

Care Quality Commission

Inspection Evidence Table

St Lawrence Surgery (1-569555448)

Inspection date: 23 September 2022

Date of data download: 26 August 2022

Overall rating: Outstanding

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: The practice had been active in improving and developing safeguarding processes and discussions locally between services. This included the practice taking a lead in the development of a safeguarding proforma to be used by local safeguarding teams when requesting information. The proforma helped practice staff to understand the urgency of the request and to clarify when consent was required, which resulted in more streamlined processes. The practice had also worked with another local practice to develop an approach to supportive communication and working between schools/colleges and GPs with regard to children's safeguarding. This work included the practice manager visiting local schools and colleges with another local manager and resulted in a standardised approach to gaining consent from parents for the GP to liaise directly with	

Safeguarding	Y/N/Partial
the school or college This promoted a multi-disciplinary approach to keeping children who might otherwise not go to school, because of mental health needs, in education. Information was shared with schools and colleges with consent, including the contacts for individual practice safeguarding leads, so that they could instantly access appropriate support when needed.	

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

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: March 2022	Yes
There was a fire procedure. Date of fire risk assessment: December 2021	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: A range of risk assessments had been carried out and there were regular health and safety checks completed. We saw that the practice took action to mitigate safety risks. For example, the practice had implemented new heat source water pumps. However, as part of their legionella risk assessment, the assessor was uncertain about the legionella risk, as the usual safe water temperatures were not able to be reached with the new system. Although the practice had received assurance from the manufacturer and it had been assessed that the water system likely posed limited risk of legionella as there was no standing water, the practice took action to further minimise the risk. This included running a daily sterilisation of the water system to ensure safety. Records showed that daily sterilisation had been completed.	

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: July 2022	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 was clean and tidy. Action taken to address issues identified in the audit process included purchasing additional waste bins and undertaking regular checks of privacy curtains to ensure they were clean and fit for use, in line with the practice's infection control protocols.

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff had received training in emergency procedures and in identifying patients at risk of deterioration, including suspected sepsis. There was a clinician present within the reception back office where calls were taken, providing triage support to reception staff. This meant they had oversight of issues, including where patients who were unwell phoned through to the practice. We observed the clinician providing support to reception staff and answering questions.</p>	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation. 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
<p>Explanation of any answers and additional evidence:</p>	

Review of patient records in relation to the clinical searches identified that care records were managed in line with current guidance.

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) (NHS Business Service Authority - NHSBSA)	0.82	0.78	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). (01/07/2021 to 30/06/2022) (NHSBSA)	10.7%	11.0%	8.5%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2022 to 30/06/2022) (NHSBSA)	4.53	5.73	5.31	Tending towards variation (positive)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	186.1‰	120.2‰	128.0‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) (NHSBSA)	0.49	0.59	0.59	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	7.4‰	6.9‰	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.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes

Medicines management	Y/N/Partial
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines. ¹	Yes
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).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	n/a
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Partial
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Partial
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <ul style="list-style-type: none"> • We carried out random searches of patients prescribed high risk medicines where monitoring of blood test results was required before prescribing. This included a review of a sample of 5 clinical records for patients taking a medicine to treat autoimmune conditions, identified as part of a clinical search. This showed that all patients had received appropriate monitoring. • There was clinical oversight of requests for medicine changes and a clear process to demonstrate the actions taken. • Emergency medicines were appropriately stored and there were monitoring arrangements in place. Practice staff told us they did not routinely keep some medicines, such as an injectable pain killer and medicines for nausea, as they could obtain these from the on site pharmacy that was open at the same time as the practice. Following a discussion about this, the practice recorded risk assessments to this effect. • Vaccines were stored in suitable vaccine fridges and were stored securely in locked rooms. 	

