

Inspection Evidence Table

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(1-547411062)

Inspection Date: 9 January 2024

Date of data download: 20/12/2023

Overall rating: Good

At our previous inspection in September 2016, we rated the practice as good overall. At this inspection in January 2024, we have continued to rate the practice as good overall and across all 5 key questions.

Context

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the second lowest decile (2 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 8.4% Asian, 1.9% Black, 2%, Mixed, 1% Other and White, 86.7%

The practice long term condition prevalence was higher than the local Integrated Care Board (ICB) and England averages for asthma, depression and diabetes. The practice and local ICB averages long term condition prevalence was higher than England averages for obesity, raised blood pressure and chronic obstructive pulmonary disease (COPD).

Safe

Rating: Good

At the last inspection in September 2016, we rated the practice as good for providing safe services. At this inspection, we found:

- During our clinical searches and associated clinical record reviews, we found within the records sampled that not all medicines reviews had taken account of the issues flagged by the practice electronic system.
- We sampled 5 out of 73 patients who according to our clinical searches showed a higher usage of an asthma inhaler medicine. The findings demonstrated that 3 of the 5 patients had not had discussions documented regarding their higher inhaler usage and 1 patient had not had a medicine review.
- A risk assessment had not been carried out for emergency medicines not stocked, the practice had subsequently provided evidence of completion.

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: The practice had safeguarding systems in place and staff we spoke with had access to safeguarding leads, policies, and demonstrated a clear understanding of the reporting and recording processes. Registers were maintained and safeguarding alerts had been added to the records of vulnerable patients both adults and children, including those living in the same household. The practice discussed safeguarding at the monthly clinical meetings held. Records of children on the child protection registers were reviewed on a monthly basis by the safeguarding lead. A review of staff training records showed staff were up to date with their training and all had received the required level of training appropriate for their role. We sampled the records of 4 staff, including a locum/sessional GP, and saw disclosure and barring scheme (DBS) checks had been obtained.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Partial
Explanation of any answers and additional evidence: We reviewed 4 staff recruitment records including a regular locum/sessional GP; these were well ordered and organised. All had appropriate disclosure and barring service (DBS) checks. Gaps were seen in two staffs' vaccination history; the practice management were able to clearly state what had happened in each case. This included the loss of the persons immunisation history by their former employers occupational health	

department with no record held with their GP. Staff's vaccination history is required in line with current UK Health and Security Agency (UKHSA) guidance to prevent avoidable harm. Those staff with gaps in their vaccination history had no documented risk assessment in place to mitigate potential risks. Subsequent to the inspection this had been actioned and evidence provided.

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Yes
Date of last assessment: 4 May 2023	Yes
There was a fire procedure.	Yes
Date of fire risk assessment: 11/01/2024	Yes
Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Records were held of the practices health and safety risk assessments and maintenance contracts were in place. Examples of these included:</p> <ul style="list-style-type: none"> • Legionella risk assessment November 2022 and were next due in November 2024 • Calibration of medical equipment March 2023 • Fire drill completed 01 September 2023 • Weekly fire alarm point checks were logged • Panic alarm checked 21 December 2023 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out.	Yes
Date of last infection prevention and control audit: December 2023	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
<p>Explanation of any answers and additional evidence:</p> <p>Staff had access to an infection, prevention and control (IPC) policy and staff received on-line IPC training. Following an incident whereby urine samples were not collected for delivery to the laboratory, the IPC policy required updating in a number of areas. This was to ensure staff had access to information and understood the changes implemented to mitigate the risk of reoccurrence.</p>	

The areas of the practice we reviewed were visibly clean on the day of our site visit and staff had access to adequate supplies of personal protective equipment. The infection prevention and control lead nurse completed 3 monthly audits in specific areas of the practice and informed the practice management team of any actions required and these were signed off when complete.

