

# Care Quality Commission

## Inspection Evidence Table

### Parkway Medical Group (1-1344772041)

Inspection date: 3 December 2021

Date of data download: 30 November 2021

## Overall rating: Requires Improvement

The practice is rated as Requires Improvement due to issues affecting patient care, ineffective access to care for patients and ineffective systems such as those for ensuring the actioning of safety alerts and monitoring of patients with long-term conditions.

## Safe

## Rating: Requires Improvement

The practice is rated as requires improvement in the key question of safe. This is because we found evidence that some patients were overdue monitoring and reviews of a long-term condition with no action plan in place to address this. We also found in some cases, some overdue monitoring/incorrect recording of monitoring of patients prescribed high risk drugs, issues affecting patients which had not been actioned following safety alerts, and issues regarding the potential missed diagnosis of some patients with chronic kidney disease (CKD).

### Safety systems and processes

**The practice mostly had systems, practices and processes to keep people safe and safeguarded from abuse, but we found there were gaps in the systems leading to some failures.**

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.	Partial
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes

<b>Safeguarding</b>	<b>Y/N/Partial</b>
There were regular discussions between the practice and other health and social care professionals such as health visitors, to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: We saw minutes of meetings between the safeguarding lead, the practice manager and the health visitor. Meetings were held every eight to twelve weeks with the last meeting being in October 2021. An example was given of recent safeguarding referral. There were some parent's records that did not show that the family was a cause for concern. This is recommended to support clinicians in highlighting vulnerable children and to promote communication amongst professionals to promote the safety and welfare of children. This was rectified by the practice following the inspection.	

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
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
Explanation of any answers and additional evidence: The practice had oversight of the status of staff immunisations. The practice had relied upon locum staff during the pandemic to keep the service going for patients. They ensured that locum staff were checked for registration with the appropriate body and DBS checked.	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 2/11/2021	Yes
There was a fire procedure. Date of fire risk assessment: 1/8/2021	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: The practice undertook to train another fire warden when an existing fire warden reduced their working hours.	

## **Infection prevention and control**

### **Appropriate standards of cleanliness and hygiene were met.**

	<b>Y/N/Partial</b>
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: 31/8/2021	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes

## Risks to patients

**There were systems to assess, monitor and manage risks to patient safety. However, the practice had suffered from staff shortages during the COVID-19 pandemic and these systems were not always effective.**

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Partial
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	No
<p>Explanation of any answers and additional evidence:</p> <p>The practice had lost two GP partners to retirement and two GPs had left general practice in the past 18 months. They had recruited two new members to the clinical team. An advanced nurse practitioner was due to commence work in December 2021 and a salaried GP towards the end of January 2022. They were looking to recruit a further salaried GP and the current GP partners had taken on extra sessions per week to ensure the number of appointments offered daily did not decrease. We were told that GPs were working at night and at weekends to catch up on administrative tasks such as prescription signing and to try and compensate for staff shortages. These unforeseen circumstances had put a lot of pressure on existing staff. The practice was well supported by locum GP's, but locums were limited as to what they could do.</p> <p>During times of isolation staff were working from home with a laptop provided by the Clinical Commissioning Group. The practice asked part time staff to work extra hours to cover staff sickness, arranged a retired member of the administration team to cover secretarial work and utilised locum staff where possible. They linked in with the Clinical Commissioning Group and if the practice was at a position where there was a low number of GP appointments the CCG would arrange for extra appointments on the Urgent treatment centre and walk in centre. The PCN which encompassed 6 practices provided practice nurse and health care assistant cover when available.</p> <p>The practice had employed a member of the admin team to train as a health care assistant and they had been in post for three weeks. Another member of the administration team had been trained to perform phlebotomy.</p>	

## 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
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.	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.	No
<p>Explanation of any answers and additional evidence:</p> <p>A record of two-week referrals was kept. A two-week referral is a request from the GP to ask the hospital for an urgent appointment, because the patient has symptoms that might indicate a serious illness such as cancer. This meant that if the patient had not attended the appointment then the practice would investigate why and chase this up.</p> <p>The practice kept a track of routine referrals made to other services. However, they did not monitor any delays of routine referrals; this was identified by patient's prompts.</p> <p>We found evidence of test results indicating a substantial number of patients who may have chronic kidney disease whose test results had not been appropriately responded to. After the inspection, the practice told us these were being checked by the GP's and correctly coded, where appropriate, and the affected patients contacted.</p>	

