

Care Quality Commission

Inspection Evidence Table

Windmill Medical Practice (1-6645185270)

Inspection date: 28 June 2022

Date of data download: 22 June 2022

Overall rating: Good

Safe

Rating: Requires improvement

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.	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">The practice had policies which underpinned how the practice responded to concerns about safeguarding for children and vulnerable adults.Records showed all staff had undergone appropriate training for their role within the last year.The practice was located at the intersection of three London boroughs and as such, staff had to be aware of the safeguarding procedures and contact details for all three boroughs.They received requests for reports and invitations to case conferences from safeguarding teams for all three boroughs. These were passed to the duty GP for a response.Staff liaised with health visitors and local Multi Agency Safeguarding Hub (MASH) Teams by telephone from whom they could seek advice.	

Safeguarding	Y/N/Partial
<ul style="list-style-type: none"> The practice coded patients who had safeguarding concerns and maintained registers of children of concern and vulnerable adults. The registers were reviewed regularly to ensure they were up to date and these patients were discussed at practice meetings to ensure all staff were aware of the concern. Out of hours services could access patients' summary records. Where patients were acutely unwell, GPs shared information with any out of hours teams involved with that patient's care. Patients with additional social needs were referred to the practice's social prescriber. The social prescriber was knowledgeable about services available in the community and could support patients with a variety of needs. They fed into multidisciplinary team meetings to ensure patient's holistic care needs were planned for. The practice's policy was for all staff to undergo DBS checks. 	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Recruitment checks for all staff included identity, references, Disclosure and Barring Service (DBS) and professional registration checks. Staff were required to provide proof of their immunisation status at recruitment and this was reviewed annually. Any missing vaccinations were offered and where staff declined, a risk assessment was carried out to ensure any necessary safeguards were taken. 	

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: January 2022 (see folder for all the RAs done under this)	
There was a fire procedure.	Y
Date of fire risk assessment: May 2018	Y
Actions from fire risk assessment were identified and completed.	
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Risk assessments including security, Covid 19, electrical safety, manual handling and slips trips and falls were carried out at both sites, most recently in January 2022. These were coordinated by an external company. We found that fire risk assessments had last been carried out in 2018. Following the inspection the provider ensured risk assessments were carried out at both sites. Records showed fire drills were carried out regularly. This included an assessment of how successful the exercise was and any areas for improvement. 	

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. Date of last infection prevention and control audit: 29 November 2021	Y
The practice had acted on any issues identified in infection prevention and control audits.	Partial
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">Records showed staff had undergone infection control training within the last year. This was with the exception of two members of staff whose training was overdue due to extended leave.Infection control audits were carried out annually, most recently in November 2021. This had been carried out by the local NHS England area team. Actions had been identified around some taps and basins and a requirement for an antimicrobial self-assessment checklist (a short questionnaire for use by GP practices, to assess antibiotic prescribing) to be completed by GPs. The provider told us there were some financial challenges to replacing the relevant sinks and taps but this was under review. The Antimicrobial Stewardship Self-Assessment Checklist had been completed by all GPs by the time of this inspection, with the exception of one GP who was on maternity leave.Prior to the infection control audit in 2021 an audit had been carried out by the local authority infection control lead nurse in October 2020. Additional infection control reviews had been carried out internally in February and August 2021. Actions taken following these reviews included reviewing the provision of infection control training in the nurse induction programme, updating the Legionella prevention plan, repairing some cracked walls and reviewing the storing of aprons.Cleaning was carried out by an external company at the main site and by an independent cleaner at the branch site. There were checklists of cleaning tasks for both sites. The practice had a contract for waste removal with an external company.Staff were trained on how to manage specimens and this was covered in the practice's infection control policy.	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice rarely used locums. GP and reception staff covered each other for leave and during busy periods. • The practice had a locum pack which included all necessary information and guidance on the practice's operations. • Staff had undergone training around resuscitation. • Records we saw prior to the site visit showed seven members of staff were overdue for training on sepsis. Four of these members of staff completed this training just before the inspection and the other three, following the inspection. • The practice held the necessary emergency medicines and equipment including a defibrillator and oxygen at both sites. These included child and adult pads and masks. Records showed these were all checked regularly to ensure they were in date and/or good working order. 	

