

Inspection Evidence Table

Brookvale Practice

(1-583697628)

Inspection Date: 20 and 28 November 2023

Date of data download: 07/11/2023

Overall rating: Good

At the last inspection on 08 September 2015, the practice was rated outstanding for providing Effective, Caring and Responsive services.

Effective was rated as outstanding due to the provider running a number of health awareness events which increased uptake of health checks and identified potential health issues, having strategies to identify long-term conditions early and improve patient care and the range of audit and quality improvement work undertaken.

Caring was rated as outstanding due to the promotion of services for carers, links with other organisations to support patients, the development of a community garden at the practice that provided exercise and reduced social isolation for patients and support for patients with no family, for example, through the provision of a Christmas present or hamper.

Responsive was rated as outstanding due to the access arrangements in place that met a variety of patient needs, this included extended access and home visiting to vulnerable patients and one-stop clinics to manage long term conditions in fewer visits. Quality and Outcomes Framework (QOF) Performance for diabetes assessment and care was higher than the national averages.

At this inspection, we found that those areas previously regarded as outstanding practice were now embedded throughout the majority of GP practices. While the provider had maintained this good practise in a number of areas, the threshold to achieve an outstanding rating had not been reached. The practice is therefore now rated good for providing effective and caring services.

The provider is rated as requires improvement for responsive services due to the low satisfaction patients had with access to the service as indicated in the National GP Patient Survey.

We found elements of outstanding practice:-

At this inspection we found that the practice took steps to identify patients with a long-term condition early so that these patients could access care and treatment. For example, they carried out opportunistic blood pressure checks, BMI screening and targeted patients overdue for blood tests at flu clinics. Opportunistic health checks for weight and blood pressure had led to identifying more patients with obesity compared to other practices locally and nationally (Joint Strategic Needs Assessment Data 2023).

The provider actively promoted flu vaccinations. Data from The UK Health Security Agency (UKHSA) for 2022 showed the provider was above the national average for uptake for older people, under 65-year-olds and for patients with a chronic disease. To encourage uptake the provider had offered drive in clinics at weekends to allow carers to bring in elderly and vulnerable relatives. Dedicated flu vaccine clinics had also been put in place for children.

The provider had identified over 100 patients who had reported hearing loss. As a result, the deaf awareness team had attended the practice in May and October 2023 to provide advice and support to patients. Further sessions were planned.

At flu clinics staff informed patients about abdominal aortic aneurysm (AAA) screening for over 65s. Patients were then referred to hospital if they wished to have this test carried out. The provider was contacted by the hospital as the number of referrals had increased significantly. As a result the hospital staff now do the AAA screening at the practice and provide this service to all eligible local people, not just patients registered at the practice.

Context

The provider was experiencing challenges. The practice list size had increased in the last 12 months by approximately 300 patients as a result of changes at a local practice. The provider reported that this had increased workload. For example, a number of patients were prescribed gabapentinoids (used for the management of pain and anxiety) which had increased their workload in terms of monitoring these patients and putting in plans to reduce this prescribing. The provider reported that the patient list size was continuing to increase.

The provider reported there was limited local support for patients experiencing pain including management of pain medication which they were addressing with the Integrated Care Board (ICB).

The provider reported that retention of non-clinical staff had been difficult due to access to less demanding employment locally.

The Primary Care Network (PCN) had not been established as long as other local and national PCNs. This meant that there was a delay in the practice benefiting from additional staff roles such as pharmacists.

Information published by the Office for Health Improvement and Disparities showed that deprivation within the practice population group was in the second lowest decile (two of 10). The lower the decile, the more deprived the practice population is relative to others. A lower level of deprivation can indicate challenges in providing healthcare. The supply of healthcare services tends to be lower in more deprived areas due to a number of factors but has an increased demand. The population tends to have poorer health status among individuals with a greater need for health services. For example, there may be higher levels of long-term conditions such as those affecting the cardiovascular system and respiratory system. Data available to us showed that the practice has a higher than average number of patients who have a long-standing health condition compared to the national averages. There was a higher prevalence of long-term conditions such as hypertension, diabetes, heart disease and chronic obstructive pulmonary disease (COPD) compared to practices nationally.

According to the latest available data, the ethnic make-up of the practice area was 97.6 % White, 1.4% Mixed, 0.7% Asian, 0.2% Black, 0.1% Other

The age distribution of the practice population closely mirrored the local and national averages.

Safe

Rating: Good

At the last inspection in September 2015 the Safe key question was rated good. At this inspection this key question is rated as requires good.

Safety systems and processes

The practice had 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.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
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.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> A risk register was in place to identify vulnerable patients and review their needs and liaise with health and social care professionals as required. The health visiting service was based in the same building which facilitated communication. A system was in place to respond to requests for information from external professionals in a timely manner. Staff reported they understood how to identify and report safeguarding concerns. 	
Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y

Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y
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Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Y
Date of last assessment: Various dates	Y
There was a fire procedure.	Y
Date of fire risk assessment: 04/04/2023	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Health and safety assessments included assessments of the premises, such as a legionella risk assessment, hazards and individual risk assessments for staff. 	

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.	Y
Infection prevention and control audits were carried out.	Y
Date of last infection prevention and control audit: 06 June 2023	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y

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.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
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.	Y

There were enough staff to provide appointments and prevent staff from working excessive hours.	Y
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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. 1	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y

Appropriate and safe use of medicines

Improvements were needed to systems for the appropriate and safe use of medicines, including medicines optimisation.

