

Care Quality Commission

Inspection Evidence Table

Derwent Practice (1-540570685)

Inspection date: 25 and 31 May 2023

Overall rating :Good

At our previous inspection of April 2019, the practice was rated good overall and for all of the key questions.

At this inspection we saw that patients mostly received effective care and treatment that met their needs. However, we were concerned about the processes in place at the practice for high risk medicine monitoring and reviews of long-term conditions. We identified that safety alerts had not been responded to.

Safe Rating:Requires improvement

We have rated the practice as requires improvement for providing safe services because:

- At this inspection we saw some patients who received medication for seizures and nerve pain were not receiving regular monitoring and there was no protocol in place for the follow up of these patients.
- The practice were unable to demonstrate that safety alerts had been responded to. We identified patients had not received blood pressure monitoring as advised by a safety alert.
- Feedback we received from staff suggested that some staff appeared unsure about how they would report significant events or if they received learning from these. We were told this had been identified as an issue in a previous staff survey and staff training on this subject was ongoing.

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

Safeguarding	Y/N/Partial
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: <ul style="list-style-type: none"> • The practice had systems and processes in place to ensure that patients were safeguarded from harm. • The provider had dedicated safeguarding leads in place for children and adults safeguarding and staff were aware of this. Conferences were attended by the safeguarding leads. Safeguarding formed part of the multi-disciplinary teams' agenda and the weekly practice meeting. Records confirmed this. • Safeguarding alerts and codes were added to vulnerable adult and children's records. 	

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.	Yes
Explanation of any answers and additional evidence: Comprehensive recruitment checks on the most recently recruited members of staff including a locum GP who worked at the practice were carried out	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 19 May 2023	Yes
There was a fire procedure.	Yes
Date of fire risk assessment: May 2022 Actions from fire risk assessment were identified and completed.	Yes

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 11 May 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
Explanation of any answers and additional evidence: The practice had comprehensive records of IPC audits and checks and follow ups they had carried out.	

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

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation. ¹	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

Appropriate and safe use of medicines

The practice mostly 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 average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2021 to 30/09/2022) (NHS Business Service Authority - NHSBSA)	0.86	0.86	0.82	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). (01/10/2021 to 30/09/2022) (NHSBSA)	4.5%	6.8%	8.5%	Variation (positive)
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 (01/04/2022 to 30/09/2022) (NHSBSA)	5.01	5.05	5.28	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/04/2022 to 30/09/2022) (NHSBSA)	148.2‰	134.7‰	129.6‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2021 to 30/09/2022) (NHSBSA)	0.36	0.47	0.58	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/04/2022 to 30/09/2022) (NHSBSA)	3.4‰	4.6‰	6.7‰	Variation (positive)

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

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

Medicines management	Y/N/Partial
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines. ¹	*Partial
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing. ²	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	*Partial
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.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <p>We carried out remote searches of clinical records to check how the practice monitored patients' health in relation to the use of disease-modifying antirheumatic drugs (DMARDs) and medicines requiring monitoring. We found that most patients had received appropriate monitoring at the required intervals. However there were some examples where they had not.</p> <ul style="list-style-type: none"> *We looked at the prescribing of a 'controlled drug' Gabapentin. Controlled drugs are prescription drugs named in the misuse of drugs legislation. They are closely regulated as they are susceptible to being misused or diverted and can cause harm. *Our searches identified 351 patients prescribed gabapentin, which is used to treat seizures and nerve pain. 117 patients were identified as not having received a review in the last 12 months. We looked at 5 of these patients in detail and found that 1 patient had not received a review since 2017, 2 since 2020 and 2 were last reviewed in 2021. Three of the 5 were overdue a medicines dose review. Following our inspection the practice contacted us to tell us that this group of patients were being reviewed and appropriate action was being taken in relation to annual reviews and dosage discussions. 	

Medicines management	Y/N/Partial
<ul style="list-style-type: none"> We reviewed patients who were prescribed a DMARD called azathioprine which is used to treat patients who have conditions which affect the immune system. We saw they had all received the correct monitoring. 	