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff had all received training in basic life support and had access to information on signs and symptoms that may indicate a serious underlying cause when dealing with patients. Staff were able to share examples of how they had responded to medical emergencies and the action taken.</p> <p>Locum information and induction information was available to new/temporary staff members including medical and nursing students.</p> <p>Leaders were mindful of staff wellbeing in particular when agreeing to take up additional hours to cover each other during sickness and annual leave.</p> <p>The practice leadership and staff we spoke with considered staffing levels were running at an acceptable and safe level.</p>	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes

There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results, and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Our clinical searches completed on 4 January 2024 identified that the care records we sampled were mainly managed in a way to protect patients. For example, history, examination, management plans, safety netting and follow up were adequately documented within the patient record.</p> <p>System were in place for the management of test results was in place to ensure they were reviewed and managed appropriately. This included any buddy and deputising systems where a clinical staff member was on leave.</p>	

Appropriate and safe use of medicines

The practice had 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) (01/10/2022 to 30/09/2023) (NHSBSA)	1.70	1.07	0.91	Significant 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). (01/10/2022 to 30/09/2023) (NHSBSA)	7.3%	6.0%	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 (01/04/2023 to 30/09/2023) (NHSBSA)	4.14	5.17	5.19	Variation (positive)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/04/2023 to 30/09/2023) (NHSBSA)	154.6‰	210.3‰	130.7‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2022 to 30/09/2023) (NHSBSA)	0.33	0.53	0.53	No statistical variation

Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/04/2023 to 30/09/2023) (NHSBSA)	8.9‰	7.2‰	6.8‰	No statistical variation
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Note: ‰ means *per 1,000* and it is **not** a percentage.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
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.	Yes
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.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	NA
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Partial
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <ul style="list-style-type: none"> Our clinical searches and associated clinical record reviews showed that 286 (5%) of patients had a coded medicine review in the past 3 months. We sampled 5 records; we saw that 1 of the 5 medicine reviews had been completed by a pharmacist, and 4 by GPs. The review completed by the pharmacist was satisfactory, had included the patient, and a review of all the medicines they were prescribed. We found that 2 of the 4 GP medicine reviews were satisfactory, 2 however had not taken into account the 	

issues which had been flagged by their system, such as higher asthma inhaler use, the need for a blood pressure check and an overdue asthma review. We found 2 of the 5 medicine reviews sampled could have been more complete.

- Patients prescribed medicines that required monitoring such as disease-modifying antirheumatic drugs (DMARDs) were appropriately managed and recalled.
- Our clinical searches found that 48 (7%) patients of the 646 patients on an angiotensin-converting enzyme (ACE) inhibitor medicine were potentially overdue their blood test monitoring. We reviewed 5 of the 48 patient records and found 4 of the 5 had documented, multiple reminders in the clinical notes to attend for a review. Our finding showed that those overdue had in general received reminders for monitoring.
- Our clinical searches identified 73 (11%) patients with asthma had had more than 12 inhalers in the previous 12 months. We reviewed 5 of the 73 patient records. One of the 5 patients had been in receipt of an asthma review, and 2 patients had been sent an asthma monitoring review invitation. In the remaining 2 patients their higher inhaler usage had been picked up with appropriate detailed notes made by a pharmacist. In 3 patient records we saw that their higher inhaler usage had not been documented during their last asthma review, or their last medicine review. One of the 3 patients was a younger person, who according to the records had never had a medicine review.
- Antibiotic prescribing was discussed with the lead GP. The practice were aware of their prescribing and had completed audits in the past. They provided GP services to care homes with large patient numbers and complexity regarding risk and had supported a project which had included earlier discharge from hospital schemes during winter pressures.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	20
Number of events that required action:	20
Explanation of any answers and additional evidence:	
<p>Staff spoken with demonstrated a clear understanding of the procedure for reporting concerns and safety incidents and had access to a significant event policy to support them in the process. They were able to recall and share examples of significant events raised since the last inspection, the outcomes and learning.</p> <p>The practice maintained an electronic log of significant events and incidents. These were categorised and discussed at clinical meetings to allow for reflection and learning and help improve patient care.</p>	

Some of the significant event records we examined lacked detail as the action points were not always detailed, including for example identifying whether the policy had been updated, by whom and when. The practice told us trend analysis was reviewed however, going forward a more in-depth review to ensure, actions taken had been evaluated and mitigated risk or reoccurrence would be undertaken.

Example of significant events recorded and actions by the practice.

