role within the practice was also provided.</p> <p>Staff received regular supervision and annual appraisals. Competency checklists were in place for each member of staff working in advanced roles and updated accordingly as they developed their skill set. The competency of all clinical staff was checked through regular audits of consultations and prescribing, as well as regular one to one sessions. One of the GP partners was responsible for supporting clinical staff and provided regular debrief sessions to discussion any issues or concerns.</p>	

Coordinating care and treatment

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

Indicator	Y/N/Partial
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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> <p>The practice held monthly community support team meetings, attended by the multidisciplinary team. The meetings were used to discuss individuals at high risk of hospital admission and to expedite the discharge of patients with long term conditions or frail elderly. The care coordinator supported this team and was a link between the practice and community services.</p> <p>The community matron liaised closely with the practice in relation to patients living in care homes. They worked closely with the nominated GP regarding the ongoing care of patients, including medicines and ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) forms.</p>	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice held monthly palliative care meetings, led by a dedicated GP and the care coordinator. Palliative care patients were offered a same day review with a GP. The GPs were proactive in prescribing anticipatory medicines (medicines prescribed to manage distressing symptoms) to ensure there was no delay in people receiving the care they required.</p> <p>Staff had access to a range of health promotion material that they could share with patients. They told us they encouraged patients to take control of their medical condition through support, discussing options and working together.</p> <p>Patients were referred to the Livewell service for support and information on maintaining a healthy lifestyle, including weight management and smoking cessation. Patients could access X-PERT programmes designed for patients at risk of developing type 2 diabetes or living with diabetes. The practice also worked closely with the integrated respiratory care team to support patients with respiratory disease.</p>	

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: We saw that clinicians completed health and social care plans called ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) which targeted patients' wishes and the care they required. This incorporated an assessment of mental capacity and details of the patient's resuscitation status (for example, if cardiopulmonary resuscitation should be given or not). We saw that the plans were reviewed with patients, providing the opportunity for discussion and updating of decisions, including the removal of the plan where applicable.	

Caring

Rating: Good

Kindness, respect and compassion

Staff did not always treat patients with kindness, respect and compassion. Feedback from patients was mixed about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgmental attitude towards patients.	Partial
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Feedback received by the Care Quality Commission (CQC), posted on the NHS website and through practice complaints indicated that patients felt that they were not always treated with respect by reception staff, and that some members of staff were unhelpful. The management team were aware of these issues and were taking action to address these.</p>	

Patient feedback	
Source	Feedback
Observations	We saw patients were treated with care and respect when they telephoned or attended the practice in person.
NHS Website	Sixteen reviews had been posted between May 2021 and April 2022. The main themes outlined included the attitude of some of the reception staff. Six reviews were positive about staff, particularly the GPs and nursing team, and that staff had organised relevant forms and tests for patients prior to them attending the practice.
Information received by the Care Quality Commission (CQC)	<p>CQC had received ten comments about the service between May 2021 and April 2022. The main themes outlined in the comments included the attitude of some of the reception staff.</p> <p>The practice notified patients about the forthcoming inspection and provided details of how to provide feedback to CQC. A further eight comments were received during May 2022. The main themes were similar to those made in previous comments, around getting an appointment and the attitude of some of the reception staff.</p>

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)	84.6%	90.8%	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)	82.9%	90.5%	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)	93.8%	96.5%	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)	52.0%	84.6%	83.0%	Significant Variation (negative)

Any additional evidence or comments

The practice had reviewed the results of the National GP Patient Survey and developed an action plan to address the areas that were below the local and national averages.

The provider was aware that the challenge around getting through to the practice on the telephone impacted on patients' overall experience of the practice, as well as staff attitude. As a consequence a new telephony system had been installed, which monitored call waits, recorded calls and offered a call back option. Reception staff had also attended customer service and conflict resolution training.

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

Any additional evidence

Although the practice had not carried out its patient feedback exercise, the patient experience manager reviewed comments left on the NHS website and social media. Responses were posted on the NHS website. The practice shared examples where they had contacted individual patients to follow up on comments made and to provide support and advice as appropriate. The practice also reviewed patient complaints for themes and trends.

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
<p>Explanation of any answers and additional evidence:</p> <p>Staff told us that they used translation services to support patients during consultations, and a number of practice staff were able to converse with patients in their language. Staff were able to provide information leaflets in different languages as required. The practice worked closely with the social prescribers and care coordinator to support patients with further information and access community services.</p>	

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)	91.3%	94.1%	92.9%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	We saw that the practice had identified 412 patients as carers. This represented 0.8% of the practice population. However, the practice also had a below average number of older patients within the practice population.