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.	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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • There was a policy in place for registering new patients. Summarising of new patient's notes was carried out by the GPs and an administrator. • There were policies in place governing information sharing. Some external agencies were able to access the practice's clinical records system, whether on a basic or extended access level. There were also access control policies and information sharing agreements with other services, for example local health intelligence around childhood immunisations and the local clinical commissioning group (CCG) around diabetes management. • There was a process in place to ensure test results coming into the practice were managed effectively. On receipts the alerts were allocated to the requesting GP or other GP if they were unavailable. Once viewed, GPs updated patient's medical notes and gave instructions to the 	

reception or administrative staff to contact patients or contacted them themselves in the case of emergencies. Non-clinical staff did not review test results.

- We checked the practice's global inbox during the inspection and found some results dated back to March 2022. None of these were urgent and all of these results had been reviewed by a GP. We were told some of the patients could not be contacted which was why the results remained in the inbox. Others had been actioned but remained in the inbox. We have told the provider they should review their process for managing test results to ensure those actioned were archived appropriately.

Appropriate and safe use of medicines

The practice's systems for the use of medicines, including medicines optimisation, was not always safe.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHS Business Service Authority - NHSBSA)	0.71	0.57	0.79	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). (01/04/2021 to 31/03/2022) (NHSBSA)	9.3%	9.1%	8.8%	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 (01/10/2021 to 31/03/2022) (NHSBSA)	5.85	5.53	5.29	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	78.3‰	57.8‰	128.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHSBSA)	0.53	0.47	0.60	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	7.2‰	4.8‰	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 structured medicines reviews for patients on repeat medicines.	Y
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 high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	N
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We checked the practice stock of emergency medicines at both sites and found these were appropriate and in date. All medicines were stored securely. Blank prescription forms were kept locked when not in use. Records were kept to manage the use and movement of blank prescription forms. They were only accessible by designated staff. There was a process in place to verify patient identity for remote prescribing. Requests by email were verified with the patient by telephone where questions were asked to ensure their identity. 	

Medicines management	Y/N/Partial
<ul style="list-style-type: none"> Records showed patients on repeat prescriptions were monitored and reviewed appropriately. Repeat prescriptions could be requested online. Receptionists passed the request to a GP to issue. We reviewed a sample of records of patients prescribed high risk medicines and found most of these patients were monitored and reviewed accordingly. However, we found in relation to patients prescribed Potassium sparing Diuretics (medicines used to increase the amount of fluid passed from the body in urine, whilst also preventing too much potassium being lost with it), 21 out of 47 patients had not had the required monitoring. The provider told us this had been an oversight and undertook to ensure these patients were seen within the following 30 days. Following the inspection the provider confirmed the majority of those 21 patients had been contacted to book blood tests. 	

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.	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: 13	
Number of events that required action: 9	
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff we spoke with understood their responsibilities to identify and report significant events. A form for recording significant events was stored on the practice's shared drive. Staff knew where to locate it. Significant events were reflected on at practice meetings to ensure all staff were aware and learning was shared. Any resulting changes to practice processes were communicated with all staff. The practice manager regularly carried out a review of all significant events to ensure any themes were identified and mitigated against. 	

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

Event	Specific action taken
Patient document incorrectly filed on practice shared drive	Filing error by staff member. The letter was already saved in patient's notes. It was identified the error could be due to too many people filing documents. The number of people responsible for filing was reduced and further training given.

