

Inspection Evidence Table

Dormers Wells Medical Centre

(1-564119374)

Inspection Date: 21 June 2023 and 5 July 2023

Date of data download: 21/06/2023

Overall rating: Requires improvement

Safe

Rating: Requires improvement

We found the provider had some systems and process in place to provide safe care and protect patients. However these were not always followed in practice. In particular, those regarding the management of safety alerts and management of some high risk medicines.

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:	

- The practice had processes in place to ensure that patients were safeguarded from harm. One of the GPs was the safeguarding lead and staff knew who that person was. Staff knew how to report safeguarding concerns.
- The safeguarding lead demonstrated knowledge and understanding of their role and the particular concerns around safeguarding which tended to affect the practice population. They ensured processes and procedures were in place and followed.
- We saw staff had undergone safeguarding training and there was a policy in place which was regularly reviewed.
- Patients with current safeguarding concerns were identified on the records system. However, we found the records of family members of children with safeguarding concerns were not always flagged. We have told the provider they should improve the identification of patients at risk of safeguarding concerns to include family members where appropriate.
- The practice provided reports for child protection case conferences.
- Patients with safeguarding concerns were prioritised for appointments and were followed up on if they failed to attend.
- Patients with a safeguarding concern were discussed and planned for at regular multidisciplinary team meetings as well as practice meetings.
- Out of hours services had access to the care plans of patients identified as having a safeguarding risk.
- It was the practice's policy for all staff to undergo a Disclosure and Barring Service (DBS) check prior to employment.

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"> • New staff were required to provide two forms of photo identification and proof of address as well as references. • The provider ensured staff received immunisations that were appropriate for their role. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Partial
Date of last assessment:	June 2023
There was a fire procedure.	Y
Date of fire risk assessment:	June 2023
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence:	

- At the time of this inspection the provider had not had comprehensive health and safety and fire risk assessments carried out. The practice manager carried out basic monthly risk assessments which reviewed obvious risks such as tidiness and waste removal, however they had not undergone training to enable them to carry out this function to a professional level.
- Following the inspection the provider arranged for health and safety and fire risk assessments to be carried out by a specialist company. The health and safety risk assessment identified six areas for action, two of which were high risk. The fire risk assessment identified eight areas for action, three of which were high risk. We have told the provider they must put in place effective systems and process to ensure the safety of people using and working on the premises.
- We saw fire equipment such as fire extinguishers, alarms and emergency lighting were serviced annually. Fire drills were carried out regularly, most recently in March 2023. The records of these fire drills were lacking in sufficient detail to effectively review how the exercise had gone and identify any necessary improvements. We told the provider they should review and improve the recording of fire drills to ensure sufficient detail.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out.	Y
Date of last infection prevention and control audit:	March 2023
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • All staff had undergone suitable infection control training for their role. • Infection control audits were carried out by the practice nurse, who was the infection control lead. No actions had been identified at the most recent audit. • Legionella testing was carried out annually, most recently in June 2023. 	

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.	N/A
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Practice staff were flexible to enable absences and busy periods to be covered inhouse. For example the GPs could carry out the tasks which were usually carried out by the practice nurse. The practice used regular locums where required to ensure safety and consistency. Administrative, secretarial and reception staff were able to cover each other as required as could the practice manager. All staff had undergone basic life support training which included Sepsis training. Staff told us there were sufficient staff to cover all roles as well as planned and emergency leave. 	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We carried out a review of patient records in relation to the clinical searches which identified that care records were managed in a way to protect patients. There were processes in place to ensure information relating to new patients was obtained and processed in a timely manner. The provider had a process for managing 2 week wait referrals. Patients were given safety net advice to contact the practice if they had not had a secondary care review within 2 weeks. We saw evidence of safety net advice being given to patients with suspected cancer using the Macmillan cancer safety netting template. The practice's secretary followed up on any 2 week wait referrals to ensure that patients had been seen within the 2 week timeframe. There was a process for managing test results which were reviewed within 24 to 48 hours of receipt. We reviewed test results in the pathology inbox and found no results waiting to be processed which were more than 24 hours old. Test results were only reviewed by GPs. 	

Appropriate and safe use of medicines

The practice did not have systems for the appropriate and safe use of medicines, including medicines optimisation.