How the practice supported carers (including young carers).	The practice had a carers champion in post. The practice offered all carers an annual health check and influenza vaccine. Additional support was also offered via the social prescribers.
How the practice supported recently bereaved patients.	When patients passed away, the relatives were contacted and offered advice on how to find support services.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Responsive

Rating: Requires Improvement

We have rated the practice as requires improvement for providing a responsive service, because:

- Patients experienced difficulties getting through to the practice by telephone and accessing care.
- Patients could not always access care and treatment in a timely way.

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
Explanation of any answers and additional evidence: Both the main and branch sites provided level access with patient facilities located on the ground floor. A hearing loop was available for patients who had a hearing impairment. Car parks with designated disabled spaces were available at both sites.	

Practice Opening Times	
Day	Time
Hollybrook Medical Centre Opening times:	
Monday	8am to 8pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 8pm
Friday	8am to 6.30pm
Saturday (alternate)	8.30am to 12.30pm
Appointments available:	
Monday	8am to 8pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 8pm

Friday	8am to 6.30pm
Saturday (alternate)	8.30am to 12.30pm
Sinfin Health Centre Opening times:	
Monday to Friday	8am to 6.30pm
Appointments available:	
Monday to Friday	8am to 6.30pm

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

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided a multi-disciplinary team home visiting service for frail and housebound patients. One hundred and sixty patients had been identified as housebound, and the practice had provided home covid-19 vaccinations for this cohort of patients.
- There was a medicines delivery service for housebound patients.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Additional appointments were available until 8pm on Mondays and Thursdays, and Saturday mornings for school age children so that they did not need to miss school, as well as working age people so that they did not need to miss work.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Patients presenting with acute mental ill health were triaged on the same day by the on call clinician. Patients diagnosed as having new anxiety or depression were offered a follow up appointment within two to three weeks.
- Sexual health services were provided including coil and implant fitting/removal. The practice also prescribed emergency contraception.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

Access to the service

People were not always 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 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	Partial
There were systems in place to support patients who face communication barriers to access treatment	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Patients were offered a range of appointments, including pre-bookable up to three days in advance, on the day appointments and urgent on the day. Patients were able to request a face to face or telephone consultation. Reception staff told us that if an appointment wasn't available and the patient indicated their need was urgent, the information was passed on to the on call GP. Reception staff told us they used Arden's templates to record contact with patients. This was so they were able to monitor when patients had been unable to access an appointment on consecutive days and share the information with the on call GP.</p> <p>Patients were able to request appointments with in person at the reception desk, over the telephone or online. Online appointments were available for certain vaccinations and cervical cancer screening up to eight weeks in advance, and GP face to face appointments up to three days in advance. Information about how to request an appointment was available on the website. However, the practice acknowledged that they needed to explore ways to communicate more efficiently with patients about the changes that were taking place.</p> <p>Pre-bookable appointments were available to book with the practice nurses and the health care assistants, for long term condition reviews, blood tests, cervical screening and childhood immunisations.</p>	

The practice website was interactive and offered a range of services such as raising queries, requesting a sick note, cancelling appointments and completing online health questionnaires to support management of long term conditions.

The practice told us they planned their rotas to provide 103 appointments per 1000 patients. They had compared the number of appointments in January, February and March 2020 against those offered in the same period in 2022. The number of appointments offered had increased by an average of 28%, with a corresponding increase in patient list size of 4.6%.

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)	17.7%	N/A	67.6%	Significant 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)	35.5%	69.9%	70.6%	Significant 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)	39.7%	67.0%	67.0%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	69.4%	82.7%	81.7%	Tending towards variation (negative)

Any additional evidence or comments

The practice had reviewed the results of the National GP Patient Survey and developed an action plan to address the areas that were below the local and national averages.

The practice recognised the challenges around getting through to the practice by telephone and getting an appointment. A new telephony system had been installed during 2021. The new telephony system provided a queueing system for up to 50 patients and a call back option. In addition, the calls could be answered across all three Derby sites to assist with managing the volume of calls.

The practice had reviewed systems and processes to reduce the burden on the telephone system. The practice website was interactive and offered a range of services such as raising queries, requesting a sick note, cancelling appointments and completing online health questionnaires to support management of long term conditions.

The practice was proactively looking at high users of the service. The practice planned to engage with these patients to understand their needs and implement care plans to support these patients. The aim of the project was to provide an appropriate pre-scheduled appointment schedule with a nominated clinician to reduce the frequency of visits, as well as provide support through the social prescribers and care coordinator.