Documents with patient data were disposed of in the normal waste bin	Staff were reminded of the correct procedure for disposing of documents with patient sensitive data.
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Safety alerts		Y/N/Partial
There was a system for recording and acting on safety alerts.		Y
Staff understood how to deal with alerts.		Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had a policy for managing safety alerts. These were received by the practice manager, pharmacist and GPs. • Medicines related alerts were managed by the pharmacist who carried out the searches of the clinical records system to identify all affected patients. The pharmacist either contacted these patients directly or assigned a member of the administration team to do so. In urgent cases the GPs contacted the patients themselves. • We saw examples of actions taken on recent alerts for example around vaccination against polio. 		

Effective

Rating: Good

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• GPs used care plan templates on the clinical records system to plan and organise care for various categories of patient, for example patients diagnosed with dementia. They also held registers of patients with a learning disability or those experiencing poor mental health to ensure these patient's needs were met.• Patients at risk of a deterioration were referred to a rapid response team. The rapid response service aimed to treat patients in their own home• During the Covid 19 pandemic the practice contacted patients known to be shielding to advise them the practice remained open and to find out if they had any support needs. An action plan was devised to ensure safeguards were in place for these patients.• GPs reviewed all care plans for these patients to ensure all actions were completed and any other services involved with these patient's care had been in contact with them.	

Effective care for the practice population

Findings

- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu and shingles vaccinations were offered to relevant patients in this age group.
- Regular multidisciplinary team meetings were held to plan care for older patients. The team included district nurses, palliative care nurses and integrated care coordinators.
- Older patients were referred to the community rapid response team to provide emergency care at home and try to prevent hospital admissions.
- A “dementia friendly” action plan had been carried out by the practice. This was a plan to ensure the practice was more accessible and comfortable for patients with dementia. The needs of these patients had been incorporated into the redecoration plans for the practice.
- 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 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 recently began taking part in a new psychiatric nurse service. The nurse was based at the practice once a week to see patients with medium to severe mental illness who were not responding to talking therapies but were not sufficiently unwell for admission to secondary care.

Management of people with long term conditions

Findings

- We reviewed a sample of records of patients diagnosed with a long term condition. We found these patients were being monitored and reviewed appropriately.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The practice had developed its own chronic disease review templates tailored to its own service. Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice worked with the community diabetic nurse to review diabetic patients with complex care needs. The practice nurse had a special interest in diabetes, asthma and chronic obstructive pulmonary disease (COPD).

- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with asthma were offered an asthma management plan.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	62	73	84.9%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	74	86	86.0%	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) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	80	86	93.0%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	80	86	93.0%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	13	15	86.7%	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 was aware of its challenges around childhood immunisations. They had an immunisation lead who was responsible for the practice's strategy for improving uptake. Regular practice meetings were held where performance in childhood immunisations was discussed.
- There was an action plan in place for increasing childhood immunisation. These included reviewing the process for recalls to make it more structured, auditing all patients aged under 5 years to identify any gaps, combining mothers' post-natal checks with 8 week baby immunisations and increasing weekend immunisation availability and opportunistic invitations for immunisation. Immunisation appointments were available in early mornings and late afternoons.
- The practice had identified patients were more responsive to calls from a nurse around immunisations, therefore they adopted a "child not brought" protocol for missed immunisation appointments. This involved nurses calling parents directly to find out if they had any concerns and at answer questions.
- Recent data from the provider showed as at 23 June 2022, 77% of children aged one year had received three doses of DTaP/IPV/Hib/HepB. 75% of two years olds had received their PCV booster and 70 % had received two doses of MMR. This data was unverified at the time of this inspection. **The provider told us they would continue to try and improve the uptake childhood vaccinations in line with their action plan.**

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 31/12/2021) (UK Health and Security Agency)	57.8%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	41.8%	49.0%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	53.7%	57.1%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	41.7%	56.0%	55.4%	No statistical variation

Any additional evidence or comments

- The provider was aware their performance in cervical screening was below target. They had put an action plan in place to address this. Measures included designating cervical screening leads, running weekend nurse clinics to support working women to attend for screening, regularly auditing screening lists to ensure they were accurate and up to date and opportunistically promoting and inviting women for screening.