## Appropriate and safe use of medicines

### The practice had gaps in 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) (01/10/2020 to 30/09/2021) (NHS Business Service Authority - NHSBSA)	1.08	0.82	0.71	Variation (negative)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2020 to 30/09/2021) (NHSBSA)	11.2%	8.7%	9.8%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2021 to 30/09/2021) (NHSBSA)	4.70	4.78	5.32	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2021 to 30/06/2021) (NHSBSA)	206.2‰	218.0‰	126.1‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2020 to 30/09/2021) (NHSBSA)	0.43	0.47	0.63	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2021 to 30/06/2021) (NHSBSA)	5.9‰	6.6‰	6.7‰	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.	Partial
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.	Partial
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.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had higher than local and national averages for antibiotic prescribing – they were aware of this and an audit had been carried out in the last 12 months of individual and practice prescribing. The practice was taking steps to reduce their antibiotic prescribing.</p> <p>The monitoring of some high-risk medicines was overdue. We found that some of the results obtained in other health care provider settings had not been added to the patients' record as per the practice policy. This was actioned following the inspection.</p> <p>Some medication reviews were overdue. There was a system in place, but it was not effective. For example, we found there were coding issues and input errors on the computer system. This made it appear that the medication reviews were overdue when some were not. Some medication reviews were lacking in detail which made it difficult for the following clinician to see previous actions or results. We saw evidence of a medication review that had failed to identify the patient was taking medicines that had been advised against in a previous safety alert.</p> <p>We saw evidence that another safety alert had not been acted upon regarding patients who were taking a high-risk medicine. Whilst this was not a significant risk in this case, it highlighted gaps in the system of managing safety alerts.</p>	

<b>Medicines management</b>	<b>Y/N/Partial</b>
The practice implemented an action plan to address these issues following the inspection.	

## Track record on safety and lessons learned and improvements made

### The practice did not always learn and make improvements when things went wrong

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	9
Number of events that required action:	9
Explanation of any answers and additional evidence: The practice had not been having full staff meetings during the COVID-19 pandemic but had plans to start them again in January 2022. We saw evidence of learning and reflection of significant events by the GPs and ANP who had been continuing to discuss significant events throughout the pandemic. We were told that the re-introduction of the full staff meeting in January 2022 would be a forum to share learning outcomes of significant events and complaints, and that minutes would be available to all staff.	

Example of significant events recorded and actions by the practice.

Event	Specific action taken
Patient letter filed in wrong patient notes	Highlighted as a significant event, rectified and learning shared

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Partial
Explanation of any answers and additional evidence: There was a system in place to manage safety alerts. However, the process was not entirely effective. A process to forward the alert to the appropriate person was in place. However, action taken in respect of the alert was not recorded and monitored, which on occasion had resulted in safety alerts not being acted on. We found evidence of some patients who were on combinations of medicines that were not recommended and some patients on methotrexate who did not have a day of the week indicated on which the medicine should be taken. After the inspection, the practice told us they had contacted any patients prescribed Methotrexate to add the day of the week to their prescription directions. Both issues had been highlighted in previous safety alerts. It was also identified that a system was not in place to check historic alerts.	



The practice stated that they would implement a new process to ensure all safety alerts were acted on and that historic alerts would be checked for any action necessary.

## Effective

## Rating: Requires Improvement

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.

The practice is rated as requires improvement in the key question of effective. This is because we found evidence that some patients were overdue monitoring and reviews of a long-term condition with no action plan in place to address this. We also found in some cases, some overdue monitoring/a lack of recording of monitoring of patients prescribed high risk drugs and some potential missed diagnoses. We also found evidence of issues with medication reviews regarding the recording of the reviews.

### 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
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.	Partial
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:	
There was no formal discussion of new guidance, but we were advised that clinical guidance was on the shared computer drive. Nursing staff told us that they discussed new guidance at meetings but had	

found they were too busy to attend the clinical meeting due to staff shortages and the timings of the meetings. The practice had a new programme of meetings planned for 2022 at times when all staff would be able to attend.