As part of the proposed merger, the practice planned to move to a Reception Hub call centre model for telephone answering based at Hollybrook Medical Centre to manage telephone demand more efficiently. Staff based on the reception desk would concentrate on interacting with patients in person.

The practice had recommenced offering extended hours two evenings a week and on alternate Saturdays. This provided alternative appointment times outside of the school and work day.

The practice had reviewed the processes in place for the management of long term conditions, moving towards a practice led process to reduce demand on the telephones. Long term condition questionnaires were sent via text or email to patients. The practice then contacted patients to book appointments for reviews or for tests, for example blood test or diabetic food checks. The practice also made use of AccuRx (digital messaging service) to interact with patients and provide patients with an alternative method to interact and communicate with the practice.

The practice told us they were working towards a multi-disciplinary team approach so they were able to direct patients to staff with the appropriate skills and knowledge to their needs. The practice team included GPs, advanced nurse / clinical practitioners, physician associates, first contact physiotherapists, clinical pharmacists and pharmacy technicians, nursing staff, social prescriber, health and wellbeing coach and care coordinator.

Source	Feedback
NHS Website	Sixteen reviews had been posted between May 2021 and April 2022. The main themes outlined in ten of the reviews included getting through to the practice to make an appointment and getting an appointment.
Information received by the Care Quality Commission (CQC)	CQC had received ten comments about the service between May 2021 and April 2022. The main themes outlined in the comments included getting an appointment. The practice notified patients about the forthcoming inspection and provided details of how to provide feedback to CQC. A further eight comments were received during May 2022. The main themes were similar to those made in previous comments.

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.	213
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
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> <p>The provider carried out an annual review of complaints received and comments recorded on NHS Web. The review highlighted a number of key themes including the telephone system, staff attitude and behaviour, length of appointment and communication.</p> <p>As a consequence a new telephone system had been installed in June 2021, which monitored and recorded all calls coming into the service. Calls could be answered across all three main Derby sites to help manage demand. Calls were also recorded for training and monitoring purposes. The number of calls that could be queued in the telephony system had increased three times since installation to meet demand. The system also offered patients the option of keeping their place in the queue and receiving a call back.</p> <p>Staff had been provided with training on customer service and conflict resolution. The new telephone system enabled managers and staff to listen to calls to identify any collective or individual training needs.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient raised a complaint regarding repeat prescriptions and appointments.	The practice acknowledged the issues raised and offered an apology to the patient. The patient's prescription was changed to three monthly. A number of actions were taken as a result of the complaint, including reviewing the recorded telephone message, speaking with the reception manager regarding procedures for answering the phone and speaking with appropriate member of the medicines management team. The written response provided to the complainant advised how to escalate their complaint if they were dissatisfied with the response from the practice.
Patient raised a complaint regarding a range of issues including their interaction with reception staff.	The patient was offered a double appointment so they were able to discuss and resolve their medical issues. General learning points included the development of a patient

	<p>pathway document. This supported reception staff with escalation to the on call GP and the shift leads to speak with the on call GP prior to patients being signposted to other services. Individual learning points identified that additional training was required after listening to the telephone call. This was discussed and monitored through one to one meetings.</p>
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Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: <p>This is the first inspection since registration with the Care Quality Commission (CQC) under the provider Aspiro Healthcare in October 2019. Two of the previous GP partners joined the partnership board of Aspiro Healthcare.</p> <p>The provider understood the challenges associated with managing the service and supporting the registered patients. The provider was working towards the proposed merger of Hollybrook Medical Centre and Haven Medical Centre, resulting in one main site at Hollybrook and three branch sites. The merger provided the opportunity to streamline service delivery and planning across the sites, provide a greater range of services for patients, and further development of the clinical and non-clinical staff teams.</p> <p>Staff commented that leaders were visible and approachable. Staff felt supported and valued in their work.</p> <p>The provider had developed a strategy document running from April 2022 until March 2023 which included succession planning. The provider recognised the challenges of recruiting GP partners, and had taken the decision to develop from within the existing team of GPs. A number of individuals had been identified to enter on a partnership journey with clearly defined plans for progression. One individual had commenced on this journey and taken on a clinical lead role with the next identified person due to follow later in 2022.</p> <p>The practice also provided career opportunities within other staff teams. New non-clinical managerial roles had been created and a number of existing staff had successfully applied for these roles. Staff within the nursing team was relatively new in post and had been offered development opportunities and taken on senior lead roles.</p>	

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: The provider had developed a strategy document running from April 2022 until March 2023, which covered the operational challenges faced by the practice. The strategy linked in with the proposed merger. Staff told us they were fully informed about the changes.	