- The most recent data we received from the provider showed as at 23 June 2022, 23% of eligible women registered had not undergone cervical screening. The practice told us they would continue to review and improve uptake of cervical screening.

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.	Y
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Partial
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

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

- The provider told us they did not have a rolling programme of audits at the time of this inspection, although they had previously. They were now more ad-hoc and mainly centred around prescribing. They were planning to carry out more clinical audits following the height of the Covid 19 pandemic.
- The practice undertook annual antibiotic audits to ensure their prescribing was within local targets. Results of these audits showed prescribing had been brought more in line with local averages, however the recommendation was for prescribers to be mindful of antibiotic choices.
- The practice was involved in a national cancer audit in September 2020. This audit provided comparative information for benchmarking and reviewing variations at practice level. The practice had reviewed the results of the audit to identify areas in cancer care where they were performing well, as well areas for improvement.
- All A&E admissions were flagged and followed up by GPs, in particular for children aged under 5 years. GPs followed up on patients who regularly attended A&E.

Any additional evidence or comments

- The provider took part in local improvement initiatives such as those around diabetes, medicines management and Covid 19 vaccinations.
- The practice was involved in initiatives to contact “hard to reach” patients. For example they had worked with the Brent Chinese Association to hold community a Covid 19 clinic for undocumented residents.
- The practice had commenced a weekend clinic in March 2022. The clinic had been visited by the local council and Healthwatch who had given positive feedback which was reported in the local press. The clinic was set up to tackle pandemic delays and winter pressures. Its focus was on chronic disease reviews and to improve the uptake cervical screening and childhood immunisations.
- The provider visited housebound patients in February to April 2021 to administer Covid 19 vaccinations. They had also worked with the primary care network (PCN) to update these patients care plans.

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.	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.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Staff told us they were given protected time either at work or home for learning and development.• The practice had role specific induction programmes.• Records showed appraisals were carried out annually and one to ones took place regularly. We were given examples of where appraisals had facilitated positive discussions around workload management and training and development needs.	

Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Multidisciplinary team meetings were held monthly where patients with complex needs were discussed and planned for.• The practice had worked in collaboration with local community partners to run a community diabetes event. This operated as a “one stop shop” where diabetic patients from across the primary care network were invited for assessment and support from a range of clinical teams including dieticians, podiatry, eye screening service, pharmacy as well as digital and emotional support. Outcomes of the assessment were sent to the patients’ GP.	

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.	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The provider told us the Covid 19 pandemic had highlighted the needs of their younger patients who were shielding. As a result they had prioritised these patients and patients who were homeless for appointments and vaccinations. They also allocated named doctors for these patients for continuity and ensured contact details were up to date.• The practice had identified patients with long term neurological diseases who were under hospital care and ensured they had the involvement of the social prescriber.• The practice participated in local schemes around weight management and had in-house smoking cessation advisers. They also advertised and encouraged patients to sign up to NHS digital applications around diet and exercise.	

Consent to care and treatment

The practice always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	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">• Records we looked at showed consent was sought and recorded in patient's notes accordingly.• We looked at a sample of records of patients who had made DNACPR decisions. We saw these discussion were recorded with the required level of detail and we reviewed appropriately.	

Caring

Rating: Good

Kindness, respect and compassion

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

	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

Patient feedback	
Source	Feedback
Patient	Really impressed with service, dedication, politeness. They go above and beyond. Appointments are relatively easy to get and they will try to accommodate the type of appointment you prefer. They offer a range of services and will make you aware, for example smoking cessation. Not impressed with branch site, finds the environment unpleasant.
Patient	Practice is quite good with appointments, can usually get to speak with preferred GP, although this might mean waiting longer. Receptionists are really good. No areas for improvement.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2021 to 31/03/2021)	95.7%	87.7%	89.4%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2021 to 31/03/2021)	94.2%	86.0%	88.4%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	97.7%	94.3%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	90.5%	80.9%	83.0%	No statistical variation