Event	Specific action taken
<p>Patients scan results had been filed as no action required but the narrative noted additional clinical information that did require a clinical assessment.</p>	<p>The error was picked up as the patient attended for a review appointment with a clinical staff member. The clinical staff member reviewed the recently filed results at the appointment and referred the patient to secondary care due to the symptoms they were experiencing.</p> <p>The clinician raised this concern as a significant event which was investigated. The investigation found that there was a risk as the result may have not been re-checked by a clinician at a later date had the patient not experienced ongoing symptoms.</p> <p>To mitigate the risk of recurrence it was decided that clinicians must ensure all reports were read, even when filed as normal, when reviewing patients.</p> <p>These findings and recommendations for risk mitigation were discussed as a practice at their clinical meeting.</p>

Safety alerts	Y/N/Partial
<p>There was a system for recording and acting on safety alerts.</p>	<p>Partial</p>
<p>Staff understood how to deal with alerts.</p>	<p>Yes</p>
<p>Explanation of any answers and additional evidence:</p> <p>Our clinical searches identified 19 patients who were on a medicine with the potential to increase the risk of birth defects and development disorders (a teratogenic medicine). We sampled 5 of the 19 records. We found that 1 of the 5 had been informed of the risks and on family planning medicines and another had had a hysterectomy so was not at risk of pregnancy. In the 3 remaining patient records we sampled we found these patients had received a generic text message saying that they were taking a teratogenic drug (unspecified) and should use contraception. The text message included an attachment. We reviewed the attachment and found it was written for women planning to get pregnant and about pregnancy in general regarding medicine risks, not around the specific teratogenic medicine. Our findings demonstrated that compliance with this alert could be improved, and we discussed this with the lead GP. Subsequent to the inspection these were all actioned. The Lead GP confirmed that all patients on teratogenic medicines had since received review phone calls, which included providing patients with information about the specific drug with the risk for teratogenicity.</p> <p>The lead GP demonstrated that the practice had completed an audit on 19 December 2023 which had started prior to the inspection, on improving awareness of teratogenic medicines in patients of childbearing potential.</p>	

The practice had text messaged all these patients requesting if they had plans to become pregnant, were currently pregnant or wanted advice on contraception to book an appointment. Also, to check that patients had been provided with information and been made aware of the risks. Out of the 17 patients contacted, 1 patient responded that they had had a procedure that would prevent pregnancy and no other queries were raised by the other 16 patients. The practice findings from their audit was that there were limitations identified in the lack of specificity when they had used the text message system. They recognised that should patients be on a greater number of medicines (not just 1 or 2) then the lack of the specifically named medicine causing the teratogenic risk could cause patient confusion. The practice recommendation was that this would be remedied by a phone call to each patient individually, or use of a specific communication template.

Effective

Rating: Good

At this inspection, we found that:

- The practice had met 4 of the 5, minimum targets (90%) for childhood immunisations and was below target (82.2%) in children aged 5 for measles, mumps and rubella immunisations.
- Cervical screening uptake remained below the 80% target despite encouragement by the practice nursing team and walk in clinic events.

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.	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
The practice prioritised care for their most clinically vulnerable patients.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice held registers, including those for patients with a learning disability, mental health condition, palliative care and long-term conditions. Patients had access to a social prescriber and liaised with a range of services and professionals. Our clinical searches identified that when staff completed some of the patient medicine reviews, they had not acted on some of the alerts on the patient records, for example that the patient was due/overdue a blood pressure check.</p>	

Effective care for the practice population

Findings
<ul style="list-style-type: none"> • Those identified received a full assessment of their physical, mental and social needs. • Health checks, including frailty assessments, were offered to patients over 75 years of age. • Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group. • The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. • Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. • All patients with a learning disability were offered an annual health check. • End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. • The local travellers site of 211 patients was visited on a regular basis to promote health and well-being, offer advice and treatments on site pre pandemic. • 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. • The practice had introduced the additional GP services of contraceptive implants for family planning and minor surgical procedures such as joint injections.

Management of people with long term conditions

Findings
<ul style="list-style-type: none"> • Patients with long-term conditions were offered an effective 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.

- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. Our clinical searches showed that 33 patients with asthma had been in receipt of 2 or more courses of rescue steroids. We sampled 5 of the 33, 4 had well documented face-to-face assessments at time of their asthma exacerbation. In 1 of the 5 records sampled, a patient had been issued 4 courses of a steroid medicine. We reviewed this patients' clinical record regarding asthma exacerbations and found no associated review consultations, however the patients had been in receipt of information on what to do should their symptoms deteriorate. The practice were informed of the Care Quality Commission clinical searches findings and actioned a patient follow up appointment.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring headed by the primary care network care co-ordinators.
- Patients with COPD were offered rescue packs.
- Our remote clinical searches identified 5 out of 196 patients with hypothyroidism (an underactive thyroid) who had not received the required monitoring within the last 18 months. We reviewed the 5 patient records; we saw that one was a paediatric patient with monitoring completed in secondary care. The remaining 4 patients had had a blood test within the last two years, and all had received a recent reminder to attend monitoring blood tests.
- Our remote clinical searches identified 36 patients with chronic kidney disease (CKD) stages 4 or 5 with 1 patient potentially overdue their monitoring. We reviewed the record and saw that they had been reviewed under secondary care but had defaulted from their follow-up. The practice had contacted the patient who had been out of the country and the practice had recalled them for a review.
- Our clinical searches identified 416 patients with diabetes and 1 as having the potential for a missed diagnosis of diabetes. We sampled this record and found that they had only 2 days earlier had a second raised blood monitoring test result and the patient had been sent a request for an appointment with a GP.
- Our remote clinical searches identified 66 diabetic patients identified as having poor HbA1c blood sugar/glucose control. We reviewed 5 of these 66 patient records. In 4 of 5 records sampled we found that the practice had taken action. In 1 record we saw that their monitoring and blood pressure results from September 2023 had yet to be followed up. Four of 5 patients had received a diabetic review in the past 12 months but only 1 had a coded medicine review that had included their diabetic medicines. The practice were informed of the Care Quality Commission clinical searches findings and actioned a patient follow up appointment.

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 influenzae 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)	52	57	91.2%	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)	61	66	92.4%	Met 90% minimum

The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e., received Hib/MenC booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	61	66	92.4%	Met 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)	61	66	92.4%	Met 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)	60	73	82.2%	Below 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

The practice had met 4 of the 5 minimum targets (90%) for childhood immunisations and was below the target for the percentage of children aged 5 who had received immunisations for measles, mumps and rubella. The practice nursing team managed the lists provided by the child health team to ensure children registered at the practice received their appropriate childhood vaccinations at the required intervals. The practice had identified the majority of the non-attenders for the 5-year-old immunisation consisted of some travellers in the local community who were away travelling. The practice team worked with the local traveller community of over 100 patients registered at the practice to encourage attendance for childhood immunisations. The practice pre pandemic had held clinics at the traveller site including support of health promotion and education.

Children who did not attend for their immunisations were followed up and offered appointments. If a child was not brought for their immunisations after 3 recall attempts the practice escalated it to the health visitors .

The childhood immunisations clinics were run with two nurses to each child, to provide a holistic view, advice on immunisation information and be provided with minor illness booklets. Children could receive their immunisations outside of these clinics to accommodate patients' needs.

Cancer Indicators	Practice	SICBL average	England	England comparison
Bowel cancer screening coverage: aged 60 to 74 years old (01/04/2022 to 31/03/2023) (UKHSA)	69.8%	N/A	71.9%	N/A
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). (6/30/2023 to 6/30/2023) (UKHSA)	71.5%	N/A	80.0%	Below 80% target
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (4/1/2021 to 3/31/2022) (UKHSA)	55.0%	53.2%	54.9%	No statistical variation

Any additional evidence or comments

Cervical screening uptake was encouraged by the practice, such as providing information in waiting rooms, the practice website and during consultations. Information about this screening was available in various formats such as easy read and different languages.

Patients who failed to attend for screening were offered recall appointments, these could also be booked during the enhanced hours service provided, as well staff using, when able, the ad hoc opportunity to inform patients during consultations for other health conditions.

The practice had provided walk in clinics for example in June 2023 to encourage attendance and develop screening awareness.

Monitoring care and treatment

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

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Yes
Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years: <ul style="list-style-type: none">• Antibiotic prescribing acute cough audit completed January to March 2023• Audit on safe prescribing for an antiarrhythmic medicine, Amiodarone.• An audit to assess the management of gastroprotection prescribing in patients receiving dual antiplatelet therapy (DAPT) in June 2022.• An audit to validate the practice chronic kidney disease (CKD) patient register to ensure it was up to date in January 2023.• An audit to ensure patients taking a shared care medicine had an essential shared care agreement (ESCA) in place and recorded in their medical record. ESCAs are written agreements between specialist services and general practitioners and allow care, specifically prescribing, to be safely shared between them.• In January 2023, an audit was undertaken to ensure that all patients with either an overactive or under active thyroid had been in receipt of blood monitoring tests within a 12-month period reviewed by a GP.	
Any additional evidence or comments	
The audit completed to assess the management of gastroprotection prescribing in patients receiving dual antiplatelet therapy (DAPT) in June 2022 found improvements were required. For example, 19% of patients receiving DAPT had lacked adequate gastroprotection and 21% were found to have been on DAPT for longer than clinically indicated. The results improved to 4% and 5% respectively following a search conducted 4weeks later. The audit had concluded:	