Patients presenting with symptoms which could indicate serious illness (red flags) were able to make a face to face appointment or telephone triage. If triaged with red flags, the GP would call them in for a face to face appointment or do a home visit. Staff on the front line were aware of red flag symptoms when answering telephone lines and there was an on-call GP every day to see such patients.

Some patient's treatment had not been reviewed due to a backlog caused by staff shortages and national blood bottle shortages relating to the COVID-19 pandemic. However, patients were informed to contact the practice with any concerns and not to wait until their planned review.

Reception staff had completed training to enable them to signpost patients to the appropriate service and patients were advised to ring 999 if their symptoms were urgent.

## Effective care for the practice population

### Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- Health checks, including frailty assessments, were available to patients over 75 years of age but were difficult to access due to staff shortages. Some health checks were temporarily suspended across England in December 2021 due to the escalation of the Covid-19 vaccination programme.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74 if they requested this. However, these were not done routinely, especially during the COVID-19 pandemic.
- All patients with a learning disability were offered an annual health check. The practice was working towards having a specific learning disability clinic support by the Primary Care Network Social prescriber.
- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.
- Patients with poor mental health, including dementia, were referred to appropriate services.

## Management of people with long term conditions

### Findings

- Patients with long-term conditions were mostly offered a structured review to check their health and medicines needs were being met. We found that some structured reviews were overdue. With

the exception of patients with hypothyroidism, the practice had a record of those patients overdue a review and a plan to complete these. We found that 72 patients with hypothyroidism had not had blood tests within the previous 12 months which put them at risk of being over or under medicated. Following the inspection, the practice developed an action plan to ensure these patients were monitored.

- We found that some results for patients prescribed disease-modifying antirheumatic drugs (DMARDs) had not been downloaded and recorded according to the practice policy.
- We found evidence of potential missed diagnoses of 104 patients whose blood test results indicated they had chronic kidney disease.
- Recording issues with medication reviews on the clinical system indicated they had not been done (when they had been done) and some indicated overdue medication reviews.
- 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.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.
- We found that some patients with asthma were overdue reviews. The practice had implemented a catch up programme following the inspection to ensure that these patients were safely monitored.

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) (01/04/2019 to 31/03/2020) (NHS England)	89	91	97.8%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2019 to 31/03/2020) (NHS England)	80	82	97.6%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and	80	82	97.6%	Met 95% WHO based target

Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2019 to 31/03/2020) (NHS England)				
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)	80	82	97.6%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)	88	94	93.6%	Met 90% minimum

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

Cancer Indicators	Practice	CCG average	England average	England comparison
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). (Snapshot date: 31/03/2021) (Public Health England)	82.5%	N/A	80% Target	Met 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	80.4%	71.5%	70.1%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	74.7%	63.3%	63.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2019 to 31/03/2020) (PHE)	71.4%	54.1%	54.2%	No statistical variation

## Monitoring care and treatment

### The practice had a programme of quality improvement activity and 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.	No

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

A second cycle audit in 2021 highlighted four patients over 75 who took aspirin without any medication to protect against cardiovascular disease and damage to their oesophagus. This preventative medication was recommended by guidance and as a result of the audit these patients were contacted and prescribed the medicine.

A second cycle audit in 2020 of patients taking lithium concluded that all the four patients had an alert added to their record to ensure appropriate monitoring took place.

## Effective staffing

**The practice was not fully 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.	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.	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>Staff shortages during the COVID-19 pandemic meant that staff had had limited capacity for protected learning time. The practice took part in a bi monthly session where the CCG funded Out of hours GP cover so GP practices could do in house training or attend a planned training session provided by the CCG via teams. The practice told us that staff always attended these sessions.</p> <p>The health care assistants had regular protected time with practice nurses to go over working towards the Health Care Certificate.</p> <p>Some members of the nursing team had not had an appraisal in the last year.</p> <p>Competence of staff was checked through regular meetings with GPs and by sharing consultation histories and following on from other clinicians. There was no formal monitoring recorded but the practice planned to do so moving forward.</p>	

## Coordinating care and treatment

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

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

## 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.	Partial
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
Explanation of any answers and additional evidence: The practice had registers of patients with specific needs such as those requiring palliative care and we saw minutes of meetings where they were discussed. Staff shortages and a backlog from the COVID-19 pandemic meant that patients had to wait in order to access health checks.	