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

Indicator	Practice	SICBL average	England	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2022 to 31/03/2023) (NHSBSA)	0.67	0.68	0.91	Tending towards variation (positive)
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). (01/04/2022 to 31/03/2023) (NHSBSA)	9.3%	7.7%	7.8%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2022 to 31/03/2023) (NHSBSA)	6.62	5.45	5.23	Tending towards variation (negative)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2022 to 31/03/2023) (NHSBSA)	82.0‰	57.9‰	129.8‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2022 to 31/03/2023) (NHSBSA)	0.63	0.43	0.55	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2022 to 31/03/2023) (NHSBSA)	5.1‰	4.7‰	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.	N/A
There was a process for the safe handling of requests for repeat medicines and evidence of effective 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.	Y
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 reviewed a sample of records of patients prescribed long term medication. These patients required regular reviews due to the risks associated with that type of medicine. We found 15 patients appeared to have not had a medicine review in the last 12 months. Two other patients had undergone a medication review; however, the review date had not been updated on the records system. Therefore it appeared these medicine reviews were overdue. We saw four of these patients had been invited for medicine reviews but had not responded to the invitation. We reviewed a sample of records of patients prescribed drugs considered to be high-risk and as such, requiring specific, frequent monitoring. We found most patients were up to date with their monitoring checks, however there were some areas of risk identified. For example we reviewed the records of 5 patients prescribed Methotrexate (a drug used to treat inflammatory conditions like rheumatoid arthritis). We found all 5 patients did not have the day of the week on which the patient should take the medication recorded on their prescription. This was a requirement to reduce the risk of overdose. We found 4 patients prescribed this drug were being monitored by the hospital. Evidence was seen of the practice checking blood results on the hospital system or obtaining letters containing monitoring results to update the patients' records. We reviewed a sample of records of patients prescribed Warfarin (a drug used to thin the blood to reduce the risk of blood clots and stroke). We found 5 out of 13 patients had not had a blood test result recorded in the previous 56 days. Three of these patients were having monitoring checks done at a specialist clinic but the provider was not routinely recording that these indicated it was safe to continue prescribing the medicine. One of these patients had not been collecting their prescription regularly and there was no record of a recent blood test for this patient. 	

- We raised these concerns with the provider who was aware of some of these concerns and was already in the process of contacting the affected patients. We saw some of these patients had already been booked in.
- We followed up on these concerns during the site visit and found the provider had since made contact with the outstanding patients and updated their records accordingly. We found records of patients prescribed Methotrexate and Warfarin had been updated with the date of their most recent medication review and current monitoring results. The concerns around prescribing Methotrexate (recording the day of the week) had been addressed.
- Evidence was seen from the records review of action being taken to amend medication after hospital discharge/secondary care reviews.
- We have told the provider they must ensure effective and robust processes and procedures are put in place and followed consistently to ensure the safe monitoring of patients' health in relation to the prescribing and use of medicines including high risk medicines.
- We checked the practice's stock of emergency medicines, medical oxygen and defibrillator and found these were safely held and regularly checked. Staff knew where these items were kept.
- However, we found the stock of emergency medicines did not include Dexamethasone oral solution (or soluble Prednisolone) to treat children with croup. They also did not have Benzylpenicillin as an antibiotic for suspected sepsis. The provider told us this drug was not available due to supply shortages. However, the practice had not obtained a suitable alternative. The provider took immediate steps to address this and during the site visit we saw both drugs had since been obtained. We have told the provider they must continually review their stock of emergency medicines to ensure they are adequately equipped to respond to a medical emergency. Where any drug is unavailable, a risk assessment must be carried out to demonstrate the measures put in place to mitigate any associated risk.
- Vaccines were stored safely and correctly. Fridge temperatures were checked regularly to ensure medicines were stored at the appropriate temperatures.

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:	2
Number of events that required action:	2
Explanation of any answers and additional evidence:	

- The provider had a policy and process for raising and investigating significant events. Learning was discussed at clinical and practice meetings.