- The clinician’s adherence to gastroprotective measures for patients receiving DAPT and prescribing within specialist recommended length of therapy was suboptimal. Patient safety could be improved significantly by prescribing gastroprotection.
- Liaising with specialists to clarify uncertainties of treatment plans was necessary.
- The rationale for re-auditing DAPT safety was to be conducted routinely.
- The audit demonstrated the potential that pharmacy hold to drive improvement across the primary care network (PCN) on important medicine safety issues.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice team had considered its workforce skill mix, which had diversified over the years. Staff at the practice included, GP partners, a business partner and a business manager, a nurse prescriber and a practice nurse, a physician associate together with reception and administration staff.</p> <p>Staff were provided with protected learning time (PLT) for staff training. An electronic tool was used to record on-line staff training modules. A review of this showed staff had completed essential training. Time had been set aside for staff returning from leave to complete any outstanding training.</p> <p>The practice had an induction checklist which was completed with new staff, a welcome to the practice letter, in addition to a staff handbook that detailed what was expected from every employee. The practice was also accredited by Keele University as a training practice for years 3, 4 and 5 medical students, GP registrars and nurse students.</p>	

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.	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.	Yes
Staff discussed changes to care or treatment with patients and their carers, as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Health promotion boards were displayed in the waiting areas and provided patients with a range of information. This included information on diabetes, cancer screening and stroke awareness.</p> <p>The practice held a number of walk-in events for health promotion such as cervical screening in June 2023 and for risk of heart disease stroke and diabetes checks.</p> <p>A number of health promotion services were available including health checks, travel and childhood immunisation and advice, family planning services, chronic disease management clinics, lifestyle advice and support such as weight management and support services.</p> <p>The practice had developed a health living booklet including diet, cooking and supportive practical information for their patients.</p> <p>The practice provided patients with an information booklet. This contained information about the local surrounding area and the services provided. The practice wanted to educate their patient's about the services available to them outside of the practice and about what those services additional points of care provided. This included the contact details for the services highlighted within the booklet.</p> <p>Patients had access to a mental health practitioner, a social prescriber, pharmacist, healthcare assistants and first contact physiotherapist via the primary care network (PCN).</p>	

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.	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
<p>Explanation of any answers and additional evidence, including from clinical searches:</p> <p>Staff had access to a consent policy. Clinicians we spoke with demonstrated a clear understanding of consent and shared examples of gaining informed or written consent prior to minor surgical procedures.</p> <p>The practice had a DNACPR policy that stated staff were to be aware of the requirement to consider a DNACPR decision that respects, where possible, the wishes of the individual whilst reflecting their best interests, and is person centred.</p> <p>From our review of 3 patient records where a DNACPR decision had been recorded, we found that patients' views and that of their families had been sought and a recommended summary plan for emergency care and treatment (ReSPECT) form had been completed which were left with the patient in their home setting. The ReSPECT process creates personalised recommendations for a person's clinical care and treatment in a future emergency in which they are unable to make or express choices. The patients records also included an electronic code with a pop-up electronic alert to inform staff a completed DNACPR form was in place.</p>	

Caring

Rating: Good

Kindness, respect and compassion

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

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

Patient feedback	
Source	Feedback
Practice compliments	<p>The practice staff regularly received thank you cards from patients and relatives. These were evidenced and observed during our on-site inspection visit.</p> <p>Compliments included how supportive a particular GP had been to a recently bereaved family and their attendance at the patients funeral. The support</p>

	received from the nursing and reception staff with prompt access to care and treatment and of the kind and respectful staff approaches.
Practice complaints	The practice actioned and investigated complaints received and used these to improve practice as well as their systems and processes.
NHS website	One 5-star review within the last 12 months.
Local Healthwatch	No issues or concerns were raised.
Local care home	Staff reported a good rapport with the practice staff and that the practice GPs and nursing team was responsive to their patient's needs. The practice provided regular update meetings/ward rounds with the care home management team.
Integrated Care System	No issues or concerns were raised.
CQC on site observation	During the inspection staff were observed to be professional, supportive, friendly and helpful during patient interactions when patients attended in person or telephoned the practice.