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

Indicator	Practice	SICBL average	England	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2022 to 30/06/2023) (NHSBSA)	0.96	0.99	0.91	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2022 to 30/06/2023) (NHSBSA)	5.7%	5.9%	7.8%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2023 to 30/06/2023) (NHSBSA)	5.88	5.13	5.24	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	270.8‰	241.6‰	129.6‰	Tending towards

				variation (negative)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2022 to 30/06/2023) <small>(NHSBSA)</small>	0.54	0.91	0.54	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2023 to 30/06/2023) <small>(NHSBSA)</small>	5.0‰	5.6‰	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.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
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.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of effective 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.	Y
There was a process for monitoring patients' health in relation to the use of medicines including medicines that require monitoring (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Partial
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Y
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.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
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.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y

Explanation of any answers and additional evidence, including from clinical searches.

- As part of this inspection clinical record searches were undertaken by a CQC GP specialist advisor. The records of patients prescribed certain high-risk medicines were checked to ensure the required monitoring was taking place in line with best practice guidelines.
- We found that overall, there were systems to monitor patients who needed tests before medicine was re-issued .
- We identified 67 patients as having been prescribed Methotrexate (used for inflammatory conditions) and 10 patients who had potentially not had the required monitoring. We reviewed 5 of these records in more detail and found appropriate monitoring arrangements were in place. The last blood result was not always clearly recorded in the patient record. The provider told us that at the time of the inspection, there was a temporary issue with downloading blood results which was rectified shortly after.
- We identified 16 patients as having been prescribed Azathioprine (used to calm or control the body's immune system) and 5 patients who had potentially not had the required monitoring. We reviewed these 5 patient's records in more detail and found appropriate monitoring arrangements were in place. We noted that the monitoring system may not identify patients who stop requesting this medicine due to vulnerability.
- We identified 6 patients as having been prescribed Lithium (used to stabilise mood and treat certain mental illnesses). We reviewed 2 records in more detail and found appropriate monitoring arrangements were in place.
- We identified 47 patients as having been prescribed Warfarin (a medicine used to prevent blood clots) and 3 patients (monitored in secondary care) who had potentially not had the required monitoring. We reviewed these 3 records and found that although these patients had had the required monitoring, improvements were needed to the documentation in patient records to show the dosing regime and when the next blood test was due. During the inspection, the provider told us how they had addressed this to ensure all relevant information was recorded in the patients' records. This included, informing patients of the need to have this information, a reminder system for patients and coding patient records if monitored in secondary care.
- We found good practices in place regarding the monitoring of patients prescribed Direct Oral Anticoagulants (DOAC) used also to prevent blood clots.
- We identified 116 out of 320 patients who had been prescribed gabapentinoids (medicines used to treat epilepsy and pain), who had potentially not had a review of their medicines in the last 12 months. We looked at 6 patient records in more detail and found that all six patients were overdue a review of their medicines. Following the inspection, the provider told us that although the medication review date may show as overdue the majority of patients had had a discussion about their gabapentioid medication in the last 18 months. The provider sent us evidence to show that the majority of patients prescribed pregabalin had been reviewed in the last 18 months.
- The provider was aware that prescribing in relation to pregabalin and gabapentin was above national averages. They were auditing these medicines and reviewing prescribing trends. There was a plan in place to review all patients and look at reduction in prescribing within the next 6 months. The provider had also put in place actions to reduce initiation of these prescriptions. Data shared by the provider showed this prescribing was reducing.
- A sample of records we reviewed showed that medicines reviews were overdue. The provider told us that they had a number of patients that were overdue a review of their medicines. They had a system for prioritising these reviews. Going forward the provider told us there would be increased staff to undertake medicines reviews as a pharmacist had been employed, dedicated medicines review slots had been developed and work was underway with the PCN looking at pharmacy projects to support the patient population.

- The defibrillator was shared with a GP practice on the same floor in the same building. The other practice carried out the defibrillator checks. A copy was not kept on-site at Brookvale Practice, although this was routinely checked by staff checking emergency medication. Following the inspection, a shared record was set up to allow easier access to records of defibrillator safety checks.
- The provider told us they held emergency medicines in accordance with a risk assessment decided at a clinical meeting. This was not recorded to enable an audit.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong. Improvements were needed to the management of safety alerts.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	40
Number of events that required action:	40

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

Event	Specific action taken
Sudden illness at the practice which was dealt with appropriately.	The practice reviewed this incident to see if there was any learning for staff. To make improvements lead staff for emergencies had been identified, a new emergency medications trolley obtained, and emergency drills practiced to ensure all staff were aware of the actions needed in the event of a similar emergency.
A vaccine was given one week before the due date.	Advice and guidance was obtained from the ICB immunisations team. An apology and advice given to the carer of the patient. Designated administration member of staff now assisted at immunisations clinics.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence:	

- We reviewed actions taken on recent alerts. We identified that 59 patients were prescribed teratogenic medicines (medicines that can cause birth defects). Appropriate action had been taken to give advice to patients prescribed one type of medicine. However, we identified eight patients prescribed other medicines who had not been informed of the risks. Following the inspection, the provider informed us that although the alert had been noted, patients records had not been updated to enable this to be addressed in a co-ordinated way or opportunistically.
- After the inspection the provider reviewed all patients prescribed these medicines. They had risk assessed all patients not informed of the risks and clinicians had either reviewed this medicine and given the required advice, were in the process of awaiting a response from the patient or had taken this medication off the repeat prescribing system.
- We noted that one patient out of 30 prescribed a medicine for bladder control had not been informed of the risks relating to this or had a recent blood pressure check. We noted that a method to highlight this to clinicians was not on this patient record. The provider addressed this following the inspection.