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

Event	Specific action taken
Patient given a vaccine booster in error as they had already had the booster at another surgery	Registration process amended to ensure children's Red Books (or other supporting information if the child is not from the UK) were obtained when registering the child so all immunisations the child has already had can be recorded.
Incident of violence involving a patient	The provider reviewed its safety processes and appropriate measures were put in place

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • We examined the records of a sample of patients impacted by medicine safety alerts. Whilst the provider had a process in place for recording and acting on safety alerts, we found processes were not followed in practice. The provider was unable to demonstrate that all relevant safety alerts had been responded to appropriately. We saw that patients remained on combinations of medicines that increased their risk of complications, without anything in their records to indicate this had been identified and the risk discussed with the patient or alternative treatments considered. • For example, we found five patients had recently been prescribed Clopidogrel (a blood thinner) and Omeprazole/Esomeprazole (drugs used to protect the stomach). A safety alert from December 2014 advised that use of Clopidogrel and Omeprazole together should be discouraged unless essential as Omeprazole/Esomeprazole reduces the beneficial effect of Clopidogrel in protecting against heart attack and stroke. • We reviewed the records of one patient of childbearing age who was prescribed sodium valproate (a medicine used to treat epilepsy). We saw a pop-up alert regarding pregnancy prevention on the patient's record and evidence was seen that the patient had been advised about the risk of pregnancy. • We also reviewed the records of patients prescribed Topiramate (a medicine used to treat epilepsy and migraines). An update in July 2022 advised that patients of childbearing age on Topiramate should be advised of the risks of pregnancy and the need for effective contraception. We found evidence of advice around pregnancy risk and contraception in relation to 1 of the 2 affected patients. • We reviewed the records of 2 patients prescribed more than 3 oral steroid courses in the last 12 months and who were on other steroid containing medicines. As per a national patient safety alert in 2020 these patients should be considered for being issued with a steroid emergency card. We found 2 patients fell into that category but had not been issued with steroid emergency cards. • We followed up on these concerns during the site visit and found the affected patients had since been contacted and appropriate action had been taken and/or these patients had been advised appropriately. Their records had been updated accordingly. 	

- We have told the provider they must ensure their processes and procedures for acting upon medicine safety alerts were consistently followed in practice to ensure medicines were prescribed in a way which kept patients safe.

Effective

Rating: Requires improvement

We found whilst the provider was aware of current guidance and standards for the care of patients diagnosed with a long term condition, this was not always followed in practice. For example, not all patients diagnosed with asthma, chronic kidney disease or diabetes were monitored and reviewed in line with guidance. The provider's achievement in childhood immunisations and cervical screening was below target.

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 not always assessed, and care and treatment was not always delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	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.	N
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	N
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had prioritised care for their most clinically vulnerable patients during the pandemic.	Y
The practice prioritised care for their most clinically vulnerable patients.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Patient records we reviewed showed national guidance, for example National Institute for Health and Care Excellence (NICE) guidelines for suspected cancer were being followed when managing patients. 	

However, we found national guidelines were not always followed in relation to the management of patients with long term conditions such as diabetes, asthma and chronic kidney disease.

- Clinical guidance and protocols were available to staff via the shared drive. Clinical meetings were held every week where new guidance (including NICE updates) were discussed.
- We reviewed the clinical records of 2 patients who were diabetic and had been started on treatment. We found these patients had not been correctly coded on the clinical records system as having diabetes. A search of the system revealed 20 patients who potentially had diabetes but had not been identified as such. We raised this with the provider who was aware the practice had a number of patients whose test results indicated they were potentially diabetic. Records showed they had been attempting to contact these patients but had been unsuccessful because the patients either could not be reached or lived abroad for extended periods of time. We have told the provider they must review these patients and ensure they are correctly coded and followed up to reduce their risk of developing diabetes complications.
- Evidence was seen during the records review of patients being given appropriate safety netting advice if their condition deteriorated.
- Records showed patients with learning disabilities and mental illness had annual reviews including checks of their physical health.
- The practice had completed advanced care plans for patients over 75 and has had discussions with patients regarding their preferred place of care/death.
- The practice held death review meetings every few months to review if patients' wishes had been fulfilled.