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

Any additional evidence
<ul style="list-style-type: none"> The practice had carried out a patient survey in June 2021. The purpose of the survey was to receive feedback on how appointments had run during the pandemic and to find out patients views about changes to the appointments that had been introduced during the pandemic, specifically the use of phone, video and e-consultations permanent along with face to face appointments. The survey was sent to patients who had had a consultation between March 2020 and June 2021. They received 526 responses from 3983 invitations, a return rate of 13.2%. Results of the survey showed the majority of patients (81%) were happy with the continued mix of appointment types. An action plan was devised following the survey which included giving a timeframe for a telephone appointment so patients did not have to wait all day for a call-back and signposting patients to the website for online appointments during initial call to reception, where this was appropriate and agreed by the patient.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had highlighted patients with sight or hearing impairment on the clinical records system. They had an accessible standard policy and staff have been trained on how to support these patients. They were also supported to see the same doctor for continuity. The practice had hearing loops installed. 	

- The practice had carried out a dementia audit and ensured the needs of these patients were incorporated when the practice was redecorated.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2021 to 31/03/2021)	96.7%	90.4%	92.9%	No statistical variation

	Y/N/Partial
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.	N/A
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The provider told us paper leaflets had been removed from the reception area during the Covid 19 pandemic. These had been replaced by notices advising patients to speak with the receptionists if they required information. They signposted patients to information available online. • The practice's website could be translated in a number of languages and the practice staff spoke a variety of languages used by the practice's patients. 	

Carers	Narrative
Percentage and number of carers identified.	3% / 288 patients
How the practice supported carers (including young carers).	Patients who were carers were offered regular health checks and vaccinations and were signposted to local support services.
How the practice supported recently bereaved patients.	Patients who were bereaved were contacted by the practice and offered an appointment with the GP. The patient's records were flagged as soon as possible to prevent correspondence being sent to their home address.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• In response to patient feedback the provider had rearranged the reception area at their branch site. They had relocated the reception desk away from the waiting area to improve privacy and confidentiality for patients.	

Responsive

Rating: Good

If the rating is Inadequate, RI or outstanding, or if the rating has moved to Good from a previous rating of Inadequate, RI or Outstanding give a brief explanation of the reasons for the rating.

The data presented in the Evidence Table should **NOT** be changed or removed in any way.

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	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"> From the results of the practice's patient survey carried out in June 2021 the practice had increased the number of face to face appointments but had continued to offer a mixture of appointments including video and telephone consultations. As a result of feedback from patients they had also began offering a window of time to receive a call-back from a GP so they didn't have to wait all day. The practice had devised an action plan to make the practice premises more accessible to patients with dementia. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday	8.10am – 12.30pm/1pm and 2.30/3pm – 6pm
Tuesday	8.10am – 12.30pm/1pm and 2.30/3pm – 6pm
Wednesday	8.10am – 12.30pm/1pm and 2.30/3pm – 6pm
Thursday	8.10am – 12.30pm/1pm and 2.30/3pm – 6pm
Friday	8.10am – 12.30pm/1pm and 2.30/3pm – 6pm
Opening hours at the branch site	
	8am to 1pm

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.
- There was a medicines delivery service for housebound patients through local pharmacies.
- The practice liaised regularly with the 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.
- The practice ran Saturday and Sunday weekend clinics for chronic disease review appointments, childhood immunisations, cervical screening and phlebotomy.
- When the practice was closed patients could seek medical assistance at the local GP access centre which was open 7 days a week from 8am to 8pm.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice worked with a local probation hostel, children's residential unit and women's refuge to provide medical care to residents.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice had collaborated with a local Chinese association to hold Covid 19 vaccinations clinics for undocumented members of the community.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

Access to the service

People were able to access care and treatment in a timely way.