Medicines management	Y/N/Partial
<ul style="list-style-type: none"> The practice had a medicines management team. This included pharmacists, pharmacy technicians and prescription clerks and included roles in medicines safety and management, medication reviews, high risk medicines and safety alerts and specific local projects. One project example involved the medicines management team working with GPs to reduce prescribing of high dose opioids (strong medicines for pain relief that can be addictive). Since 2019 the number of patients on high dose opioids had halved from 8 to 4 as a result of this work. There were ongoing audit processes in place and this had been extended to patients on slightly lower doses of opioids than the original audit threshold. The medicines management team were working with other local teams to share practice with other GP providers locally. There were strong arrangements for monitoring the prescribing practices of non-medical prescribers. One of the GPs acted as clinical supervisor for non medical prescribers, facilitating quarterly sessions to monitor prescribing and provide support. In addition, all non-medical prescribers attended monthly meetings to discuss prescribing issues. They all had signed 'intention to prescribe' forms that detailed the scope of their prescribing practice. They participated in peer to peer audit of their practice. Non medical prescribers we spoke with told us they felt supported in this process and that arrangements promoted safe practice and learning. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	41
Number of events that required action:	41
Explanation of any answers and additional evidence: The practice had clear operating protocols for when things went wrong. They monitored significant and learning events and reviewed these as a team to ensure broad aspects of learning and improvement could be considered. They used quality improvement tools such as audit to make improvements.	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Smear samples were stored with the incorrect form, therefore, samples had to be obtained again as unable to distinguish which sample belonged to which patient.	The patients involved were contacted with an explanation and an apology. The process and standard operating protocol for sample taking were reviewed. Nurses were involved in discussions to identify learning to ensure appropriate checks were in place.

A patient was incorrectly marked as deceased in their clinical record which meant that routine health monitoring had not taken place.	The practice apologised to the patient and took action to implement the correct health monitoring. They undertook an audit of all patients who had died in the last 2 years to identify if there were further areas of concern. They changed the standard operating protocol to have 2 members of staff involved in the process of inputting data about deaths and providing the bereavement follow up.
A patient required an amputation due to ischaemia.	The practice reviewed the care the patient received to identify any learning or areas where improvement could be made. This included liaising with the hospital vascular nurse to identify learning.

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.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had an audit tracker where regular audits were planned and carried out. These included audits relating to safety alerts. We saw that regular searches were carried out to identify patients on particular medicines, or combinations of medicines, where there were risks identified from safety alerts. Examples included identifying patients over the age of 65 taking a higher dose of a particular anti-depressant medicine, where there was a risk of cardiac side effects. There was a process with each of the searches to identify patients at risk, review their prescription, inform them of the risks, make appropriate changes and remind prescribers of the risks of prescribing.</p> <p>We viewed action taken in response to a July 2022 safety alert relating to the risk of congenital abnormalities associated with a medicine used for the treatment of migraines. We saw that action included contacting all women of childbearing age likely to be affected, informing them of the risks and making recommendations in relation to contraception. Annual reviews were also implemented as part of this action.</p> <p>The practice took additional action to inform patients of risks associated with some medicines. This included publishing information on their website and signposting patients to it as appropriate.</p>	

Effective

Rating: Good

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

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. ¹	Yes
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. ³	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Partial
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Yes
Explanation of any answers and additional evidence: There were appropriate referral pathways in place, including for 2 week wait referrals in the case of suspected cancer. We saw that action was taken to ensure referrals were received and that patients were given an appointment, however, the process did not include checks to follow up non-attendance within secondary care.	

Effective care for the practice population

Findings
<ul style="list-style-type: none">• The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. The practice had GP and paramedic practitioner frailty leads.• Health checks, including frailty assessments, were offered to patients over 75 years of age.• Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks, including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks, where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The 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. There was a dedicated mental health coordinator based at the practice weekly. One of the GPs was the mental health lead within the practice and they worked closely with the mental health coordinator to ensure that patients with varying levels of poor mental health had the support they needed.

Management of people with long term conditions

Findings

- We reviewed the records of 5 patients identified through our clinical searches as potentially having a missed diagnosis of diabetes. Our review of their records showed that all had been coded as having pre-diabetes and that appropriate follow up arrangements were in place.
- Patients requiring high dose steroid treatment or hospitalisation for severe episodes of asthma, were followed up in line with national guidance to ensure they received appropriate care.
- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice held a monthly diabetes clinic with support from a diabetic specialist nurse.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.

- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	138	142	97.2%	Met 95% WHO based target
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)	139	143	97.2%	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)	139	143	97.2%	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)	139	143	97.2%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (2 doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	176	184	95.7%	Met 95% WHO based target

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

Any additional evidence or comments

The practice consistently met or exceeded the WHO based target for all childhood immunisations.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 31/03/2022) (UK Health and Security Agency)	77.3%	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)	67.9%	67.3%	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)	71.4%	70.6%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a 2 week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	67.4%	55.9%	55.4%	No statistical variation

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

Any additional evidence or comments
Data showed that the practice was slightly below the UK Health and Security Agency (UKHSA) cervical screening target. The practice had clear processes for recalling patients for cervical cancer screening. Internal unverified data showed that 81% of eligible patients had received 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.	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 2 years

<p>The practice had a clear focus on quality improvement. They had undertaken 60 clinical audits in the last 2 years. We saw examples of successful improvement activities as a result, including:</p> <ul style="list-style-type: none">• High risk medicines monitoring and action taken to address safety alerts had improved over time through the use of clinical searches and audits.• Reducing antibiotic prescribing by non-medical prescribers where higher than average prescribing had been identified.• Reducing high dose opioid prescribing over time.
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Any additional evidence or comments

<p>In 2019 the practice worked with a facilitator on the NHSE 'Time for Care' programme, focusing on aspects of 'productive general practice' to promote improvements and efficiencies. The focus of these facilitated sessions included improving organisation, online access, appropriate appointments and a patient pathway for diagnosis. Following the facilitated sessions, the practice continued to use the improvement model and focused on improving medicines management, clinical work flow, frailty, duty team review and signposting patients to appropriate support. Evidence showed that a wide range of staff had been involved in improvement processes, which in some cases included representatives from the patient group.</p>

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
<p>Explanation of any answers and additional evidence:</p> <p>Staff told us they had time for learning and development and that this was a particular focus of the practice. We saw that clinical staff had regular clinical supervision, where specific topics and aspects of learning were focused on. Clinical staff also had opportunities to further develop their skills, for example, in relation to non-medical prescribing skills and advanced clinical practice modules.</p> <p>Arrangements for ensuring the competency of those in advanced clinical practice included clinical supervision, consultation audits and peer to peer review.</p>	

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
<p>Explanation of any answers and additional evidence:</p> <p>Regular multidisciplinary meetings were held for patients on the frailty and palliative care registers. Clinical staff worked collaboratively with other services to ensure care was consistent. This included supporting staff in care homes to deliver coordinated care for patients, where named GPs and other clinical staff provided support.</p>	

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a comprehensive approach to supporting patients to live healthier lives. They had a history of running education sessions and open days for the local community. The most recent open day in 2018 included the provision of training in first aid and basic life support alongside the ambulance service, as well as advice from the local police and fire service. Although these had been impacted by the COVID-19 pandemic we saw there were plans to reinstate them from the summer of 2023.</p> <p>The practice provided regular support groups for patients. This included a weekly walking group and a weekly evening singing group.</p>	

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
<p>Explanation of any answers and additional evidence, including from clinical searches:</p> <p>Our clinical review of notes where a DNACPR decision had been recorded, identified where possible the patients views had been sought and respected. We saw that information had been shared with relevant agencies.</p>	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: We observed staff interacting with patients and saw that they took the time to do so with kindness and compassion.	

Patient feedback	
Source	Feedback
Written feedback	A patient who provided written feedback spoke positively of the triaging service and the empathy and professionalism demonstrated by members of the clinical team.
Practice survey 2021	Unverified internal survey results showed that 95% of patients felt that GPs treated them with dignity and respect and 96% felt they could ask as many questions as they liked.
NHS Choices	Feedback included that staff were respectful, helpful and reassuring.

National GP Patient Survey results

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2022 to 30/04/2022)	94.5%	86.8%	84.7%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2022 to 30/04/2022)	92.9%	86.2%	83.5%	Tending towards variation (positive)
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)	96.3%	94.6%	93.1%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	91.0%	75.8%	72.4%	Variation (positive)

Any additional evidence or comments

The practice were consistently positive in relation to how staff treated patients in relation to the national GP patient survey. The practice achieved results that were above average in relation to patients feeling listened to, being treated with care and concern and their overall experience.