Effective care for the practice population

Findings

- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice had systems to inform eligible patients to have the meningitis vaccine.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

- We reviewed a sample of records of patients diagnosed with a long term condition. Records showed some of these patients needed a review or monitoring tests. At the time of this inspection the provider had already made contact with these patients and arrangements were in place to either update records or bring patients in for reviews and blood tests
- For example, we reviewed the records of 5 patients diagnosed with chronic kidney disease (CKD). All these patients were being monitored by a specialist clinic and had undergone a recent review of their blood pressure and kidney function. However their medical records held by the practice had not been updated to this effect, meaning it appeared these reviews were overdue.
- We reviewed the records of 5 patients diagnosed with asthma who had received two or more courses of oral steroids (Prednisolone) for asthma exacerbations in the last 12 months. We found 1 patient had not been followed up after their course of steroids to check if they had improved as advised in National Institute for Health and Care Excellence (NICE) guidance. Two patients were overdue their annual asthma review, but evidence was seen of the practice contacting the patients to arrange this.
- Evidence was seen of the practice providing patients with asthma management plans and following up patients who had been admitted to hospital with an asthma exacerbation.
- We reviewed the records of 5 patients diagnosed with hypothyroidism. Four of these patients were overdue monitoring checks. However, the practice had contacted these patients to arrange monitoring and was planning to switch some patients to weekly prescriptions until they had the required blood tests.
- We reviewed the records of 3 patients diagnosed with diabetes. The practice had identified all three patients had poorly controlled diabetes and needed a review with a GP. Two patients had been followed up appropriately after having a raised HbA1c reading (a test measuring the amount of sugar in the blood) and had had their medicine reviewed. One patient had not been followed up after their last raised HbA1c reading, but the practice had attempted to contact the patient to arrange their annual diabetic review. We saw the practice was in the process of trying to follow up on a number of patients who, they had been informed, were not currently in the UK, in order to update their records.
- We have told the provider they must carry out regular reviews of patients diagnosed with a long term condition, in particular diabetes, and ensure that patients were correctly identified and monitored in accordance with national guidelines.
- We reviewed the practice's most up to date records on their clinical records system. We found 56% of patients with asthma had had an annual review, 82% of patients with diabetes had had a foot examination in the last 12 months and 76% of patients under 80 with hypertension had had their blood pressure controlled.

Child Immunisation	Numerator	Denominator	Practice	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	48	56	85.7%	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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	42	53	79.2%	Below 80% uptake
The percentage of children aged 2 who have received their immunisation for Haemophilus	33	53	62.3%	Below 80% uptake

influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)				
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	33	53	62.3%	Below 80% uptake
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	54	81	66.7%	Below 80% uptake

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 provider was aware its achievement in childhood immunisations was below target. They had introduced processes and policies to try and monitor and increase uptake. These included contacting patients regularly to offer appointments and recording all attempts made. The practice sent reminders to patients and offered them appointments opportunistically. Staff also offered appointments for patients to speak with the practice nurse and referrals to the social prescriber were offered to answer any concerns they may have about vaccinations. The provider told us in their experience patients that were already hesitant about vaccines rarely consented to being referred to the social prescriber.
- The provider described the challenges they faced trying to increase uptake including patients travelling abroad for extended periods of time. Additionally, they had been made aware that some patients were no longer resident in the UK. They also told us there had been an increase in vaccine hesitancy generally amongst their practice population. They regularly discussed this issue with the other members of the primary care network (PCN) and they told us all the practices were experiencing similar challenges.
- The practice had also worked with a representative of the local community with support from the patient participation group (PPG) to try and educate patients however this had limited impact.
- We have told the provider they should continue taking steps to improve the uptake of childhood immunisations.

Cancer Indicators	Practice	SICBL average	England	England comparison
Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	51.8%	N/A	62.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	49.3%	N/A	70.3%	N/A
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (12/31/2022 to 12/31/2022) (UKHSA)	53.2%	N/A	80.0%	Below 70% uptake

Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (4/1/2021 to 3/31/2022) (UKHSA)	18.2%	55.1%	54.9%	No statistical variation
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Any additional evidence or comments