The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England and Improvement to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Y

Patients were able to make appointments in a way which met their needs	Y
There were systems in place to support patients who face communication barriers to access treatment	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"> Feedback from patients we spoke with, online reviews and results of patient surveys showed their experience of making appointments was positive. The provider had designed their own bespoke appointment and capacity planning tool which used an algorithm to monitor appointment provision and availability. They used this to plan the weekly GP rota. The practice had carried out a survey of patients to understand what type of appointment patients wanted. The results showed patients preferred face to face appointments but appreciated having a range of appointment type to choose from. The practice had responded by increasing the number of face to face appointments and continuing to provide and promote telephone and video consultations following the lifting of Covid 19 restrictions. 	

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2021 to 31/03/2021)	88.5%	N/A	67.6%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	82.5%	71.3%	70.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	84.2%	68.1%	67.0%	Variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	87.9%	78.4%	81.7%	No statistical variation

Source	Feedback
For example, NHS Choices	NHS website – five reviews were positive and one negative. The practice manager responded to each review and had offered the maker of the negative comment their contact details to investigate the matter further.

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.	6
Number of complaints we examined.	6
Number of complaints we examined that were satisfactorily handled in a timely way.	6
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had a policy for receiving and managing complaints. This set out the practice's responsibility to acknowledge and investigate complaints and how this would be carried out. The complaints policy was advertised in the practice and on the website. The practice recorded verbal as well as written complaints and complaints posted online. Records showed complaints were discussed at practice meetings and reviewed annually to identify any trends. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
Unprofessional attitude of reception staff member	Staff member reflected on the incident and further training was provided. All staff were reminded of policy for e-consult.
Lack of confidence in nurse, felt they had not taken the appropriate action in response to their condition	Referred to complaints lead who investigated, nurse had sought guidance from GP who had advice confirmed by pediatric consultant, reception staff reminded to make patients aware if they will be speaking to a GP or advanced nurse practitioner (ANP).

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.	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 demonstrated awareness of the challenges the practice faced due to external pressures such as finance, staffing and increased workload and told us what they were doing to be resilient and adaptable to meet these challenges. For example they had merged with another local practice to deliver care across both sites. This meant they could offer more services needed within the community, such as citizen's advice and additional clinics such as phlebotomy and nurse clinics.• The lead GP showed leadership external to the practice at community level. For example they had been the lead clinician for a community diabetes event working collaboratively with the local authority and primary care network to provide proactive management and screening for diabetes in high risk populations. They had also collaborated with a local charity providing Covid 19 vaccination clinics for the undocumented community.• The lead GP was the clinical director of the primary care network (PCN). They were responsible for delivery and facilitating collaboration between member practices and stakeholders.• Staff we spoke with were positive about the leadership. They told us they were visible, approachable and led by example.	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Staff we spoke with and meeting minutes we saw demonstrated that staff were consulted and kept informed about any changes at the practice.• The provider articulated their vision and goals for the practice and was aware of the possibilities and challenges to meeting their objectives. They told us about their short-term goals which included expanding the role of advanced nurse practitioners (ANP) to reduce reliance on GPs	

and developing additional roles across the primary care network, for example, the use of care coordinators. Long-term goals were around moving to more suitable premises where the whole practice could be located in the same building.

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"> Staff we spoke with told us they were encouraged and supported to speak up and raise any concerns. They told us they were confident they would be taken seriously if they did. The practice had a policy which set out the requirements of the duty of candour. They had access to a Freedom to Speak Up Guardian and staff were aware of who that was. Information about this was on display at the practice. 	

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

Source	Feedback
Reception/administrative staff	Staff told us they were treated as equals with professionalism. They told us the partners were always available to assist them and were open and approachable. They told us the practice worked well together as a team and shared the same objectives; to provide a high-quality service to their patients.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had a suite of policies and procedures governing every aspect of its operations. These were readily accessible to all staff and were regularly reviewed and updated. 	

