

Care Quality Commission

Inspection Evidence Table

Dr J.R. Naik and Partners (1-7112963247)

Inspection date: 7 October 2022

Date of data download: 15 September 2022

Overall rating: Good

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">The practice had nominated clinical and non-clinical safeguarding leads and staff we spoke with knew who they were should they have any concerns or needed support. The safeguarding leads attended a wider network of safeguarding meetings to help keep up to date.Safeguarding policies were accessible to staff for support. The practice also had a 'not brought' policy for following up children who had not attended practice or hospital appointments.We saw that alerts were used on the clinical system so that staff were aware of patients where there were safeguarding concerns.	

Safeguarding	Y/N/Partial
<ul style="list-style-type: none"> The practice held quarterly meetings to discuss their most vulnerable patients. The practice maintained regular contact with the health visiting team and invited them to their safeguarding meetings. Informal daily clinical meetings provided clinical staff with opportunities to discuss any concerns that they might have come across during their work. The practice was an IRIS (Identification and Referral to Improve Safety) trained practice supporting patients at risk of domestic violence. Training records seen showed staff received safeguarding training to an appropriate level for their roles and responsibilities. 	

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"> We reviewed recruitment files for three members of staff (one clinical and two non-clinical) and found appropriate checks had been made prior to commencing their employment. Records seen showed staff immunisation records were also obtained as part of the staff recruitment process. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 17 May 2022	Partial
There was a fire procedure.	Y
Date of fire risk assessment: 11 May 2022 (Main and branch site) Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Health and safety was included within the wider organisational risk assessment. The practice had a team of nominated fire marshals to cover different departments within the practice in the event of a fire. Training records seen showed staff were up to date with their fire safety training. The fire risk assessments showed appropriate mitigation had been put in place to reduce the risk of fire and ensure the safety of patients and staff. The maintenance, calibration and electrical safety checks of clinical equipment and portable appliances had been carried out within the last 12 months to ensure they were safe to use. 	

- Records showed that legionella testing had been undertaken at the main practice site within the last 12 months, but this information was not available for the branch site. The practice took the decision to temporarily close the branch site until this had been completed in order to minimise the risk to patients.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 2 November 2021 (main site) and 8 October 2021 (branch site)	Y
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"> During our on site visit to the practice we found the premises to be visibly clean and tidy and well maintained. The practice had a dedicated infection prevention and control (IPC) lead and team and had IPC policies to support staff. The latest IPC audits scored the practice's main and branch site at 99%, staff told us of actions that had been put in place following the latest audits for example, improving signage for waste and replacing chairs. The practice had also carried out hand hygiene audits with staff. Reception staff we spoke with were able to tell us the process they used for safely handling specimens. The practice had put in place additional infection prevention and measures as a result of the pandemic to improve safety. This included adapting the process for undertaking spirometry (a test for diagnosing and monitoring lung conditions), this included the implementation of screens, an antibacterial filter, improved ventilation and time allocated to clean the room between patients. 	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y

The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There were enough staff to provide appointments and prevent staff from working excessive hours	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had systems in place to regularly review demand and capacity to identify appointments and staffing needed. Clinical rotas were discussed as a standing agenda item at the management team meetings and staff rotas were in place for non-clinical staff. • Staff told us that they would also work flexibly to cover periods of absence and there were limits on the number of staff that could take leave at any one time. Some staff had flexible contracts to enable the practice to cover periods of absence more easily. • Staff had access to emergency medicines and equipment in the event of a medical emergency and knew where to find them when needed. • Basic life support and sepsis training were part of the practice's mandatory training requirements. • Staff we spoke with were aware of what to do if they had immediate concerns about a patient's health and wellbeing. 	

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	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Our review of clinical records found that records were managed in line with current guidance. • There was a dedicated workflow team that managed information that came into the practice. We saw that work undertaken by the workflow team was audited on a six-monthly basis to ensure appropriate standards were being met. • The practice had a system for monitoring urgent two week wait for cancer referrals to check that the patient received an appointment within the time frame. 	