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.	*Partial
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.	*Partial
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	44
Number of events that required action:	44
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice forwarded to us examples of significant events. We saw that these were discussed at meetings and learning was taken forward. *However, from the questionnaires we sent to staff, some staff appeared unsure when they answered the question about how they would report significant events or if they received learning from these. The assistant practice manager told us that this had been identified as an issue in a previous staff survey and staff training on this subject was ongoing. A significant event audit had been carried out in April 2023; The purpose of the audit was to identify what further upskilling and gaps necessary in relation to significant events. 	

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

Event	Specific action taken
A patient was signposted to the wrong department when they contacted the practice. They were told to go to Accident and Emergency rather than urgent care.	As a result of this a template was designed for staff to follow in the event of a patient being signposted to secondary care/out of hours services. It also explained what needed to go in patient records regarding the signposting of patients.
Vaccine refrigerator out of the required temperature range for storing COVID-19 vaccines.	The practice called out a technician to help correct this. This had been an issue which had not been picked up and was identified, the fridge needed re-setting. As a result all refrigerators now have written instructions on how to reset them, with a written log of checks.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts. ¹	Yes
Staff understood how to deal with alerts.	*Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice provided us with a spreadsheet which had recently been introduced to manage how safety alerts and medical recalls were dealt with. • *However, from our clinical searches the practice were unable to demonstrate that safety alerts had been responded to. We reviewed patients who were prescribed mirabegron, which is used to treat an overactive bladder. A safety alert highlighted that this medicine could pose a risk of severe hypertension in patients. We identified 19 patients prescribed this medicine. We looked at 5 in detail and 4 had not received blood pressure monitoring in the last 12 months. Following our inspection the practice sent us a detailed plan to follow up all of these patients which was to be overseen by the pharmacist at the practice. 	

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 mostly assessed, and care and treatment was not always delivered in line with current legislation, standards and evidence-based guidance .

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	*Partial
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. ¹	*Partial
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way. ²	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 prioritised care for their most clinically vulnerable patients.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">*We saw from the remote searches and review of clinical records we carried out that some patients did not always receive the appropriate monitoring for their condition at the required intervals. For example, reviews of medicines to treat seizures and nerve pain and blood monitoring of patients with chronic kidney disease.	

Effective care for the practice population

Findings
<ul style="list-style-type: none">At the practice each patient had a named GP which provided continuity of care. They were responsive to requests for home visits, urgent appointments and accepted telephone requests for repeat prescriptions for those people who may not be able to use an online system or be mobile to attend the surgery and order a repeat prescription. Home visits could be carried out for vaccinations.The practice had responsibility for 5 care homes in their geographical area. They provided a dedicated GP for each care home who provided a weekly virtual ward round as well as required

visits when appropriate. The provider had appointed a dedicated care home coordinator who helped to co-ordinate this service.

- The GPs at the practice provided medical cover when needed at the rehabilitation ward at a local hospital.
- Patients had access to appropriate health assessments and checks.
- The practice provided baby clinics for health checks and immunisation clinics. Appointments were offered outside of school/college time to make it more accessible for patients to attend. There was a 'child not brought' policy to follow up children who missed appointments.
- The practice had a GP lead and a coordinator for patients with a learning disability. Patients were offered health checks; home visits were arranged where appropriate. The coordinator supported patients, carers, relatives, and care homes. There were a number of services where patients could be referred to for support. The practice also worked closely with local charities.
- 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 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. They had dedicated mental health practitioners at the practice providing support and signposting to other services.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

Our search of clinical records in respect of patients with certain long-term conditions such as diabetes, asthma, chronic kidney disease and hypothyroidism showed a mixed level of care and some good;

- Seven out of the 680 patients with hypothyroidism had not received thyroid function test monitoring for 18 months. We looked at 5 in detail and of those, 2 were overdue by 4 years and 1 by 5 years.
- One hundred and five out of 1,117 patients were identified as having poor diabetic blood sugar control. We looked at 5 in detail and found that 2 were overdue a medicines review and 1 a diabetic review.
- We looked at patients with asthma (117) who had been prescribed 2 or more courses of rescue steroids. Of the 5 we looked at in detail, 1 person was overdue an annual review. The practice advised us that following our inspection a protocol had been set up for patients with asthma who had been prescribed steroids.
- Our searches identified 11 patients with Chronic Kidney Disease Stages 4 or 5 who had not had bloods monitoring in the last 9 months. We looked at 5 of these patient records in detail and found 1 person had not been monitored since 2021.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions. For example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins. Patients with COPD were offered rescue packs.