- The provider was aware its achievement in cervical screening was below target. They told us this was due to reasons including the transitory nature of its patient population, religious and cultural objections and general hesitancy amongst their practice population. They told us this challenge was similar to that of other practices within their PCN and it was regularly discussed at PCN meetings.
- The practice tried to encourage patients to undergo cervical screening by offering them appointments opportunistically and sending regular reminders to patients (which were logged and monitored).
- Where patients could not attend during the practice's normal opening hours, they could be directed to the local GP hub and family planning clinics where late appointments for cervical screening were offered.
- The provider told us following the Covid-19 pandemic, cervical screening uptake had steadily started to improve. We saw the records of their achievement for the first quarter of 2023/24 (April to June) which showed their achievement was 77% for eligible persons aged 25 to 49 and 82% for persons aged 50 to 64.
- We have told the provider they should continue taking steps to improve the 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.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y
<p>Examples of clinical audits and/or other improvement activity in past two years included:</p> <ul style="list-style-type: none"> • Audit of patients over 65 who were prescribed proton pump inhibitors (PPIs) for indigestion/gastric protection. The aim of this audit was to reduce prescribing of PPIs in this age group as older patients were at increased risk of side effects (e.g. fractures). The audit identified 11 patients who then had their PPI prescriptions reviewed. One patient had their PPI dose reduced. • Audit of patients who had ring pessaries fitted (2 cycle audit – September 2022 and June 2023). The first audit cycle showed 8 patients had their pessary replaced in 6 months. Eight patients had not had their pessary replaced as 2 had left the practice, 2 had had the pessary removed and 4 had been contacted to have the pessary replaced but had not responded. Improvements were demonstrated in the second audit cycle with 8 pessaries being inserted and 8 replaced. Of the 4 patients who could not be contacted in the first cycle, 2 had been contacted and booked for a replacement, 1 was not in the UK and 1 had had the pessary changed abroad. 	

- Other clinical audits carried out included a review of patients prescribed high dose Inhaled Corticosteroids (ICS), chronic pain management, opioid use and patients prescribed methotrexate. Non-clinical audits carried out included optimising access to the practice.
- The practice was involved in local initiatives to improve access to GP services. For example, improving access by making patients aware of the extended hours hub and the e-consult service as well as encouraging patients to speak to a clinical pharmacist about medicine queries.

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 training was planned and assigned using an online training platform. Staff were given protected time for training and development. • Staff were supported to access additional training to the mandatory training for their role. • Appraisals were held annually where staff could identify and discuss further training they wanted to undertake. • There was a prescribed two-week induction programme which was tailored to meet the requirements of specific roles. • The lead GP reviewed referrals done by the locum GP and had regular informal meetings with them to discuss cases and provide clinical advice. 	

Coordinating care and treatment

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

	Y/N/Partial
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Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The GPs met regularly to discuss patient cases and concerns. • Weekly clinical team meetings were held to share information. • Palliative care multidisciplinary team (MDT) meetings were held every 3 months to discuss patients on the palliative care register. District nurses and the Palliative Care team were invited to attend these meetings. • Patient information from out of hours services was received electronically. These services had access to the practice's clinical system to view information such as special notes, palliative care patient wishes, Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions and drug misuse. • Information was shared within the primary care network (PCN) to enable patients to access PCN services. • The practice sent patient summaries to the hospital, palliative care and the coroner when requested. • District Nurses and the Palliative Care team could be contacted directly for support. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had access to a PCN social prescriber who signposted patients to services. • The practice had access to physiotherapists, clinical pharmacists and a mental health practitioner provided by the PCN. • Evidence was seen of patients being signposted to resources for support. 	

- Evidence was seen of the practice inviting patients with diabetes to virtual group consultations to help them understand their condition and improve their lifestyle.
- The practice held Christmas parties for
- elderly patients and those who may be socially isolated.

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 Cardiopulmonary 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"> • Examples of documented consent included written consent forms for joint injections and intrauterine devices (IUDs) (a birth control device). • Staff were aware of the legislation and requirements around mental capacity guidance and consent. • Our clinical review of notes where a DNACPR decision had been recorded showed patients' views had been sought and respected. Evidence was seen of patients and their relatives/lasting power of attorneys being involved in care planning and end of life care discussions. 	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	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

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2022 to 30/04/2022)	66.1%	82.3%	84.7%	Variation (negative)
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 (01/01/2022 to 30/04/2022)	61.3%	80.1%	83.5%	Variation (negative)
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 (01/01/2022 to 30/04/2022)	80.8%	91.2%	93.1%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	50.9%	70.8%	72.4%	Tending towards variation (negative)

Any additional evidence or comments

- The provider told us they did not routinely review the results of the GP patient survey. The practice carried out its own patient surveys, most recently in December 2022. They found patients main concern was around the telephone triage system, initially introduced during the Covid-19 pandemic. This was a process by which the initial appointment was conducted by phone. The clinician would then advise whether the patient needed to be seen in person and if so, by whom. Alternatively, patients could be signposted to more appropriate services.
- The provider told us they had responded by improving communication with patients about the reasons the triage system had been retained post-pandemic and its benefits including supporting better access for patients. They told us complaints about this had decreased as a result. Results of their most recent patient survey showed 81% of respondents were happy with the telephone triage system.
- We told the provider they should review the results of the national GP patient survey and devise an action plan to directly address the areas where performance was below average.