Effective

Rating: Good

At the last inspection on 08 September 2015, the practice was rated outstanding for providing Effective services. This was due to the provider running a number of health awareness events which increased uptake of health checks and identified potential health issues, having strategies to identify long-term conditions early and improve patient care and the range of audit and quality improvement work undertaken.

At this inspection, we found that those areas previously regarded as outstanding practice were now embedded throughout the majority of GP practices. While the provider had maintained this good practise, the threshold to achieve an outstanding rating had not been reached. The practice is therefore now rated good for providing Effective services.

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

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment 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.	Y

Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had prioritised care for their most clinically vulnerable patients during the pandemic.	Y
The practice prioritised care for their most clinically vulnerable patients.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Clinical meetings were held. This provided an opportunity for learning, development and support, for example, by discussing patients with complex needs. As part of our inspection, we conducted a series of patient clinical record searches to review the practice's procedures for the management of patients with long term conditions. The records of patients with long-term conditions were checked to ensure the required monitoring was taking place. These searches were visible to the practice. We found that where patients were overdue monitoring in the majority of records, we looked at this involved small numbers of patients and patients had already been re-called by the practice. The protocol for the management of hypertension did not indicate the remit of different levels of staff involved in monitoring and review. 	

Effective care for the practice population

Findings
<ul style="list-style-type: none"> Health checks, including frailty assessments, were offered to patients over 75 years of age. The practice continued to take steps to identify patients with a long-term condition early so that these patients could access care and treatment. For example, they carried out opportunistic blood pressure checks and targeted patients overdue for blood tests at flu clinics. Opportunistic health checks for weight and blood pressure had led to identifying more patients with hypertension and obesity compared to other practices locally. Point of care testing was in place for cholesterol and diabetes. Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group. Campaigns to promote flu and shingles vaccines had been undertaken to promote uptake. Data about patients who had had falls was collated and these patients were referred to the well-being team for support and a referral to the falls prevention team.

- Patients had access to appropriate health assessments and checks including NHS checks for patients. There was a system for follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

- As part of this inspection a number of set clinical record searches were undertaken by a CQC GP specialist advisor. The records of patients with long-term conditions were checked to ensure the required monitoring was taking place. These searches were visible to the practice. We found that where patients were overdue monitoring in the majority of records we looked at this involved small numbers of patients and patients had already been re-called by the practice.
- Our clinical searches indicated that there were 40 patients with a diagnosis of chronic kidney disease 4 and 5 and all had received the required health monitoring in the last 9 months.
- Our searches of patients' records indicated 60 patients with a potential missed diagnosis of diabetes. The provider told us they regularly reviewed patients with results that potentially indicated diabetes. We reviewed 5 patient records and confirmed that no patient had a potentially missed diagnosis.
- Our clinical search results identified that out of 634 patients with diabetes, there were 114 patients with diabetic retinopathy who's latest HbA1c was >74mmol (a test to measure blood glucose sugar levels). We looked at 8 records in more detail which indicated there were appropriate health monitoring arrangements in place.
- Our clinical search results identified that out of 647 patients with asthma, 45 patients had 2 or more courses of rescue steroids in the last 12 months. From these we reviewed 5 patient records in more detail. Records showed 4 patients had received an assessment and an asthma review. The fifth patient had not responded to text messages to book a review.
- We also reviewed over prescribing of SABA inhalers for patients. We identified 42 possible patients and of these we reviewed 5 patient records. We found that 3 patients were overdue a review of their asthma and had been sent reminders. The provider told us that when a patient was given a prescription for a SABA inhaler the prescription advised the patient to book an appointment for an asthma review, there was a recall

system, a risk stratification process to call patients in for a review who were at greater risk, medication review reminders, patients were also sent reminders for clinics, telephone calls were made to patients and home visits.

- The provider had put in place a risk assessment for managing asthma reviews during the Covid pandemic which included identifying patients at highest risk and responding to patients who did not respond to reminders to book appointments. The provider had worked with University College London (UCL) to implement this. As a result of this work the provider told us they were able to maintain their asthma reviews throughout the pandemic. The Clinical Commissioning Group and UCL requested the provider present their work to other practices in the region as an example of good practice of risk stratification and proactive care for chronic disease reviews in asthma and other conditions.
- Our clinical search results identified that out of 295 patients with hypothyroidism, 3 patients who had not had blood monitoring in the last 18 months. From these we reviewed 3 patient records in more detail. These patients were overdue health monitoring. Records showed these patients had been sent reminder letters to attend for this health check and long-term condition review.
- Patients with long-term conditions were offered an annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- One stop clinics reviewed all of a patients long-term conditions at one long appointment annually. These clinics were staffed by GPs, nurses and health care assistants who each had input into the review. In addition, this review could include a vaccination, carer review and an electrocardiogram (ECG) (a non-invasive test that records the electrical activity of the heart).
- Educational sessions for diabetic patients on how to monitor glucose were provided. Until recently, diabetes educational sessions had been held at the practice.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring and a loan of a home blood pressure monitor for 10-14 days. The provider had a protocol to ensure appropriate coding of the monitors, initial investigations and an appointment with a clinician were arranged if appropriate.
- Patients with COPD were offered rescue packs.
- Data from the April 2023 Halton Joint Strategic Needs Assessment (JSNA) (a JSNA looks at the current and future health needs of local populations) showed the practice had more patients over 45 years of age who had received a blood pressure check in the last 12 months compared to other practices locally

and nationally. There was home blood pressure monitoring equipment loan scheme and a dedicated lead member of staff for this.