Question

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

Y/N

Yes

Any additional evidence

Practice survey results were positive about how staff treated patients. Feedback was consistently positive.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Easy read and pictorial materials were available. In addition, the practice had developed resources to support patients in accessing services. This include easy to understand information within the practice website. In addition, resources such as virtual groups enabled patients to ask questions and receive support and signposting, including access to community and advocacy services. Support groups included practice run singing and walking groups that were facilitated by other patients who had volunteered.</p>	

Source	Feedback
Patient feedback	Patients were positive about their experience within the practice. We spoke with one patient who was a volunteer and one who was a member of the patient improvement and patient participation groups. Feedback included the kindness shown by staff to everyone in the practice, as well as the flexible approach of staff in relation to providing support when it was needed.

National GP Patient Survey results

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2022 to 30/04/2022)	94.3%	91.9%	89.9%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence:	
<p>The practice website had been designed to provide support and guidance for patients. There was a range of links to information and support groups. This included local groups, as well as groups run by the practice, such as a weekly walking group and a weekly singing group. These were aimed at bringing people together and to provide support within the local community. As part of the practice's internal 2021 survey, they identified that 93% of patients felt that the new website was clearer to use than the old one.</p>	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 3% (511) of the practice population as carers.
How the practice supported carers (including young carers).	The practice offered health checks to carers. They provided them with information on how to access support, including signposting them to services such as local and national support services, financial and legal support, and those providing support for respite care.
How the practice supported recently bereaved patients.	The service had recently developed the way they supported patients in relation to bereavement support. 2 members of the administration team worked as part of a bereavement support service. They contacted patients following a bereavement, offering support as needed. Where appropriate, appointments with a GP were offered. Information was provided in relation to areas such as registering a death, planning a funeral and how to get financial support and guidance.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Responsive

Rating: Outstanding

We rated the practice as outstanding for providing responsive services because:

- They had implemented a patient signposting service and developed the multidisciplinary team in a way that improved access to general practice appointments for patients. There was a demonstrable improvement in GP patient survey results.
- They were engaged with other local services and were active in working collaboratively to develop services that met the needs of the local population. Examples included the development of LGBTQ+, veteran, safeguarding and mental health services.

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
Explanation of any answers and additional evidence: The practice had a comprehensive understanding of the needs of the local population. They were engaged with other local services and were active in working collaboratively to develop services that met the needs of the local population. Examples included the development of LGBTQ+, veteran, safeguarding and mental health services. The impact of these services included that an increased number of veterans had been identified within the practice; that mental health support provided meant that fewer patients required referral to mental health services; that transgender support and assessment of needs were aligned with best practice; and, that safeguarding and support services for young people and their families involved collaboration between schools and primary care to ensure that appropriate support was available. The facilities and premises were appropriate and services were accessible to people with disabilities. The practice had also participated in a disability risk assessment to ensure appropriate access. The practice made reasonable adjustments to support patients in accessing the services. For example, we received feedback from a patient who stated the practice staff had supported them to access the service when they found it difficult to be in a public space, due to their mental health condition. Action included making appointments when there were no other patients in the surgery and staff flexibly adapting how they worked to meet the patient's needs.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	7.30am to 6.30pm
Tuesday	7.30am to 6.30pm
Wednesday	7.30am to 6.30pm
Thursday	7.30am to 6.30pm
Friday	7.30am to 6.30pm
Saturday	9am to 12pm
Appointments available:	
Monday	7.40am to 6.30pm
Tuesday	7.40am to 6.30pm
Wednesday	7.40am to 6.30pm
Thursday	7.40am to 6.30pm
Friday	7.40am to 6.30pm
Saturday	9am to 12pm

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. Regular ward rounds were held by the frailty paramedic in care and nursing homes supported by the practice. GPs were on call for care homes at weekends. • 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 early in the morning and in the evening for school age children, so that they did not need to miss school. • Early morning, evening and Saturday morning appointments were available to patients of working age. • All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. • There was a separate children's waiting area within the practice which included free Wifi access. • The practice was open until 7.40pm Monday to Friday. Appointments were available Saturday 9am until 12pm. 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, travellers and those with a learning disability. • The practice was accredited as an armed forces veteran friendly practice. As a result, they had worked to identify a greater number of patients, increasing from 2 to 122 patients, who were veterans, over a 4 month period. In addition, the practice was in the process of planning activities to better meet the needs of this group of patients. • The practice had an embedded process for supporting children and young people with special educational needs and disabilities. This included the use of health passports that provided professionals with person-centred information about a child or young person which they may be

unable to share themselves. In addition, the practice had set up an established virtual group for parent carers and ran regular coffee mornings.