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

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
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National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2022 to 30/04/2022)	73.2%	87.3%	89.9%	Variation (negative)
Any additional evidence or comments				
<ul style="list-style-type: none"> The provider did not routinely review the results of the GP patient survey. However they did carry out their own internal survey. We told the provider they should review the results of the national GP patient survey and devise an action plan to directly address the areas where performance was below average. 				
				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.				Y
Information about support groups was available on the practice website.				Y

Carers	Narrative
Percentage and number of carers identified.	2% (105 patients)
How the practice supported carers (including young carers).	The practice offered flu vaccinations for patients who were carers and screening for specific health conditions. Carers were provided with information about local support groups and could be referred to services such as social prescribers where appropriate.
How the practice supported recently bereaved patients.	The provider sent cards and letters of condolence to bereaved patients. They also provided guidance on steps they should follow, advice about registering the death and contact details of support services. The practice could arrange for death certificates to be issued expeditiously to meet the religious requirements of some of its patients.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y

Responsive

Rating: 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.	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"> We saw evidence of patients being signposted to other resources/providers for support. The practice contacted secondary care services for advice as needed. Adjustments were made to support patients. Priority and longer appointments are offered to patients who were vulnerable and those with mental health problems and disabilities. The practice offered home visits to housebound patients. Alerts are put on patient records for patients with special needs, for example to identify if a patient needed priority access to a GP. 	

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	9am - 12pm and 2.30pm to 6pm
Tuesday	9am - 12pm and 2.30pm to 6pm
Wednesday	9am - 12pm and 2.30pm to 6pm
Thursday	9am - 12pm and 2.30pm to 6pm
Friday	9am - 12pm and 2.30pm to 6pm

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

- 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 held Christmas parties for older patients. They arranged for patients to be collected from home and taken back home after the event. This was an opportunity to engage with patients who were isolated or “hard to reach” and health checks could be carried out during this time.
- A large majority of the patient population spoke Arabic as a first language. The practice ensured they had staff who spoke Arabic to support communication with patients.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families’ wishes when bereavement occurred.
- There was a medicines delivery service for housebound patients.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Additional nurse appointments were available at the local GP hub for school age children so that they did not need to miss school.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Pre-bookable appointments were available to all patients at additional locations within the area, at the local GP hub. The provider could direct patients to three alternative practices where they could be seen over the weekend and evenings. Appointments with nurses, healthcare assistants and GPs were available at the hub.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	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 (including those who might be digitally excluded).	Y
Patients with most urgent needs had their care and treatment prioritised.	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Patients were supported with digital access to services, such as eConsult. This enabled online consultations where patients could submit their symptoms or requests electronically. 	

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2022 to 30/04/2022)	32.6%	N/A	52.7%	Variation (negative)
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)	33.6%	58.2%	56.2%	Tending towards variation (negative)
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)	39.6%	58.9%	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)	54.8%	68.5%	71.9%	Tending towards variation (negative)

Any additional evidence or comments

- The provider did not routinely review the results of the GP patient survey. However, the practice carried out its own patient surveys, most recently in December 2022. They found patients main concern was around the telephone triage system.
- The provider told us they had responded by improving communication with patients about the reasons the triage system had been retained post-pandemic and its benefits including supporting better access for patients. They told us complaints about this had decreased as a result. Results of their most recent patient survey showed 81% of respondents were happy with the telephone triage system.

- We told the provider they should review the results of the national GP patient survey and devise an action plan to directly address the areas where performance was below average.

Source	Feedback
NHS.uk website (formerly NHS Choices)	There were 3 reviews of this provider on the NHS website. One was positive about their experience with the practice nurse. Two were negative and were around access and staff attitude.

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.	7
Number of complaints we examined.	7
Number of complaints we examined that were satisfactorily handled in a timely way.	7
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Example(s) of learning from complaints.