Child Immunisation	Numerator	Denominator	Practice	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) (i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	66	71	93.0%	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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	83	95	87.4%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	83	95	87.4%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	83	95	87.4%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	97	106	91.5%	Met 90% minimum

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

Any additional evidence or comments
<ul style="list-style-type: none"> The practice had met the national minimum target for children aged 1 and 5. The practice had not met the national minimum target for children aged 2. The practice had not met the WHO based minimum national target of 95% for children aged 1, 2 and 5 (the recommended standard for achieving immunity) The practice had systems in place to monitor uptake of childhood immunisations. To encourage uptake alerts were placed on patients records, follow-up telephone calls were made and flexible appointment times were available. The practice had a protocol for following up non-attendance. Members of the administration team who had responsibility for monitoring immunisation uptake had attended a public health training course on childhood immunisations. The provider reported that this was

resulting in an increase in uptake as staff were able to more effectively describe the benefits of immunisation to parents and carers. The provider was working with the ICB to proactively contact asylum seekers with children to ensure they had received any immunisations needed.

Cancer Indicators	Practice	SICBL average	England	England comparison
Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	58%	N/A	62.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	63%	N/A	70.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2021 to 31/03/2022) (UKHSA)	47.4%	50.1%	54.9%	No statistical variation
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (31/03/2023 to 31/03/2023) (UKHSA)	74.0%	N/A	80.0%	Below 80% target

Any additional evidence or comments

- Cervical cancer screening was below the 80% coverage target. In order to increase uptake, the provider was carrying out regular audits to identify patients who had not attended. Telephone calls were made to women to encourage them to attend. Patients could book directly using a digital platform. Alerts were placed on the records of patients so they could be reminded. Reception staff monitored cancelled appointments so that another patient could be offered this. Opportunistic screening took place, and the practice was also monitoring access to nursing appointments. Flexible appointments were offered, periodic evening clinics and patient education was provided. The provider shared data with CQC that indicated cervical screening uptake was monitored and that cervical screening uptake was increasing.
- The provider carried out reviews of new diagnosis of cancer and deaths as a result of cancer. This enabled reflection and learning about diagnosis and presenting symptoms. The provider was working with health trainers to improve screening rates for breast, bowel and cervical cancers.

Monitoring care and treatment

The practice carried out 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.	Y
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Y
<p>Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years:</p> <ul style="list-style-type: none"> • The provider carried out audits of medication. For example, benzodiazepine was audited to see if guidance had been followed and patients given the necessary advice. This indicated that further action was needed and resulted in a change to the medication process, updating the locum GP advice and guidance and discussing the outcome at a team meeting. A re-audit was planned. An audit of gout management took place to see if patients were receiving appropriate health checks. This indicated a number of patients needed health checks. Patients were contacted and a further audit showed improvements had been made. • The provider had undertaken quality improvement work to improve patient health and well-being. For example, they had carried out audits of patients who had experienced falls and identified patients classified as obese and with their consent referred them on to external services for support and guidance. Data from the April 2023 Halton Joint Strategic Needs Assessment showed that the provider had identified a higher number of obese patients than local and national averages. • The provider had evaluated the impact of advice given at flu clinics to patients about breast, bowel and aortic aneurysm screening. They found that targeted brief intervention at flu clinic supported with written information led to an uptake of screening in patients who had previously been non responders. As a result of the high response rate a service for aortic aneurysm screening had been set up for all patients living in the Runcorn area. • They also evaluated their work to promote the NHS England guidance on making every patient contact count. The practice had been promoting this for several years. Prior to flu clinics they identified patients with outstanding/due health checks and promoted these during the flu clinic. This evaluation provided evidence of the benefit of making every contact count as 2 irregular pulses were followed up and 72 overdue blood pressures were checked and follow up arranged if required. Identifying patients who needed health checks also resulted in referrals to the health improvement team, weight management, smoking cessation and tests for diabetes. • The provider had worked proactively to identify patients with liver diseases such as through piloting a fibroscan (a scan that assesses the health of a liver). This was in response to the high levels of obesity in the patient population which could lead to an increase in liver diseases. • The provider audited the results of using the fibroscan and found that they were selecting appropriate patients for screening and making onward referrals if indicated. • The provider had taken part in the Pan Cheshire All Age Exploitation Strategy Audit. As a result, they had made changes to their reporting systems and recording. These changes had been shared with the staff team. 	

Effective staffing

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

	Y/N/Partial
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Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
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.	Partial
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • There was a system in place to monitor staff training and when it needed to be refreshed. We saw that the provider had identified that some staff needed training updates and they had a plan in place to address this. • We saw evidence of peer learning and peer review meetings taking place. • Supervision arrangements for some staff carrying out long term condition reviews required greater oversight to ensure staff were working within their remit. We also found that the protocol for the management of hypertension could be clearer for the different staff roles involved in patient care. Following the inspection, the provider told us how they intended to address and record this. • The provider monitored the consultations and referrals of clinicians employed in advanced clinical practice. A record of these checks was not recorded. 	