## 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

## Caring

**Rating: Good**

### Kindness, respect and compassion

Feedback from patients was mixed about the way staff treated people. The feedback related to frustration with a service that was struggling to cope with demand during the COVID-19 pandemic. This resulted in frustrated patients and staff who were unable to meet the demands.

	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
Explanation of any answers and additional evidence: Staff at the practice had worked hard during the COVID-19 pandemic, covering each other due to self-isolation needs and staff sickness. Some staff had retired, and some had left during this time. All staff stated that they supported each other and were trying hard to deliver a good service to patients. Some staff felt upset at treatment received from patients who were unable to see a GP and stated that there had been a lot of intolerance and abuse towards them. This impacted on them as they were dealing with complaints and attitudes that were caused by the current situation. Following the negative reviews and complaints made by a number of patients, staff had attended a course on customer service and motivation. Staff said that this was beneficial, and they had a genuine desire to provide good care.	

Patient feedback	
Source	Feedback
Friends and Family	13 results 10 of which were poor or very poor.
Patient interviews	Two interviews stating that the practice was trying hard under very challenging circumstances.



## 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)	92.4%	91.5%	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)	90.7%	90.4%	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)	92.7%	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)	82.5%	84.2%	83.0%	No statistical variation

### Any additional evidence or comments

Prior to the COVID-19 pandemic the patient survey results were very good, the negative patient feedback we reviewed was in the last 12 – 18 months. The practice was aware of this and had plans in place to address the feedback, starting with motivational training for staff.

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

### Any additional evidence

The practice had not completed any formal needs analysis but stated they had plans in place for a patient survey and planned to do a patient engagement session taking a 'You said we did' approach. They were working with a member of the Patient Participation Group to reach out to patients and understand how they could meet their needs within their ability.

The practice monitored social media and F&F test results.

We saw evidence of patient reviews as follows;

Search engine reviewed on 25/11/2021 revealed 1/5 stars x two recent reviews

Healthwatch reviewed on 25/11/2021 revealed in the last 12 months there were seven reviews the results of which were six x 1/5 stars and one 5/5 stars.

Themes from the reviews were that patients thought staff were rude, both receptionists and GPs, and that there was a defensive reliance on 111 and the walk-in centre. There were also comments about not listening to patient feedback.

The practice told us that they had addressed the reviews by recruiting new members of staff who were due to start in December 2021 and January 2022. They told us that they were starting the practice monthly newsletter up again and it would be added to the website with a copy in the reception area. They had arranged training for administration staff to do customer care training. Staff had been upset and frustrated by patients who could not get through to the practice and when they did had become abusive and shouted at them. They also said that social media had been very hurtful to read when everyone was working hard.

We were told of examples whereby staff had delivered medication to patients who were housebound during the pandemic and regular telephone calls were made to those who were isolated to check in on them and see they were managing.

## Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: Easy read and pictorial materials were available.	

Source	Feedback
Interviews with patients (two patients)	One patient stated that the practice was caring and provided excellent care. They stated that they listened to their views and worked in partnership with them. The practice was willing to listen moving forward and implement changes to meet patient needs.

## National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2021 to 31/03/2021)	90.6%	93.9%	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.	Partial
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: Patients with communication needs were able to access the service in alternative ways such as by text message, online booking or by letter. No leaflets were out in the waiting room due to the pandemic, but the practice had an electronic noticeboard that gave information on a rolling schedule whilst patients were waiting.	

Carers	Narrative
Percentage and number of carers identified.	286 carers 3%
How the practice supported carers (including young carers).	The practice was looking to appoint a carers Lead/Champion within the administration team. They supported carers through posters in the waiting room, a dedicated section for carers on the practice website and invited them annually for a flu vaccination.
How the practice supported recently bereaved patients.	The GP that knew the patient well would contact them within 72 hours to offer support, in times of absence another GP would contact the patient.

## 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

The practice is rated as Requires Improvement in this key question. Staff had retired and left the practice and not been replaced until recently, which meant that the service had been unable to meet patients' needs.