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.	No
Explanation of any answers and additional evidence: Staff told us they were able to raise any issues or make suggestions, either during meetings or as issues arose, and they would be listened to and supported as required. Information about access to a Freedom to Speak up Guardian was visible in the practice. We saw that equality and diversity training was not included in the essential training for staff. The management team indicated that this training would be included post inspection.	

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

Source	Feedback
Staff interviews and feedback forms	<p>Staff told us that they enjoyed working at the practice. Staff commented that the changes in the structure of individual teams had been beneficial and was beginning to bring about the required improvements in working practices and staff morale. Staff felt supported and valued in their work.</p> <p>They felt empowered to make suggestions or raise any concerns. They said they were able to raise queries or concerns with any member of the management team, and they would be listened to and their comments taken on board. They told us support for their wellbeing, both professionally and personally, was available and confidentiality would always be maintained.</p>

	Staff said they were offered the opportunity to develop, either within their existing role or to another role. Protected learning time was provided, and they were supported to attend external courses where appropriate.
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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
<p>Explanation of any answers and additional evidence:</p> <p>Staff we spoke were aware of their roles and responsibilities. Staff had access to a comprehensive range of policies and procedures, which were regularly updated.</p> <p>There was a network of internal and external meetings held to support good governance. These included clinical and non-clinical meetings, partnership board meetings, community support team meetings, and primary care network meetings. Staff had access to agendas and meeting minutes, which were saved on teamnet.</p>	

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: The practice had developed a detailed action for the proposed merger. The plan clearly identified actions to be taken and the member of staff responsible. The action plan was divided into areas of risk including corporate, clinical systems and operations, reception, communication and patient liaison, administration and premises / Derby projects.</p>	

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

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

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
Explanation of any answers and additional evidence: The provider used performance information and audits to review and improve performance.	

Governance and oversight of remote services

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

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>The practice reviewed patient feedback from the National GP Survey, NHS website, social media and complaints. As a result of comments, changes had been made to the telephony system and training for reception staff. Further changes were planned with the introduction of the reception hub.</p> <p>The practice had a Patient Participation Group (PPG) but acknowledged that engagement with the PPG had not been as proactive as it could have been during the pandemic. The practice told that prior to the pandemic there had been a good working relationship with the PPG, which they hoped to return to.</p> <p>The last meeting had been held in March 2022 to discuss the proposed merger and what that meant for patients as well as the process for future meetings.</p> <p>We spoke with the manager of a local care home. They told us they were satisfied with the service provided by the practice. The care home had a nominated GP who visited on a monthly basis, engaged with staff regarding individual patients care and listened to their opinions, and also spent time with the patients and their relatives. They told us they had a direct telephone number so they could easily contact the practice. They told us they worked closely with the community matron, who also liaised with the practice on their behalf.</p> <p>We spoke with the community matron, who told they had a good working relationship with the practice. The community matron carried out weekly visits to the care home and then discussed any issues with the GP. They told us the practice was accommodating and handled requests promptly. They said they were invited to participate in the clinical meetings, which they found useful and engaging.</p>	

Feedback from Patient Participation Group.

Feedback
<p>We spoke with two members of the Patient Participation Group (PPG). They told us they had tried to maintain the group during the pandemic through regular contact from the chairperson. They felt that they had not been seen as a priority and there had been little engagement with the practice during the pandemic. They told us over the last two to three years there had been little continuity regarding their link person at the practice. They also expressed concerns about the future structure of the PPG following the merger.</p>

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
There was a focus on learning and improvement, especially from significant events, complaints, clinical audits as well as staff training and development.	

Examples of continuous learning and improvement

The provider had invested in new telephony system to improve access for patients. The new telephony system provided a queueing system, a call back option, and the calls could be answered across all three Derby sites to assist with managing the volume of calls. The system also enabled the practice to monitor call wait time and the quality of the interaction between patients and staff. This information was used for staff training purposes and to develop performance indicators for the new reception hub.

The practice was proactively looking at high users of the service and planned to engage with these patients to understand their needs and implement appropriate care plans. The aim of the project was to provide an appropriate pre-scheduled appointment schedule with a nominated clinician to reduce the frequency of visits, as well as provide support through the social prescribers and care coordinator.

The processes in place for the management of long term conditions had been reviewed and a practice led process was being introduced. Practice staff would be responsible for contacting patients to book appointments for reviews or relevant tests, following receipt of completed questionnaires. The practice was also increasing the use of accuRx digital messaging service to interact with patients and an alternative method for interact and communication with the practice.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **PHE:** Public Health England.
- **QOF:** Quality and Outcomes Framework.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
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- %_o = per thousand.