Coordinating care and treatment

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

	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Non-clinical staff had additional roles as co-coordinators for services to ensure patients received effective care and treatment. For example, there was a immunisations co-ordinator and safeguarding co-ordinator 	

Helping patients to live healthier lives

Staff were 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.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Patients were referred to services to support them with their health and social needs. This included a social prescribing service to support patients by connecting them to activities, groups and services in their community to meet the practical, social and emotional needs that affected their health and well-being. Social prescribers attended flu vaccination clinics to promote their role. • Patients were referred to services to help them manage long term conditions. For example, patients were referred to the National Diabetes Prevention Programme. • The provider carried out opportunistic health checks such as blood pressure checks, at flu clinics. This had enabled identification of long-term conditions such as hypertension. • The provider publicised other health monitoring at these flu clinics such as aortic aneurism screening and as a result there was an increase in patient uptake. • Opportunistic BMI screening was carried out at flu clinics. The provider had raised awareness about obesity and the impact on health. Referrals were made to weight management services. • The provider worked with the local health improvement team to put in place support for patients. The health improvement team attended flu clinics to provide information to patients about health conditions and support available. • A dermatoscope (a hand-held visual aid device used to examine and diagnose skin lesions and diseases) clinic had been established to prevent the need for patients to go to a secondary care service for this test. • Patients with poor mental health could be referred to a variety of services including a mental health practitioner and talking therapies. • HbA1C and lipids point of care testing was done at the practice which meant that patients had quicker access to services. • Patients with long-term conditions who were unable to visit the practice due to health reasons were reviewed at home. This was co-ordinated between the practice and the district nursing team. 	

Consent to care and treatment

The practice 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.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Y
Explanation of any answers and additional evidence	
<ul style="list-style-type: none">Our review of patient records where a DNACPR decision had been recorded, identified that where possible the patients views had been sought and we saw that there was a system for this information to be shared with relevant agencies. We noted that the system for sharing information was not coded to allow easy identification by external agencies. During the inspection the provider introduced a coding system to address this.We saw that best interests decision making meetings were documented and that an advocate was sought when patients had no one to advocate on their behalf.	

Caring

Rating: Good

At the last inspection on 08 September 2015, the practice was rated outstanding for providing Caring services. This was due to the promotion of services to support patients, such as carers. Also, due to services the provider had put in place for patients to reduce isolation and give support such as the development of a community garden at the practice and the provision of a Christmas present or hamper.

At this inspection, we found that those areas previously regarded as outstanding practice were now embedded throughout the majority of GP practices. While the provider had maintained this good practise, the threshold to achieve an outstanding rating had not been reached. The practice is therefore now rated good for providing Caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was mixed.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y

<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • We observed that staff treated patients with kindness, respect and compassion. • The provider referred patients to the Well-being Team (operated by the PCN) for support with issues impacting on their health and well-being such as finances, housing and isolation. • The provider assisted the Well-being Team to distribute Winter Warmth Packs to elderly and vulnerable patients last winter. • The provider advertised and signposted patients to services to meet their needs. For example, services to address social isolation. 	
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Patient feedback	
Source	Feedback
NHS.uk website (formerly NHS Choices)	Eight patients left feedback in the last 12 months, seven related to caring. Six were positive and made reference to a well-run flu clinic, friendly and helpful reception team, caring and compassionate clinicians and good support. One review referred to a lack of empathy from the reception team.
Healthwatch	Healthwatch told us that they generally got positive feedback from patients. Four written comments had been received. Two related to caring. One made reference to good care and treatment. One made reference to a lack of continuity of care.
CQC	CQC received feedback from 5 patients. Four related to caring. Two were positive about care and treatment and described the clinicians as listening to their concerns, explaining treatment and being helpful. Two comments referred to staff not being helpful and not listening.

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2023 to 30/04/2023)	84.2%	84.2%	85.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2023 to 30/04/2023)	84.3%	82.6%	83.8%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the	84.3%	91.1%	93.0%	Tending towards

healthcare professional they saw or spoke to (01/01/2023 to 30/04/2023)				variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2023 to 30/04/2023)	67.4%	66.7%	71.3%	No statistical variation
Any additional evidence or comments				
<ul style="list-style-type: none"> The provider had reviewed the results from the National GP Patient Survey. They had reflected on the reasons for lower satisfaction in some areas such as patients having confidence and trust in a clinician and overall experience of their GP practice. As a result, the provider had made changes to the appointment system and length of appointment times. The provider also considered that lower satisfaction rates were as a result of patient expectations. To address this the provider had been advertising their services, appointment types and the differing roles of staff. They had also been advertising a breakdown of the number and types of appointments offered on a regular basis. As a result of the feedback from the GP National Patient Survey results the provider had sent a survey out to all patients over 16 in October 2023. The results were in the process of being collated at the time of the inspection. The provider told us that an action plan would then be drawn up to identify how any patient concerns could be addressed. 				