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)	171	186	91.9%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	185	194	95.4%	Met 95% WHO based target
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)	187	194	96.4%	Met 95% WHO based target
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)	187	194	96.4%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	222	235	94.5%	Met 90% minimum

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

Cancer Indicators	Practice	SICBL average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 30/06/2022) (UK Health and Security Agency)	75.1%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	74.7%	69.9%	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)	69.9%	72.8%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2021 to 31/03/2022) (UKHSA)	46.3%	57.7%	54.9%	No statistical variation

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.

Any additional evidence or comments
<ul style="list-style-type: none"> We discussed with the practice cervical screening rate. They said that work had been carried out recently to improve this rate. A member of the administration team was the lead for coordinating cervical screening, overseen by one of the GPs. They conducted a monthly audit of this, ensuring all results were processed, followed up and any non-attenders contacted appropriately by a clinical staff member. The practice supplied us with a snapshot of their current cervical screening rate to 31 May 2023. For patients aged 25-49 the uptake rate was 82.4%, ages 50-64 the rate was 81.3% which is above the 80% target. This is unvalidated and unverified data which has been provided to us by the practice and has not been published.

Monitoring care and treatment

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

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

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

<p>The practice provided us with several audits of improvement activity. This included:</p> <ul style="list-style-type: none"> An audit of frequent attenders to the practice. Over a 6-month period, patients with attendance rates of between 30 and 40 appointments were identified. There were 126 patients to be shared between the GP partners for review. Some of the patients identified were known to the practice and reasons why they were frequent attenders, however, there were some others who were not known, and the GPs looked at what more could be done to assist the patient. As a result of analysis areas for review were identified, such as complex wound dressings, hospital bloods, chronic unexplained symptoms and chronic anxiety. An A&E audit to review potentially unnecessary A&E attendance had been carried out. The outcomes were to facilitate care navigation training to reception staff, amend the telephone-line
--

message with suggestions for alternative sources of healthcare advice and support, same day appointment embargos to be kept free and education for reception staff on what was classified as a same day appointment.

- Other audits included prescribing, opioid prescribing, morphine, DMARD and a urinary tract infection (UTI) audit. There were audits of doctor's bags, crash trolley and the cold chain.

Effective staffing

The practice was able 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff we spoke with told us they felt supported and encouraged to develop. • We saw comprehensive training records for staff. • The GPs had roles as clinical mentors and support for nursing and pharmacy staff. • The practice has regular placements of student doctors. • The management at the practice provided several examples of where staff had been developed into other roles. • The nurses at the practice were undertaking extra training to enhance the skills in the practice in areas such as COPD, diabetes and complex wound management. 	

Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes

Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice followed gold standards for the care of palliative care patients. The local hospice and cancer charity who provide care to patients formed part of the practices multi-disciplinary meetings. The practice secretaries followed up all urgent two week wait referrals to secondary care to ensure the referral had been acknowledged and patients had received an appointment. 	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice care coordinators worked closely with other organisations to support carers and patients suffering with dementia. One of the GPs had a special interest in the menopause and had set up a patient support group on this subject. A 'dementia forward' advisor held a memory clinic at the practice once a month to provide support for patients and relatives of those suffering with dementia. The care coordinators were working closely with a local organisations charity which supported patients with mental health issues and helping to reduce loneliness and isolation. 	

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes

Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate. ¹	Yes
---	-----

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

Practice Opening Times	
Day	Time
Opening times:	
Monday	8:00 – 18:00
Tuesday	8:00 - 19:00
Wednesday	8:00 - 18:00
Thursday	8:00 – 19:00
Friday	8:00 – 18:00
Appointments available:	
<ul style="list-style-type: none">The practice offered a mix of telephone triage, face to face and online appointments to all patients. They routinely sent text message reminders to patients about their appointments.The practice provided extended access appointments at the surgery on Saturdays and Sundays. This was part of the enhanced services contract ran in conjunction with other GP practices in the area. Appointments are available at other local practices on Tuesdays and Thursday evenings until 8pm. This service was offered via pre-bookable appointments. Out of hours services are provided by via the NHS 111 service.	

Further information about how the practice is responding to the needs of their population
<ul style="list-style-type: none">Patients had a named GP who supported them in whatever setting they lived.The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.