### Responding to and meeting people's needs

**Services did not meet patients' needs, due to issues faced during the pandemic.**

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	No
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Services provided were limited regarding continuity of care because of staff shortages. The practice stated that they had been reliant on 111 and walk-in centres due to increased demand, and GP Locums were regularly booked to keep up the appointment numbers.</p> <p>We were given numerous examples of patients who could not access services at the practice and were advised to attend the walk-in centre. Patients also commented that they were unable to get through by telephone.</p> <p>The practice had introduced pre-bookable face to face appointments with GPs and ANPs from December 2021. They also offered longer appointments should the patient request it.</p> <p>The practice had evaluated and changed the appointment system, introducing pre-bookable appointments where patients had a choice for telephone triage or face to face appointments with a GP in May 2021, the introduction of urgent nurse and health care assistant appointments in May 2021 and a change to face to face appointments for GPs and advanced nurse practitioners in November 2021. They had also introduced an additional advanced nurse practitioner early morning clinic on a Thursday in November 2021. The impact of these changes to the appointment systems was not yet measurable.</p> <p>The premises were accessible by wheelchair users, consulting rooms were mainly on one level with a lift to the first floor.</p> <p>There was a hearing loop system at the reception desk and access to interpreters.</p> <p>The practice was open for patients to enter and make an appointment if they were unable to access online or telephone appointments.</p> <p>The practice had recently upgraded the telephone system with Clinical Commissioning Group support. This meant there were increased telephone lines and an extra person answering phones. There was also now a queue and voice over system and a ring back facility. The measures implemented were in their infancy and the impact not yet measurable.</p>	

### Practice Opening Times

Day	Time
-----	------

Opening times:	
Monday	8.30am to 8pm
Tuesday	7am – 6pm (prebooked telephone triage 7am–7:30am. Doors open at 7:30am)
Wednesday	8:30 am – 6pm
Thursday	7am – 6pm (prebooked telephone triage 7am – 7:30am. Doors open at 7:30am)
Friday	8:30am – 6pm

Appointments available:	
Monday	Last appointment 5.45pm and first appointment 8.45am Late evening on a Monday last appointment 7.45pm
Tuesday	Extended hours 7.30am and 7.45am Last appointment 5.45pm
Wednesday	Last appointment 5.45pm and first appointment 8.45am
Thursday	Last appointment 5.45pm and first appointment 8.45am
Friday	Last appointment 5.45pm and first appointment 8.45am

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

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- The practice staff delivered medication to patients during COVID-19.
- Additional nurse appointments were available until 8pm on a Monday for school age children so that they did not need to miss school.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice was open from 7am on a Tuesday and Thursday for pre-booked telephone triage. Appointments were available from 7.30am on these days.
- The practice held a register of patients living in vulnerable circumstances and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

## Access to the service

### People were not 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	No
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	No
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>The practice initially worked through the pandemic with a total GP triage system. The practice told us that appointment availability had been a pressured area over the past 12 – 18 months with increased demand. A GP on call was allocated on mornings and afternoons to deal with anything urgent on the day. They also had an allocation of appointments reserved for 111 which if not used within a certain time could be utilised by the practice.</p> <p>The practice had evaluated and changed the appointment system, introducing pre-bookable telephone triage appointment for GPs in May 2021. They had introduced urgent nurse and health care assistant appointments in May 2021 and latterly a change to face to face appointments for GPs and advanced nurse practitioners (ANP) in November 2021.</p> <p>They had also introduced an additional advanced nurse practitioner early morning clinic on a Thursday in November 2021.</p> <p>Patients could book a same day appointment with a GP or ANP. There was an allocation of GP appointments that could be prebooked seven days and 14 days in advance. These appointments were timed at 15-minute intervals and patients had a choice of an early morning (Tuesday and Thursdays), morning or afternoon surgery. Children aged 12 and under were offered an appointment on the day.</p> <p>Staff had undergone training for signposting and were aware of other services that they could signpost patients to, to ensure patients saw the correct person at the first time to maximise resources. Patients could also use eConsult, with the aim to deal with those queries that came in on the day but with the aim of always within 48 hours of receipt.</p>	



Online appointment booking had been paused for safety, patients who booked an appointment were asked COVID-19 screening questions and online booking did not give the opportunity to do this.

Repeat prescriptions and record viewing was still available. The practice was planning to reactivate appointments to book online when they felt it was safe to do so.

Anything urgent or an emergency was passed on to the GP on call.

Patients could telephone or email to cancel booked appointments.

Home visits requests were triaged by the GP on call and then discussed at the daily meeting between GPs and ANP as to whom would do which visit. Any visits that were requested after 11am were passed to the GP on call or added on for the next day, where appropriate.