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)	93.2%	85.3%	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)	91.9%	83.3%	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 healthcare professional they saw or spoke to (01/01/2023 to 30/04/2023)	96.6%	92.9%	93.0%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2023 to 30/04/2023)	91.5%	72.7%	71.3%	Variation (positive)

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

Any additional evidence

National GP Patient Survey 2023 results for the practice were higher than those of the local and national averages.

The practice had maintained its positive patient feedback as a trend over time. For example, the percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice in 2023 was 91.5%, in April 2022 87.5% and in April 2021 95.1%. All of which were above the local and national averages.

The practice reviewed their friends and family test data and fed back comments from patients to the respective staff members, including those singled out for specific praise. The practice conducted short surveys on events patients wanted to be held such as the walk-in clinic health promotion events. The next event, as suggested by patients, had been arranged to take place on 24 January 2024 between 2-5pm for walk in NHS health checks.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
<p>Explanation of any answers and additional evidence: Easy read and pictorial materials were available, staff were alert to patients with poor literacy and provided support.</p> <p>The practice told us they reviewed and used feedback about the service through a range of sources including the National GP Patient Survey, Google, Friends & Family Test, Patient Participation Group, compliments and complaints, which were discussed in meetings held. That patient feedback assisted staff to communicate more effectively with patients.</p> <p>The primary care network provided support for patients such as social prescribing and signposting to support such as local advocacy services.</p>	

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)	96.5%	90.4%	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.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 203 carers on the practice register. This was XX% of the practice population.
How the practice supported carers (including young carers).	Information was available on the practice website and posters were displayed in the reception areas that provided links to a range of information for carers. Staff signposted carers to a social prescriber whose role included assisting patients, including those registered as carers, in need of help, support and advice. Carers were offered a free flu jab and a general health check
How the practice supported recently bereaved patients.	The practice told us they made calls to bereaved families, offered their condolences, sent a condolence card and signposted them to the social prescriber or mental health practitioner for support. Appointments with the GP to further support the family could be made. On occasions staff would attend patient funerals when invited to attend, to which the practice staff felt privileged to attend.

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
<p>Explanation of any answers and additional evidence:</p> <p>Staff we spoke with were able to share examples of how they promoted and respected confidentiality, privacy, and dignity in their work. Staff had received training in privacy and dignity and equality and diversity and signed confidentiality agreements.</p> <p>During our site visit we saw consultation and treatment room doors were closed during patient consultations. Incoming calls were taken away from main reception desks to promote privacy wherever possible.</p>	

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Patients' communication needs had been considered. Where specific communication support had been identified details had been included in the patient record to ensure staff were familiar with any requirements.</p> <p>The practice website offered a facility to make the information more accessible for everyone. The practice offered a texting service, which allowed patients to receive confirmation and reminders about their appointments. Patients who choose to be registered for this service completed a consent form.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am - 8pm
Tuesday	8am – 8pm
Wednesday	8am - 7pm
Thursday	8am - 1pm
Friday	8am - 7pm
Clinical appointments available:	
Monday	9am - 8pm
Tuesday	9am - 12pm 3.30pm-8pm
Wednesday	9am - 12pm

	3.30pm-6pm
Thursday	9am - 12pm
Friday	9am - 6pm
The primary care network provided extended access on a Saturday between 9am-5pm and weekdays between 6.30-8pm.	

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.
- There was a dedicated named GP for nursing home patients with regular catch-up meetings with the nursing home management team.
- 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.
- Additional nurse appointments were available until 8pm on a Monday and Tuesday which included 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 8am until 8pm on a Monday and Tuesday.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- The practice had participated in NHS England's Accelerate programme in 2022. A 20 week 'hands-on structured support programme and was undertaking the National General Practice Improvement Programme (GPIP) programme. The GPIP programme aim was to support practices and primary care networks to better align capacity with demand and improve the working environment.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers. Pre pandemic the local traveller site of over 211 patients had on site visits from the practice nursing and GP team to promote their health and wellbeing.
- The practice adjusted the delivery of its services to meet the needs of the 33 patients with a learning disability.
- The practice made efforts to improve screening rates for people from different backgrounds, such as on-site clinics pre pandemic to a local traveller site to increase the uptake of childhood immunisations.
- The 51 mental health patients could be booked into longer appointment time slots at the end of the morning clinics to support their care and treatment needs.