Complaint	Specific action taken
New child registration at the practice. Child given a vaccination which they had received.	Complaint was investigated as a significant event; staff ensured the patient was well and considered any associated risks of receiving a double dose of the vaccination. Processes changed to ensure all steps were taken to obtain previous vaccination history at the point of registration.

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 told us the main challenges the practice faced included the need for larger premises, staff recruitment, managing patients' expectations and managing the transient nature of their patient population. They displayed insight and described steps they were taking to try and manage these challenges.Staff we spoke with expressed confidence in the leadership and told us they were supportive and approachable.	

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 understood and agreed with the values and aims of the practice. They told us they were encouraged to contribute ideas and suggestions and they were involved in planning how the service was delivered.	

Culture

The practice had a culture which drove high quality sustainable care

	Y/N/Partial
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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 told us there was an open and supportive culture at the service. They told us they felt enabled to speak up about concerns and make suggestions about how to improve how the practice operated. • Monthly full practice meetings were held where the team discussed improvements and learning. • Staff described good working relationships and told us the team worked well together and treated each other with respect. They told us the leadership was focussed on staff wellbeing. 	

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

Source	Feedback
Reception and administration staff	<ul style="list-style-type: none"> • Felt supported by GPs and the practice manager. • Leaders were approachable and there were no barriers between them. • Staff wellbeing was important to the leadership.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff had lead roles and areas of responsibility for example safeguarding and women's health. • Practice policies and procedures were available on the shared drive. • Policies were reviewed and updated annually. • There were regular partner meetings to discuss governance arrangements. 	

Managing risks, issues and performance

The practice did not always have clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	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.	Partial
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The provider had some safety assurance systems in place but these were not robust and were underdeveloped in some areas. For example regarding health and safety and fire risk identification and management. The provider was involved in quality improvement activity, including clinical and non-clinical audit. 	

Appropriate and accurate information

The practice did not always act on appropriate and accurate information.

	Y/N/Partial
Staff used data to monitor and improve performance.	N
Performance information was used to hold staff and management to account.	Partial
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Information about practice performance was not always used effectively to manage performance. Specifically, performance data about how the provider managed patients prescribed high risk medicines and patients diagnosed with a long term condition. The practice held regular meetings to review patient deaths and discuss new cancer diagnoses to identify any lessons to be learned. 	

- Records showed the provider was aware of the areas of lower performance around managing patients with long term conditions and those diagnosed with a long term condition. The provider did not clearly demonstrate how this data was used consistently to drive improvement in this area. However they demonstrated steps taken to improve performance in childhood immunisations and cervical screening.

Governance and oversight of remote services

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

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice worked with the Patient Participation Group (PPG) to plan and deliver events for patients such as the Christmas party. The PPG was also involved in helping the provider communicate with the patient population about any changes to the service and any particular areas of focus such as local healthcare initiatives. 	

Feedback from Patient Participation Group.

Feedback
<p>We spoke with a member of the PPG who was complimentary about the service they received from all staff at the practice. They told us the doctors tried their best and they were always treated with kindness and respect. They felt their needs were met in polite and professional manner.</p> <p>They said prior to the Covid 19 Pandemic, the PPG had been much more active. However, due to the pressures on the provider and across primary care generally, the PPG had been less active of late. The most recent meeting was in late 2022 where they discussed their efforts to recruit an additional GP to meet patient demand. They also discussed how the PPG could help the practice to improve. They planned to meet again in September 2023.</p> <p>They told us the main challenge they faced was around access as it could be difficult to get an appointment due to demand. They also referred to waiting times on the phone to get through to the practice. They told us they met with representatives of other PPGs across the Primary Care network (PCN) who all said they faced similar challenges. The provider involved the PPG in planning which and how services would be delivered. They supported the PPG to give their views on how the service was run and make suggestions for improvement. They had suggested a call back service so patients did not have to wait on the phone for extended periods of time. Previously the PPG had been asked to help the provider educate and inform patients, for example an initiative to improve uptake of childhood immunisations and cervical screening within the Somali community. They had also planned Christmas parties for elderly or isolated patients.</p>

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none">• The provider taught 6th year medical students and was an examiner for medical students.• The practice was involved with Primary Care Network (PCN) initiatives for example, the use of clinical pharmacists to improve medicines management.	

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have “Met 90% minimum” have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules-based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of 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.