There were two nurses available for an evening clinic on a Monday and an ANP available two mornings a week starting at 7am.

The next routine GP appointment was in 7 days.

The current waiting time for routine blood tests was 6 days, although urgent bloods would be taken on the day or as soon as possible. The next routine nurse appointment was in 6 days' time.

The practice told us that it had been a challenging 18 months with 2 partners retiring and 2 other GPs following their career paths elsewhere. They had been reliant on locums for some months now but had two new members of clinical staff starting soon; a nurse practitioner in December 2021 and a salaried GP towards the end of January 2022. Whilst they were looking to recruit a further salaried GP, the current GP partners had taken on extra sessions per week to ensure the number of appointments offered daily did not decrease.

The impact of the actions referred to above such as recruiting new staff, new telephone system and introduction of more face to face appointments was not yet measurable as the measures were in their infancy.

## 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)	49.6%	N/A	67.6%	No statistical variation
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)	63.4%	71.9%	70.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	58.8%	69.1%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	82.3%	81.6%	81.7%	No statistical variation

Source	Feedback
Social media	Numerous complaints regarding the telephone triage system in place and not being able to book in to see a GP face to face if not clinically indicated.

## 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.	15
Number of complaints we examined.	1
Number of complaints we examined that were satisfactorily handled in a timely way.	1
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>Comments and complaints could be made either via letter, email, telephone or face to face. The Reception Team lead would take details and deal with issues where possible. If it was a complaint, then it was escalated to the practice manager.</p> <p>Letters and emails were sent an acknowledgement within five days indicating a planned response within 25 days. If the complaint was made face to face or by telephone patients were asked their preference on how they would like to receive a response.</p> <p>Complaints leaflets were available at reception, a poster with complaints details was in the reception area and complaint information was on the practice website.</p>	

#### Example of learning from complaints.

Complaint	Specific action taken
Hospital letter with medication changes filed without action by the practice	This was discussed within the practice clinical meeting and agreed that it had been missed. An urgent box was agreed so that any urgent letters or changes needed would be looked at by GPs daily. A task could also be sent electronically with this information stating, 'please look at urgent task'.

## Well-led

## Rating: Requires Improvement

The practice is rated as Requires Improvement in this key question. This is because the governance of some of the systems in place such as management of test results and safety alerts was not effective. Also, substantial patient feedback regarding access had not been acted upon.

### Leadership capacity and capability

**Leaders could not always 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.	Yes
They had identified the actions necessary to address these challenges.	No
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: The main issues found at the inspection were due to a failure in ensuring that systems were operating effectively. Leaders understood the challenges but had not taken steps to ensure plans were always in place to address these challenges. Following the inspection, the practice provided action plans of all the areas of concern that had been identified. However, some areas would take time to be actioned and embedded.	

### Vision and strategy

**The practice had a clear vision, but it was not supported by a credible strategy to provide high quality sustainable care due to the constant changes during the pandemic.**

	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: Vision, values and strategy were developed prior to the practice manager being in their role but were reviewed and agreed with staff. It was unclear as to whether they were developed with patients and external partners, but the practice felt that they were still valid. The practice said that the strategy was a work in development as the landscape changed.	

## Culture

**The practice had a culture which drove high quality sustainable care, this had recently suffered because of the issues they faced due to the pandemic**

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: Staff felt well supported by leaders and said that there was an open-door policy. The culture in the practice had been affected by the pandemic and the staff had been subject to staff shortages and dealing with complaints from patients unable to access the service when they needed it.	

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

Source	Feedback
Staff questionnaires and interviews	Staff reported that that they had all worked very hard together in very stressful times during the pandemic and had covered each other during periods of self-isolation and sickness. Staff reported that they felt supported and valued by leaders in the practice.

## Governance arrangements

**The overall governance arrangements were not effective.**

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: We saw evidence of some policies that required updates. The governance arrangements of the medicines management systems were not operating effectively. For example; The system to support reviews of the clinical records of patients prescribed Spironolactone, Angiotensin-converting enzyme (ACE) inhibitors and direct oral anti coagulants was not operating effectively.	

Staff were not following the disease modifying antirheumatic drugs (DMARDs) drug monitoring protocol as there was evidence of some results that had not been added to the patient record.

The system to ensure that safety alerts, both past and present, were always acted on was not effective.