Access to the service

People were 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.	Yes
The practice offered a range of appointment types to suit different needs (e.g., face to face, telephone, online).	Yes
Patients were able to make appointments in a way which met their needs.	Yes

There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	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>Appointments included a mixture of telephone and face-to-face consultations. Patients had access to appointments provided by a range of a multi-skillset of clinicians including GPs, nurse prescriber, practice nurse and to primary care network additional roles reimbursement scheme (ARRS) staff such as, health care assistants, pharmacist, social prescriber, care co-ordinators and physiotherapist.</p> <p>Patients requesting an appointment were asked to provide a brief description of their presenting symptoms to ensure they were booked to see the most appropriate clinician for their condition. Reception staff then were able to discuss with the patient the most appropriately qualified member of staff to book for consultation.</p> <p>The practice had completed 27,000 appointments over the 12-month period 1 September 2022 to 31 August 2023, which equated to 5.1 appointments per registered patient. Their findings showed that 24.5% were telephone consultation and 74.5% were provided as face-to-face appointments.</p> <p>During the inspection we discussed appointment availability for each staff role and reviewed the appointment system. At 1.30pm, there was a range of available appointments for urgent and routine. For example, there were face to face appointments available with a GPs from 4.50pm to 6pm, there were 3 nurse appointments remaining and appointments available to book in advance.</p>	

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)	89.7%	N/A	49.6%	Significant variation (positive)
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)	83.8%	57.9%	54.4%	Variation (positive)
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)	85.9%	58.7%	52.8%	Variation (positive)
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)	91.3%	76.9%	72.0%	Variation (positive)

Any additional evidence or comments

The practice had achieved positive results in the national GP 2023 Patient survey. They had maintained these higher-than-average scores for several years when compared with the England and local averages. For example,

- For the question how easy it was to get through to someone at the GP practice on the phone, the National GP Survey results for the practice in 2022 were 88.2% and in 2021 were 96.75%.
- For the question respondents responded positively to the overall experience of making an appointment the National GP Survey results for the practice in 2022 were 83.8% and in 2021 were 91.9%.
- For the question respondents who were very satisfied or fairly satisfied with their GP practice appointment times, the National GP Survey results for the practice in 2022 were 81.2% and in 2021 were 94.9%.
- For the question, the percentage of respondents satisfied with the appointment(s) they were offered, the national GP Survey results for the practice in 2022 were 84.7% and in 2021 were 96.1%.

Source	Feedback
NHS.uk website (formerly NHS Choices)	There were 2 patient reviews posted on the website, a 5 star and a 1-star review however, none had been posted in the last 12-month period.
Practice Facebook website	The practice Facebook page had accrued 21 patient votes providing a 4.8 out of 5 overall score.

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.	13
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
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

Example(s) of learning from complaints.

Complaint	Specific action taken
A person contacted the practice to request an appointment on behalf of a member of their family. This was arranged for the	A member of the practice management team contacted the caller in respect of the patients symptoms and regarding complaint.

<p>following week. The caller to the practice felt their family member required an earlier appointment and was unhappy with a receptionists telephone manner.</p>	<p>The complaint managers follow up phone call resulted in the arrangement of an earlier appointment for the complaints family member. They also forwarded a letter from the practice in response to the complaint summarising the complaint, an apology and the outcome.</p> <p>The practice had investigated the complaint and a member of staff received additional training.</p>
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Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
<p>Explanation of any answers and additional evidence: Workforce planning had been conducted to ensure the practice employed a staff skill mix to meet patients care and treatment needs. The practice had a succession plan, and this was regularly considered and reviewed in line with any staff changes arising within the practice.</p>	

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
<p>Explanation of any answers and additional evidence:</p>	

Practice staff understood and demonstrated awareness of the practice mission statement which was to provide a high quality of care to all patients in a timely manner whilst offering choice and involvement. The practice vision included:

- A culture of caring for patients and staff
- Awareness of health values
- Ensuring training, policies and procedures were in place to deliver the aims
- Skilled staff to meet clinical roles
- Transparency of practice, reflection and learning
- To have strategic planning to achieve the vision

The future planning included:

- Proactive with future planning and forward thinking.
- A sustainable practice for the future and to evolve as a teaching practice by having a skill mix of clinicians.
- Supporting the career progression for the practice nurse to a nurse prescriber/practitioner.
- To provide a staff skill mix that best suits patient's needs and provide the best quality of care.