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.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2023 to 30/04/2023)	89.1%	88.5%	90.3%	No statistical variation

	Y/N/Partial
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Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Information leaflets could be made available in other languages. Easy read format documents were available for learning disability reviews. The needs of patients were identified on registration at the practice and alerts placed on their records. The provider was currently reviewing patients to identify if they had additional needs. They were currently working with a local Deaf Centre Identifying patients who may need help with hearing and referring them to this service. Relatives were encouraged to support patients and advocate on their behalf following consent being obtained from the patient. 	

Carers	Narrative
Percentage and number of carers identified.	435 (5%)
How the practice supported carers (including young carers).	The practice identified carers and kept a register so that they could be offered appropriate support, such as an influenza vaccine and a health check. The provider also offered carers a referral to a support organisation. This included a social prescribing service commissioned by the PCN. The practice website had information about support organisations for carers and links to useful information such as how to find out about respite and benefits. Information for carers was also displayed in the waiting area. The provider invited carers organisations to visit the practice to provide information to carers, for example during flu vaccination clinics.
How the practice supported recently bereaved patients.	The provider referred patients who had experienced a bereavement to sources of support. A self-help guide on how to manage the practical and emotional aspects of bereavement was available for patients to refer to. Contact details of a bereavement support service were also available for patients. A sympathy card was sent to relatives where appropriate. There was a dedicated member of the non-clinical team to assist with any documentation required. There was a system to communicate recent deaths amongst the staff team to raise awareness.

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.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y

Responsive

Rating: Requires improvement

At the last inspection on 08 September 2015, the practice was rated outstanding for providing Responsive services. This was due to the access arrangements in place that met a variety of patient needs. This included extended access, home visiting to vulnerable patients to manage long-term conditions and one-stop clinics to manage long term conditions in fewer visits. Quality and Outcomes Framework (QOF) Performance for diabetes assessment and care was higher than the national averages.

At this inspection, we found that those areas previously regarded as outstanding practice were now embedded throughout the majority of GP practices. While the provider had maintained some elements of this good practise, the threshold to achieve an outstanding rating had not been reached. Patient satisfaction with access was low in some areas and showed a downward trend. As a result, this service is now rated as requires improvement for providing responsive services.

We recognise the pressure that practices are currently working under and the efforts staff are making to maintain levels of access for their patients. At the same time, our strategy makes a commitment to deliver regulation driven by people's needs and experiences of care. Although we saw the practice was attempting to improve access, this was not yet reflected in the GP patient survey data. Therefore, the rating is 'requires improvement' as ratings depend on evidence of impact and must reflect the lived experience that people were reporting at the time of inspection.

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.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The provider told us how they had proactively checked the welfare of their most vulnerable patients during the Covid-19 pandemic. They had also worked with the PCN to vaccinate hard to reach patients such as the homeless.Alerts were placed on patient records to identify if the patient had specific needs.	

- The practice was a veteran accredited GP practice. This was a voluntary scheme to help primary healthcare providers better identify, understand, and refer Veterans, where appropriate, to Veteran-specific NHS services. This provided better healthcare for the patient, whilst practices benefitted from being able to directly access the correct services for their Veterans.
- The provider had identified over 150 patients who had reported a sensory loss. As a result, the deaf awareness team had attended the practice in May and October 2023 to provide advice and support to patients. Further sessions were planned. A sensory loss open day had been organised for April 2024 in collaboration with the Carer's Centre and the Health Improvement Team.
- As a result of patient feedback more parking spaces for people with a disability and parent and child parking had been made available. Car parking cameras had also been put in place to prevent misuse of the car park.
- The reception area had also been improved. There was a lower reception desk for wheelchair users and the reception windows could now be opened to improve communication.
- A breast-feeding room was available.
- The provider reviewed the services available for patients and made changes to meet the needs of the patient population. For example, nurses had been trained to use Fibroscan (non-invasive diagnostic ultrasound-based device) to identify possible liver diseases.
- At flu clinics staff informed patients about abdominal aortic aneurysm (AAA) screening for over 65s. Patients were then referred to hospital if they wished to have this test carried out. The provider was contacted by the hospital as the number of referrals had increased significantly. As a result the hospital staff now do the AAA screening in a room provided at the practice and provide this service to all eligible local people, not just patients registered at the practice.