- The practice had developed the use of health passports so that they were available for adults with additional needs. They had a total of 96 patients (both adults and children) with health passports.
- Patients had access to a mental health support worker who was based at the practice on a weekly basis. Feedback from local mental health services included that the practice had a commitment to developing services for their patients with poor mental health. This included triage and support delivered at the practice level so that referrals to mental health services were statistically lower than other services.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travellers.
- They had been active in initiating a national working group, working collaboratively with the Institute of General Practice Management and national primary care based gender and LGBTQ+ services to develop a gender identity toolkit for use within primary care.
- The practice was in the process of seeking Pride in Practice accreditation. Staff had received training and the practice had an accreditation assessment scheduled for later in the year. We saw example case studies where staff had proactively worked with transgender patients to correctly identify and record their preferred pronouns. In addition, patients were offered a consultation to discuss the transfer of information from their previous medical record as well as issues relating to health screening.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. This included longer appointments and home visits as appropriate.

Access to the service

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

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	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	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes

There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had taken consistent action to improve access for patients over time. Examples included:</p> <ul style="list-style-type: none"> • The practice had developed a signposting service, where patients were triaged by the patient services (reception) team, with a clinician based with the team to answer immediate clinical queries and speak to patients where necessary. We observed patient services staff receiving calls and liaising with the GP based with the team and saw a positive impact where patient queries were resolved quickly. Staff told us the benefit of this was that patients no longer had to wait for a call back. • There was a positive impact on telephone access, where calls in 2022 were more evenly distributed over the course of the day, rather than concentrated early in the morning as they had been previously. This was because appointments and advice were available at all times, as opposed to the previous model where appointments were limited and likely to have run out during the morning. Data showed an average daily reduction of 70 calls between 8 and 10 am since the system was implemented. • The practice had clear pathways in place for patients to be seen by an appropriate clinician. The clinical team provided a broad range of skills with GPs, nurse practitioners, paramedic practitioners and pharmacists. • Since the development of the signposting service in December 2019 the practice had seen a 9% increase in the availability of GP appointments as a result. Staff told us this had largely been due to recognising and utilising the specialist skills of the whole clinical team. • The practice had taken action to expand the pharmacy team to include 2 lead/senior prescribing pharmacists, an additional pharmacist, 2 pharmacy technicians and 3 pharmacy administrators. As a result, between May 2020 and May 2022 pharmacy team contacts had increased from 490 per year to over 8,000 per year across the team. 	

National GP Patient Survey results

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2022 to 30/04/2022)	65.0%	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)	81.7%	58.8%	56.2%	Variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2022 to 30/04/2022)	70.4%	56.3%	55.2%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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)	86.4%	73.4%	71.9%	Tending towards variation (positive)

Any additional evidence or comments

The practice had developed a signposting service to improve timely access to appropriate appointments.

Patient feedback through the national GP patient survey showed a 30% increase in patient satisfaction with accessing the practice by phone since the service was implemented. Satisfaction with the overall experience of making an appointment had improved from 75% in 2019 to nearly 82% in 2022 and was more than 25% better than the local and national averages.

Source	Feedback
NHS Choices	Respectful staff and efficient service. Quick diagnosis and referrals. Very impressed.
Practice patient survey 2021	Of the 61% of surveyed patients who had used the e-consult virtual / remote consultation tool, 92% found the experience to be good or excellent. In addition 94% were satisfied with the outcome of their e-consultation and 92% of patients who had experienced a telephone consultation had a positive experience.

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.	25
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
The practice had a comprehensive approach to managing complaints. They maintained a log of all complaints and associated actions. Individuals responsible for responding to and actioning responses had a good understanding of the complaints process and the need to improve as a result. Staff understood what action to take, in line with the complaints policy when concerns were raised. There was evidence of learning being a central focus of the complaints process.	

Examples of learning from complaints.