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff said they worked well as a team and the practice had considered their well-being. For example, the practice had listened to clinical, reception and patient feedback and had completed a staff in-house survey. They actioned planned and put in place measures suggested by staff as improvements. Examples of staff feedback included:</p> <ul style="list-style-type: none"> • Not enough staff in on Monday mornings. • Consider not answering the phone on front desk in light of patient privacy. <p>Staff described the culture of the service as open, inclusive, supportive, responsive and pro-active. The practice acknowledged the loyalty of their long-standing staff and considered staff morale.</p>	

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

Source	Feedback
Care Quality Commission staff questionnaires	Staff informed us of their career progression at the practice and of how they were supported with education, training and competency reviews to meet the needs of their patients. Staff told us they felt supported and that their views were listened to and acted upon and that they worked well as a team.
Medical students	Described being clinically well supported and welcomed into the practice as team members including invites for attendance at the practice Christmas team outing. They described their placement at this GP practice as being the best yet due to these factors and inclusivity.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
<p>Explanation of any answers and additional evidence: Staff understood their specific roles and responsibilities. A range of meetings were held to disseminate information. These included, management meetings, GP/clinical meetings, reception meetings, palliative care, primary care network (PCN) meetings and 3 monthly nurse meetings.</p> <p>External stakeholders were invited to attend palliative and frailty meetings and safeguarding meetings. Meetings included standing agenda items.</p> <p>At the time of the inspection there was no backlog of activity.</p>	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>There were very few gaps identified during the course of the inspection in the management of risks, issues and performance. For example:</p> <ul style="list-style-type: none"> • Cervical screening and 5-year-old immunisations were noted as below target, but action plans and measures were in place to encourage and improve attendance including walk in clinic events. • Gaps in 2 staff vaccination/immunity records which the practice had made attempts to action. • Risk assessments for all emergency medicines not held by the practice. This was actioned immediately. <p>The practice had a business continuity plan in place which was regularly reviewed. Training records showed all clinical staff were up to date and had received basic life support training. There had been a regular review of the prescribing competence of non-medical prescribers supported by clinical supervision, peer review or competency checks.</p>	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes

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
Staff are supported to work remotely where applicable.	Yes
Explanation of any answers and additional evidence: The practice staff completed a range of information governance and data security training to ensure staff practised good data security and that personal information was handled correctly.	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: The practice participation group (PPG) met approximately every 3 months with minutes taken of the meetings held. The practice hoped to grow the PPG membership as it was not representative of the practice demographics such as younger people, working age, families and of ethnic groups. The practice had created a practice Facebook page. Staff were able to provide examples of how feedback was sought from people who used the service. For example, through compliments, complaints, direct verbal feedback, the national GP patient survey, friends and family test, and reviews left on social platforms including the practice Facebook page. The practice was a member of a primary care network (PCN) and worked in collaboration with them resulting in member practices building stronger working relationships together with external partners, including the newly formed local integrated care system (ICS) and other local PCNs. The practice worked with its community and staff at the practice had provided support in a number of ways for example: encouraging traveller community attendance for screening and the provision of health promotion and education support during the pandemic.	

Feedback from Patient Participation Group

Feedback

Feedback from the PPG was positive regarding the practice. The practice held regular minuted meetings with the PPG to discuss with them ideas and suggestions for service improvements and to hear and action feedback when appropriate. For example, the PPG were asked for their ideas and suggestions in respect of the walk-in clinic health promotion topics, which had included, cervical screening and stroke and heart disease in the last 12-month period.

The PPG found the practice staff to have the right balance of being friendly and professional. They reported that the practice was responsive to patient and PPG feedback, that they encouraged an open approach to suggestions and ideas for improvement and that the practice within the community was highly regarded and valued.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: The practice was an active research practice in conjunction with Keele University and National Institute for Health and Care Research (NIHR).	

Examples of continuous learning and improvement

Staff told us they were supported with education and opportunities for career progression, many staff having worked at the practice for over 10 years.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
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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.