Practice Opening Times

Day	Time
Opening times:	
Monday	8.30am – 6.45pm
Tuesday	7am – 6.30pm
Wednesday	7am – 7pm
Thursday	7am – 6.30pm
Friday	8.30am – 6.30pm
Appointments available:	
Monday	8.30am – 6.45pm
Tuesday	7am – 6.30pm
Wednesday	7am – 7pm
Thursday	7am – 6.30pm
Friday	8.30am – 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.
- Weekly visits were made to patients residing in residential care services.
- A choice of face-to-face appointment or telephone calls were provided.
- Patients could book appointments on-line.
- An on-line consultation system had been trialled with a view to promoting this more widely across the service next year.
- In response to the complexity of health issues of patients the length of appointments had been reviewed. GP appointments were now 15 minutes long. Practice nurse appointments were 20 minutes long.
- GP and practice nurse appointments were available from 7am and until 6.30pm on designated days.
- Telephone asthma reviews were carried out for low-risk asthmatics who found it difficult to attend for an appointment, for example due to work.
- Longer appointments were available for vulnerable patients. For example, if a patient had a learning disability or required an interpreter.
- Occasional Saturday and evening clinics were provided for cervical screening, vaccines and learning disability reviews.
- There was on-line booking for blood test appointments, patients could book in digitally, with no need to call in to collect a blood test form.
- The provider had offered phlebotomy appointments from 7am when the hospital service was not able to accommodate this.
- The practice liaised regularly with community services to discuss and manage the needs of patients with complex medical issues.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. Designated after school appointments had been trialled for children who became unwell during the school day.
- Post natal and 8-week baby checks took place together to encourage attendance. The post-natal check format had been reviewed in accordance with best practice guidance and now included post-natal trauma and mental wellbeing.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as asylum seekers, homeless people and Travellers.
- A list of conditions that met the criteria for an urgent appointment had been developed to assist the allocation of appointments.
- The provider referred patients to a range of services to support them with their health and well-being. For example, this included services to support patients with their mental health, non-medical issues such as the behaviour of children and young people and sexual health outreach service for asylum seekers and homeless patients.
- Members of the administration team who had responsibility for monitoring immunisation uptake had attended a public health training course on childhood immunisations. The provider reported that this was resulting in an increase in uptake as staff were able to more effectively describe the benefits of immunisation to parents and carers. The provider was working with the ICB to proactively contact asylum seekers with children to ensure they had received any immunisations needed.
- To increase cervical screening evening clinics were offered periodically.
- The provider actively promoted flu vaccinations. Data from The UK Health Security Agency (UKHSA) for 2022 showed the provider was above the national average for uptake for older people, under 65-year-olds and for patients with a chronic disease. To encourage uptake the provider had offered drive in

clinics at weekends to allow carers to bring in elderly and vulnerable relatives. Dedicated flu vaccine clinics had also been put in place for children.

Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	Partial
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Partial
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 (including those who might be digitally excluded).	Y
Patients with most urgent needs had their care and treatment prioritised.	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The National GP Patient Survey results indicate a low rate of satisfaction for access to the service by phone, overall experience of making an appointment and satisfaction with appointment times. We reviewed the National GP Patient Survey results since 2018 which indicated a steep downward trend in these three areas in the last 2 years. Data for satisfaction with appointments offered was on an upward trend. As a result of the last National GP Patient Survey the provider had reviewed and made changes to access. However, at present the National GP Patient Survey data does not indicate that these changes have been effective. The provider had reviewed access to appointments several times in the last 2 years. They reported that there had been an increase in demand for appointments and an increase in the complexity of patients' needs. They had operated an open-ended urgent list but had to modify this as clinicians were finding this difficult to manage and the provider was losing clinicians due to work pressure. The current appointment system provided a mix of appointment types and different methods to book appointments. For example, face-to-face, telephone appointments, on the day, pre bookable appointments with a GP up to 2 weeks in advance and pre bookable with a practice nurse up to 4 weeks in advance. When all appointments had gone if a patient needed to be seen on the day there were a further 24 urgent slots and specific criteria developed to ensure patients with the most urgent needs were seen. Further appointments could also be added if the patients' needs met specific criteria developed by the practice. An on-line consultation system had been trialled to ensure it was inclusive to all patients with no digital barriers. The provider had assisted patients to access this on-line service by taking them through the process at the practice. Feedback from patients was mostly positive with some patients finding it difficult to access. To ensure better inclusion ICB funding had been granted to introduce the on-line consultation system in the spring of 2024 with additional staff support to assist patients. 	

- The provider had made changes to booking appointments in advance. They had noticed that there were high amounts of patients not attending appointments when they were able to book up to 4 weeks in advance. This had as a result been changed to being able to book up to 2 weeks in advance.
- The provider had a policy and procedure in place to reduce the high number of patients who did not attend for their appointments.
- Patients were contacted by telephone to book in for some types of appointments like cervical screening and immunisations. The provider told us this had helped to improve uptake and decreased non-attendance.
- New roles had been created at the service to assist clinicians, free up clinical resources and streamline patient access and experience of using the service. For example, there were two general practice assistants. who provided a support role, carrying out administrative tasks and basic clinical duties. One of their tasks was to contact newly pregnant women to advise about appointments required and advise about flu vaccinations.
- There was ongoing recruitment and succession planning.
- Staff had been trained to signpost to other resources where appropriate.
- The practice communicated with patients in a variety of ways including telephone, text message, on-site and social media platforms.
- The provider worked with the PCN to look at ways to improve access. For example, through the provision of further staff to support patients.
- The provider had sent a survey out to all patients over 16 in October 2023. The results were provided following the inspection.
- To improve telephone access the provider had made changes to the number of staff available at busy times. There was a system to monitor call answering times and customer experience when making a telephone call to the reception team. The provider told us that approximately 90% of calls were answered within an average of 2 minutes. A call back system for patients was being installed in December 2023 to reduce waiting times and abandoned calls.