The system to identify patients who may be suffering with chronic kidney disease was not effective.

Some long-term conditions reviews were overdue for patients with thyroid problems, diabetes and asthma. In addition, the recall system for patients with hypothyroidism to be called in for a blood test was not effective.

The system in place for timely medication reviews was not effective. We found evidence of some overdue medication reviews and some that were not recorded correctly on the clinical system.

We also found that the registration with CQC was incorrect as the existing registered manager had retired from the service earlier in the year and no new application had been completed.

### 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 processes to manage performance.	Yes
There was a quality improvement programme in place.	Partial
There were effective arrangements for identifying, managing and mitigating risks.	No
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	No
When considering service developments or changes, the impact on quality and sustainability was assessed.	No
Explanation of any answers and additional evidence: They had lost staff and recruitment had been slow.	

**The practice had limited 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.	Partial
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
<p>Explanation of any answers and additional evidence: Staff had been provided with laptops in order to work from home when self-isolating in order to help keep the service running for patients.</p> <p>The practice had recently responded to patient dissatisfaction with access and had introduced a new appointment system in December 2021.</p> <p>The national blood bottle shortage had meant that no patient recalls were made in September 2021. There was a system in place to get back on track and the practice said that all urgent cases were now seen. They were still catching up with recalls of patients who needed blood tests but said that by the end of the year this would be up to date. This task had been staggered due to capacity issues.</p>	

## 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
Performance information was used to hold staff and management to account.	Partial
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
Explanation of any answers and additional evidence: Patients feedback had not been acted upon. The practice put action plans in place following the inspection to address areas that required review.	

## Governance and oversight of remote services

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



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

**The practice had involvement with the public and external partners to sustain high quality and sustainable care. They engaged well with their staff.**

	Y/N/Partial
Patient views were acted on to improve services and culture.	Partial
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
Explanation of any answers and additional evidence:	
<p>During the pandemic there was limited evidence that the practice had engaged with the public or stakeholders.</p> <p>The practice had links with the practices of Outer West Newcastle Primary Care Network (PCN) and were focused on providing care for the needs of Newcastle Outer West patients, with periodical strategy meetings with the lead GP and practice manager from each practice. They had board meetings monthly via teams during the pandemic.</p> <p>From December 2021 the practice told us they were changing their schedule of meetings to have a full staff meeting once a month.</p> <p>The staff were regularly reminded of the services they could access through the pandemic for any emotional and wellbeing support. They had an open-door policy. Staff could have time out after dealing with a challenging situation.</p> <p>They had plans to do a patient's survey with a volunteer patient and to re-establish a PPG.</p> <p>The practice told us that the PPG were contacted via email early 2021 and asked if they would like to meet via a team's meeting. The teams meeting did not go ahead due to lack of response (2 replies) and quoracy.</p> <p>The practice told us that prior to the COVID-19 pandemic they held annual patient surveys within the practice but control of infection measures and reduced footfall into the practice had halted this.</p> <p>They stated that previous online surveys, including an online questionnaire rolled out by the PCN in January 2021, had shown poor uptake and did not represent all patient groups.</p> <p>Links to Friends and Family remain on the website.</p> <p>Patients were to be sent a text message once they had attended an appointment to give any feedback about their experience.</p>	

Feedback from Patient Participation Group.

## Feedback

The practice was willing to listen to views and try new methods of working moving forward which may benefit patients. This was in its infancy and an aspirational aim at the time of the inspection.

### Continuous improvement and innovation

**There was some 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.	Partial
Explanation of any answers and additional evidence: Learning was shared but meetings had been limited and the only option was for staff to access the shared computer drive to view significant event analysis and any learning from them. Through the PCN they had developed a first contact physio team and could now directly book patients in for a face to face or telephone assessment.	

### Examples of continuous learning and improvement

In January 2021 the practice had a full staff meeting and made plans to reinstate Year of Care which would ensure that patients had effective monitoring of long-term conditions. The practice had started this initiative in June 2021 but had to stop for a period in September 2021 due to the blood bottle shortage. At that time the ANP in post was a Year of Care trainer so they were able to discuss what would be achievable. This had brought about lots of changes with new templates and a rebuilding of the recall system and changing recall letters prior to the pandemic.

## 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 several 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.
- 
- ‰ = per thousand.