- The practice provided baby clinics for health checks and immunisation clinics. They offered appointments outside of school and college time to make it more accessible for young patients to attend.
- Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travelers.
- 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.

	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	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

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 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 (01/01/2022 to 30/04/2022)	36.4%	N/A	52.7%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	56.7%	68.9%	56.2%	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 (01/01/2022 to 30/04/2022)	58.3%	64.8%	55.2%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	66.0%	78.7%	71.9%	No statistical variation

Source	Feedback
NHS Choices	There were 3 reviews recorded on the NHS choices website in the last year. All gave the practice 5 out of 5 stars; 2 reviews said it was sometimes difficult to get through on the phone and 1 review said the practice were excellent.

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.	9
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	9
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

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The leadership at the practice were working together to drive and improve high-quality person-centred care.Staffing had been a challenge for the practice, GPs had retired and staff had left. New staff had been recruited and trained and changes to the management arrangements had been put in place. This meant the practice had to look at how they could manage this and improve. The senior GP partner led the partners, each partner had a lead role, for example, staff, health and safety and complaints. The partners had a meeting every Monday and agenda items included staffing, finance, training, complaints and significant events and the support to the local hospital and care homes. The assistant practice manager was responsible for the day to day running of the practice.The practice was working on processes in the administrative team where they could cover each other's roles as this had been identified as a weakness.	

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice mission statement was to constantly improve levels of clinical care to their patient population, in the realms of their physical health, emotional and mental health and social wellbeing. For them to do so in such a way which is perceived by their patients to be kind and compassionate.The practice had a business plan with short, medium and long-term goals, with outcomes and dates.The partners were currently considering a partnership succession plan in conjunction with potential aspirations to reduce sessions in the future and options for developing the skill mix within the practice team. None of the partners were close to retirement age.	

- Following feedback in a staff survey it was decided to have listening groups with staff to develop the practice further.

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
Explanation of any answers and additional evidence: We received 6 completed feedback questionnaires from staff who worked at the practice. <ul style="list-style-type: none"> • All were positive about working at the practice. They told us they were encouraged to develop. • The staff said they felt supported by the management and there was great teamwork at the practice. • Feedback and suggestions from them were taken on board and acted upon. For example, start times and staggered lunch breaks, CCTV in the reception area and additional computer screens for staff. • A staff survey had been carried out across the Primary Care Network (PCN) with an action plan as a result of the survey with recommendations for more regular meetings and a suggestion box. 	

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
Explanation of any answers and additional evidence:	

The practice held regular staff meetings for both clinical and non-clinical members of staff. Meetings were minuted and followed an agenda.

Managing risks, issues and performance

There were not always clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	*Partial
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> *We were concerned about the processes in place at the practice for high risk medicine monitoring and reviews of long-term conditions. We also identified that safety alerts had not been responded to. 	

Appropriate and accurate information

The practice partially demonstrated commitment to using data and information to proactively to drive and support decision making.

	Y/N/Partial
Staff used data to monitor and improve performance.	*Partial
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> * We had concerns that clinical record searches which monitored high risk medicines and long term conditions were not in place. 	

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

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: <ul style="list-style-type: none"> The practice sought views of patients and sent us examples of surveys they had carried out. This included NHSE friends and family test results and surveys. GPs also carried out their own patient surveys for quality improvement as part of their appraisal. The practice had an active patient participation group who had face to face meetings. 	

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 continually seeking out new ways of providing care and treatment. There was a culture of continuous improvement. For example: <ul style="list-style-type: none"> Feedback received to the practice was that access was good, staff and student doctors thought the patients received a good service, the GP National Survey results were good. 	

- There was a focus on staff well-being. For example, events for staff such as a 'cuppa and a cake' whilst fund raising for charity, the partners provided a lunch for staff and there was a staff party and family fun day.
- The practice was proactive in providing staff training. They helped ensure staff could develop further. For example, management training for leaders at the practice, a healthcare assistant had been supported to become a nurse associate and another member of staff who was a receptionist had been supported to become a nurse and was in their final year of training.
- The practice were early adopters in setting up COVID-19 vaccination clinics for the community.
- The practice provided a phlebotomy service which meant patients did not have to travel to have a blood test.
- Staff were trained to treat leg ulcers on site.
- One of the GP partners had a specialist interest in spondylitis.

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 SICBL 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 SICBL 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.