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2023 to 30/04/2023)	34.3%	N/A	49.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 30/04/2023)	45.1%	41.8%	54.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2023 to 30/04/2023)	47.0%	43.1%	52.8%	No statistical variation

The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2023 to 30/04/2023)	80.7%	68.7%	72.0%	No statistical variation
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Source	Feedback
NHS.uk website (formerly NHS Choices)	Eight patients left feedback in the last 12 months, 6 were positive and made reference to a well-run flu clinic and good access to appointments. Two reviews referred to issues with communication, delay getting through by phone and delay getting a prescription.
Healthwatch	Healthwatch told us that they generally got positive feedback from patients. Four written comments had been received. Three related to access. Two made reference to good access and one made reference to services transferring elsewhere and no longer being provided by the practice.
CQC	CQC received feedback from 5 patients. Two were positive about access to care and treatment. Of the remaining comments, two related to not being able to access a prescription in a timely manner and one referred to not getting the care and treatment required.
NHS Friends and Family test (FFT)	The provider encouraged patients to complete the NHS Friends and Family test (FFT). The FFT is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results from August to October 2023 showed there had been 724 responses and 662 (91%) found their overall experience following a recent appointment as very good or good. Family and Friends feedback from patients who had used PATCHS indicated 241 out of 327 patients (74%) rated this as good or very good with 12% of patients rating this service neither good nor bad. The provider was using this feedback to inform future delivery.
Survey carried out by the PCN	A survey was carried out by the PCN in October 2023 and was responded to by 4.4% of the patient population. This found:- 33% of patients found it very easy or fairly easy to get through to the practice by phone. 57% of patients were satisfied with the appointment offered. 54% of patients said their experience of making an appointments was very good, fairly good or neither good nor poor.

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.	16
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.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Example(s) of learning from complaints.

Complaint	Specific action taken
Complaint about an external organisation's referral process which was not appropriately supporting a patient.	As a result of the concerns the provider contacted the organisation to discuss the referral process, and this was amended to better support patients going forward.
Medication increase by hospital not added to patient's prescription	The complaint was reviewed at a meeting with the reception team. All staff were reminded to take time to check discharge letters thoroughly and to ensure that all information was given to the GP regarding medication changes. A separate workstation for processing correspondence was set-up. An apology was made to the patient.

Well-led

Rating: Good

At the last inspection in September 2015 the Well-led key question was rated good. The practice continues to be rated good for providing Well-led services following this inspection.

Leadership capacity and capability

Leaders could 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.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y

There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The provider had plans in place to ensure there was continuity in staffing arrangements by forward planning. The provider had identified where improvements were needed to the service and had plans in place to address this. For example, improvements to medication management and the building. The provider monitored the health of their patient population and put in place services and systems to address this. 	

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.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y

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.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The provider had put in place additional support for staff. There was a trained mental health first aider, staff had access to a 24-hour service offering support in a number of areas such as finances and bereavement. 	

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

Source	Feedback
Staff interviews and questionnaires	Overall, staff told us they were well supported by the management team, and they could report any issues of concern without fear of blame. They said that overall, there was also good team working and a friendly and encouraging environment. The culture also supported staff development through increasing staff skills and knowledge. Two staff felt there could be periods when the service would benefit from further clinical staffing. This had been raised with the management team.

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.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Explanation of any answers and additional evidence:	

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.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	

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.	Y
Performance information was used to hold staff and management to account.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y

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.	Y
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y
Staff are supported to work remotely where applicable.	Y

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.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y

Explanation of any answers and additional evidence:

- Staff surveys were carried out to identify staff views about their role, working for the provider and any improvements that could be made. As a result of listening to staff changes had been made to access, length of appointments and medication reviews.
- As a result of listening to patients the provider had made changes to the service. For example, they had reviewed access to appointments and implemented changes. They had improved access to parking by introducing a car registration system to address unauthorised parking and they had also added additional parking spaces for patients with a disability and mother and baby parking.

Feedback from Patient Participation Group.

Feedback

- The Patient Participation Group (PPG) numbers had decreased, and the provider was working with patients to increase the number of participants and identify a chairperson. The PPG was advertised at the practice, via text, through flu clinics and on-line. We spoke with a representative of the PPG. They told us that the provider kept them informed about changes at the practice, for example they had been informed and asked their views on the trialling of PATCHS (on-line consultation) and invited to go through the PATCHS system with a member of staff. They also said that the provider listened to their views. Changes to access had been made as a result of listening to feedback from the PPG.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	

Examples of continuous learning and improvement

- The provider trialled services in response to the identified needs of patients. They then planned to establish these services if the trial indicated this would be beneficial. Some examples include on-line consultations and an in-house clinic for patients with alcohol and drug dependence.
- The provider encouraged patients to lead healthier lives by promoting a range of services available in the local community and educational resources.
- The provider worked with the primary care network (PCN) to improve services for patients. Being part of the PCN assisted to improve access and extended the range of services available to patients. For example, through the PCN patients had access to mental health and well-being practitioners.

- The practice encouraged staff to develop. Clinical staff and non-clinical staff were provided with support and training to increase their skills and experience. For example, one health care assistant was training to be a nurse associate.
- The provider worked with the health improvement team to provide services in-house for patients such as fibroscan (to help diagnose and monitor liver diseases). They were working with the health improvement team to develop a rehabilitation clinic for patients recovering from cancer.
- New technology had been introduced to improve access, communication and recording.
- The practice was working with the ICB on the Support Level Framework, which had been introduced to help practices to better understand their support needs and improvement priorities and to help ICBs provide the right type of ongoing support to practices.
- The provider had reviewed the arrangements for data protection and patient confidentiality to improve services for the patient population. They had introduced changes to improve this such as an annual review of patient consent to discuss medical issues with a third party. The provider had also improved identity checking processes, for example if a patient or third party was collecting paperwork. The processes for ensuring there is no unauthorised access of records had also been strengthened.
- The provider had further plans to improve the service. This included quality improvement work, further development of staff and employing additional staff.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

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

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

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

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

Glossary of terms used in the data.

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