Complaint	Specific action taken
A patient complained they had not received a call from a clinician they had been expecting.	The duty GP made contact with the patient to apologise for the error. Administrative staff were tasked with routinely checking that all patient calls had been made, at the end of surgery each day.
A patient complained about a referral delay due to miscommunication.	The practice reviewed the circumstances leading to the complaint and partially upheld it due to communication issues. Staff were reminded of practice procedures.

Well-led

Rating: Outstanding

We rated the practice as outstanding for providing a well-led service because:

- They continued to provide high quality care and treatment and inspired staff to use innovative ways to improve services for patients.
- They routinely carried out a number of quality improvement projects to meet the changing needs of the local population.
- They shared improvement initiatives with other practices to develop services locally and nationally.

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: Leaders were actively engaged in quality and operational sustainability and development, including working collaboratively with other agencies to develop services both nationally and across the local community. They recognised challenges and took action to address these, implementing innovations to improve care for their patient population. Feedback from external professionals who worked with the practice was positive and included examples of where the practice had contributed to local improvements. The practice business manager was the chair of the West Sussex Practice Managers Association. Staff consistently fed back that leaders were approachable and visible and that development opportunities were available. We saw that succession planning included developing staff into roles and planning for the future. Examples included paramedics completing masters degree modules to develop their roles where the practice supported them to attend. The practice were a training practice and routinely retained trainees on completion of their studies, as part of their recruitment and succession activities.	

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: The practice had a clear vision and mission for 'putting patients at the heart of everything we do'. A business plan had been developed with involvement from stakeholders, including staff and the patient group. There was a clear strategic focus on maintaining and developing high quality and sustainable services.	

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: There was a strong person centred culture within the practice where staff continually sought to improve care and support for patients. Staff worked collaboratively both internally and externally, with other services locally and nationally to develop high quality sustainable care. This included sharing practice with other services including sharing their experience of implementing a signposting service with other local practices. In addition, they had worked with other services to improve local safeguarding communication and support. They worked collaboratively with Indigo Gender Service and the LGBT Foundation to develop a gender toolkit to improve care and support for patients who were transgender or nonbinary. Staff told us their views were listened to and changes made as a result of their feedback. Staff felt supported and that their well-being was a priority for practice leads.	

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

Source	Feedback
Staff questionnaires and interviews	Staff were consistently positive about working at the practice and spoke highly of the culture. They told us they were treated well and given the support they

	needed. They were positive about the management of the practice and were consistently happy with the opportunities given to them. Staff were proud about the level of care they were able to give patients. They told us they were inspired by practice leads to work collaboratively to improve the quality of care and people's experiences.
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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
Explanation of any answers and additional evidence:	
Governance arrangements supported staff to deliver high quality care and treatment that was tailored to the needs of the local practice population. Arrangements included clear meeting and support structures that promoted accountability and effective communication.	
There were clear governance arrangements in relation to areas such as medicines management, service improvements, audit activity, non-medical prescribing, patient participation and quality improvement. These areas demonstrated that staff understood their responsibilities, that expectations were clear, and that there was a clear focus on improvement and ensuring the delivery of high quality services.	

Managing risks, issues and performance

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

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

The practice had a comprehensive approach to assessing and implementing service developments. This included the use of quality improvement models that focused on the involvement of the wider practice team, to ensure that a range of views and initiatives were considered. The impact of interventions was monitored to demonstrate improvements for patients. For example, impact assessment reports were routinely completed by staff involved in quality improvement activities to demonstrate and support the evaluation of quality improvement.

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

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes
The practice actively monitored the quality of access and made improvements in response to findings.	Yes
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes

Appropriate and accurate information

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

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

Governance and oversight of remote services

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

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:	
<p>Services continued to be developed with the full participation of those who used them. Staff and external partners were seen as equal partners. For example, members of the patient group actively participated in the review of the practice signposting, telephone and triage system that resulted in the current signposting service. Members regularly received telephone data that informed them of activity and they were encouraged to develop and share ideas for improvements.</p> <p>All practice patients were considered to be part of the practice patient participation group (PPG). There was a PPG executive group that met every 6 months. In addition, there was a quarterly health education group that met to discuss and design patient education events. A patient improvement group took the lead in providing the patient voice to inform developments and quality improvement activities. In addition, there were walking and singing groups held at the practice on a weekly basis.</p>	

Feedback from Patient Participation Group.