Managing risks, issues and performance

Processes for managing risks, issues and performance were not always effective.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial
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.	Partial
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The provider told us since the Covid 19 pandemic they had not had a rolling programme of audits, although they had previously. However we saw evidence they had continually reviewed their performance in response to the restrictions and challenges of the pandemic. For example around patient access. The practice reviewed performance information from a variety of sources, including the national GP Patient survey, local and national benchmarking data, local clinical commissioning group and primary care network, as well as its internal patient survey results. They regularly reviewed comments, complaints and significant event data to identify areas for improvement. However, we found some performance data had been overlooked, specifically that relating to the management of some patients prescribed high risk medicines. The practice had a business continuity plan which directed how staff would respond to a major incident. This policy was accessible to all staff. However we found not all staff had undergone recent sepsis training to ensure they were able to identify symptoms and respond appropriately. We also found fire risk assessments had not been carried out at either site since 2018. 	

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

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Y
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Y
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Y
The practice actively monitored the quality of access and made improvements in response to findings.	Y
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Changes had been made to infection control arrangements to protect staff and patients using the service.	Y
Staff were supported to work remotely where applicable.	N/A
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> During the pandemic the practice had moved to telephone triage as the initial contact and then GPs would decide, based on clinical need and any other relevant factors, which patients needed to attend the practice in person. Nurse appointments had continued as normal and patients were still invited in for childhood immunisation and cervical screening. Receptionists had received training on which patients could have their concern dealt with at the chemist. Quality of access was reviewed through a patient survey and we saw the practice had reviewed the findings and made adjustments to access in line with patients' needs. The practice operated a pop-up site for vaccinations during the pandemic. The lead GP worked with a local community charity to provide vaccinations for patients who were vulnerable due to being undocumented. The practice was aware of some patients who had travelled abroad prior to the pandemic and had not yet returned. They made efforts to maintain contact with these patients and ensure they were managing their conditions whilst abroad. The practice used the weekend clinics to focus on patients with long term conditions who required reviews, who may be overdue for their reviews due to the pandemic. For example those diagnosed with hypertension. During the pandemic staff at the practice had contacted their vulnerable patients and hand delivered letters to patients who were hard to reach, digitally excluded or who were known not to have telephones to make them aware the practice remained open during the pandemic. Patients who were shielding were added to the vulnerable patient register to ensure they were regularly reviewed to ensure their needs were being met. 	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice had policies governing the use of digital services and made patients aware of security, privacy and confidentiality safeguards when using digital services.	

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: <ul style="list-style-type: none">• The practice sought feedback from its patients and responded to their views. For example, they had carried out a patient survey in June 2021 to gather feedback on how appointments had run during the pandemic. As a result of patient feedback the provider had decided to continue to offer a mix of video, email and telephone consultations, as well as face to face.• Feedback from members of the PPG we spoke with was positive about how the practice worked with the PPG to make improvements.• Staff told us their views were encouraged and were acted on. For example, the nursing team had made a suggestion around healthcare assistants being able to do weight and blood pressure checks as well as blood tests. This had been acted upon.• The practice worked with the local clinical commissioning group (CCG) and local authorities to identify groups with additional care needs. For example the provider began running a weekend clinic to support working patients with childhood immunisations, cervical smears and blood tests. They had received recognition from the local community council, which been reported in the local press.	

Feedback from Patient Participation Group.

Feedback
We spoke with members of the PPG who told us they had recently restarted face to face meetings following the lifting of Covid 19 restrictions. Feedback from members of the PPG we spoke with was positive about how the practice worked with the PPG to make improvements. They told us the provider encouraged them to share their views about the practice and they were taken seriously. For example they had suggested reducing of the number of posters on display in the waiting area and the use of mobile phones in the waiting area. These recommendations had been acted upon by the provider. They were also considering how to increase the take-up of online appointment booking.

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: <ul style="list-style-type: none"> The provider used information technology to create templates and protocols specific to their needs. For example, they had designed their own bespoke appointment and capacity planning tool which used an algorithm to monitor appointment provision and availability. They used this to plan the weekly GP rota. 	

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **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.