Feedback
<p>A member of the patient participation group (PPG) told us they were proud of the highly skilled practice staff. They said that staff were open to ideas, nimble and reactive, with an honest and transparent approach. Another stated they had been involved in quality improvement projects within the practice where they felt there was true collaboration between the patient involvement group and the practice. They felt it was a privilege to volunteer and described the practice as an 'inclusive, efficient and well run surgery who don't sit back but are constantly seeking to improve.'</p>

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 had clear systems for learning and improvement, including reviewing processes when things went wrong or in response to patient complaints. Staff were involved in discussions about learning and identifying areas and actions for improvement.

Improvement methods and skills were available and used across the organisation, and staff were empowered to lead and deliver change. We saw examples of improvement where staff across the organisation had been involved in proactively leading developments. Involvement was across a range of roles and staff continually told us they were encouraged to identify areas for improvement and had support to address these as a team.

The practice had participated in the NHS England productive general practice quality improvement initiative in 2019. Initial areas of improvement, with support, included practice organisation, online access, appropriate appointments and patient pathways for diagnosis. Following the initial support they received to implement this quality improvement approach, the practice continued to use the methodology to make ongoing improvements. These included improvements to patient signposting, medicines management, clinical workflow and frailty work within the practice. These quality improvement activities included involvement and representation from the practice's patient participation group.

Examples of continuous learning, improvement and innovation

- The practice had developed a clinical signposting service whereby a patient services team followed agreed pathways to signpost patients to an appropriate appointment. The service had been developed to include consistent clinical input where a prescribing clinician worked in the same room as the patient services team, making themselves available to respond to patient requests and concerns. The impact of this was that patients were signposted more quickly to an appropriate clinician, reducing delays and waiting times and eliminating the need for patients to wait for a call back as their concern was addressed straight away. This had led to improved patient satisfaction with access to appointments and support, increased availability of GP appointments and a reduction in staff experiencing challenging behaviours from patients who had difficulties accessing appointments in a timely way.
- The practice had reviewed and developed their medicines management service, to improve safety and prescribing governance. This included the expansion of the pharmacy input, from one pharmacist to a team of 5 medicines management specialists. This enabled more specialist input to medicines reviews and appointment signposting that freed up GP capacity.
- The practice had worked to develop their website to make it more user friendly for patients, promoting effective signposting and self care. The website had been audited by Healthwatch and shared with other practices with a view to it being used as an example of good practice. Other local practices were in the process of developing their own websites, using the St Lawrence site as an example of good practice. Specific changes included self assessment processes embedded within the website, including scope for contraception and hormone replacement therapy self reported reviews.
- The practice had taken a leading role in developing safeguarding processes within the local community, improving the process for recording requests for information, so that this was sufficiently prioritised and provided to ensure safe and timely safeguarding processes.
- The practice worked with local schools and colleges and other GP practices within the local community to improve how they supported young people to stay engaged with education when facing learning, development and mental health issues. This included adopting a

multidisciplinary approach, with parental consent, to work with the child, parent and school to best support the child or young person.

- The practice manager was a director of the Institute of General Practice Management (IGPM). The IGPM was set up as a professional body representing managers working within general practice. The practice manager was the first manager to achieve IGPM accreditation.
- Administrative staff were supported to develop a bereavement follow up service as a result of a significant event. Action included a dedicated bereavement team who followed up bereaved patients and relatives to provide support and follow up, while ensuring that records were accurately maintained.
- The practice had undertaken approximately 60 clinical audits in the 2 years prior to the inspection, demonstrating a continuous approach to quality improvement.
- They shared good practice with other services and agencies, both locally and nationally. Examples included the development of a more user friendly website where the design was being implemented across practices locally. National initiatives included working with other services to develop a gender identity toolkit to promote a consistent approach to support for transgender patients in primary care.
- The practice had also worked with another local practice to develop an approach to supportive communication and working between schools/colleges and GPs with regard to children's safeguarding. This work included the practice manager visiting local schools and colleges with another local manager and resulted in a standardised approach to gaining consent from parents for the GP to liaise directly with the school or college and to provide a multi-disciplinary approach to keeping children, who might otherwise not go to school in education. The practice manager jointly facilitated with another practice manager, a health collaboration meeting between local schools and practices.

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 2 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.