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)	0.72	0.82	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)	10.5%	7.8%	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)	6.01	5.18	5.31	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	156.8‰	113.8‰	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)	0.40	0.61	0.59	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	5.1‰	7.7‰	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

Medicines management	Y/N/Partial
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines. ¹	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. ²	Y
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 data-bbox="57 1507 1541 1552">Explanation of any answers and additional evidence, including from clinical searches.</p> <ul data-bbox="105 1597 1541 2056" style="list-style-type: none"> <li data-bbox="105 1597 1541 1709">• As part of our inspection we looked at the management of medicines through clinical searches and reviews of a sample of patient records. We found the practice was managing patients' medicines safely. For example: <ul data-bbox="201 1753 1541 2056" style="list-style-type: none"> <li data-bbox="201 1753 1541 1933">○ We reviewed the records of five patients on a Disease-modifying antirheumatic drug (DMARD) which has the potential for serious side effects. DMARDs are commonly used to treat inflammatory conditions such as rheumatoid arthritis. We found patients were receiving the required monitoring and blood tests, where these were overdue action was taken by the practice to encourage patients to attend. <li data-bbox="201 1933 1541 2056">○ We reviewed the records of five patients on a high-risk medicine used to treat heart conditions and high blood pressure. These medicines also require regular monitoring due to the risk of side effects. We found patients on these medicines had received 	

Medicines management	Y/N/Partial
<p>appropriate monitoring or evidence that the practice had made attempts to contact the patients to attend for review.</p> <ul style="list-style-type: none"> ○ We reviewed the recording of medicine reviews for a sample of five patients and saw that appropriate reviews had been completed. ○ We reviewed a sample of records for five patients on medicines commonly used to treat conditions such as epilepsy and chronic pain which pose risks to unborn babies. Two of the records related to patients of childbearing age, we identified no potential harm due action taken by the practice however, discussions with the patient about the risk was only evident in one of the records. <ul style="list-style-type: none"> ● National prescribing data showed practice prescribing was in line with other practices locally and nationally. ● The practice was supported by a pharmacist through their primary care network who was involved in undertaking medicine reviews and ensuring patients received appropriate follow up and monitoring. ● The practice had participated in medicines audits including antibiotic prescribing audits, led by the former local Clinical Commissioning Group. ● The practice employed non-medical independent prescribers (including nurses and pharmacists). We saw audits undertaken on a sample of their prescribing activity within the last six months. Staff we spoke with confirmed that they received regular opportunities to discuss clinical and prescribing matters with a GP. ● We saw that emergency medicines and equipment were available at both the main and branch practice site. These were checked regularly to ensure they were available, in date and fit for use. ● There were appropriate arrangements in place for managing the cold chain to ensure vaccines were fit for use. 	

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:	25
Number of events that required action:	25
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Staff we spoke with knew how to report incidents and significant events and were able to share examples of learning from them. • There was a lead clinician for overseeing incidents and systems in place to ensure anything significant was discussed in a timely way. • We saw from the minutes of practice meetings that incidents were a standing agenda item and were discussed with staff to support learning and improvement. 	

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

Event	Specific action taken
Staff were unable to access the IT or clinical system due to a national issue with the internet. The incident raised issues with the lack of staff awareness of the practice's business continuity plan.	<ul style="list-style-type: none"> • There was a review of the incident and how it was managed. • The Business Continuity Plan was updated. • Staff training and awareness of the plan was provided.
Process following a death was not followed to ensure the death certificate was completed in a timely way.	<ul style="list-style-type: none"> • Protocol developed for staff to follow. • Process was discussed with staff.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts. ¹	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The PCN pharmacist took the lead on managing and acting on patient safety alerts such as those from the Medicines and Healthcare products Regulatory Agency (MHRA). Relevant safety alerts were discussed at practice meetings to raise awareness among staff. • As part of our inspection and clinical searches we reviewed action taken by the practice in response to a MHRA alert. The MHRA alert related to a medicine which should not be given at a high dose to patients over 65 years due to the potential risk of an abnormal heart rhythm. We identified some issues with the management of this alert. Our clinical searches found three patients over 65 years were receiving a high dose of this medicine. The practice had taken appropriate action to reduce the dose of one patient and had recently contacted another patient for follow up. However, the third patient had inadvertently been prescribed the medicine recently at a too high dose. 	

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 were 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. ¹	Y	
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way. ²	Y	
We saw no evidence of discrimination when staff made care and treatment decisions.	Y	
Patients' treatment was regularly reviewed and updated. ³	Y	
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y	
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y	
The practice prioritised care for their most clinically vulnerable patients.	Y	
Explanation of any answers and additional evidence: <ul style="list-style-type: none">Our review of a sample of clinical records found appropriate monitoring was mostly in place for patients with long term conditions and there were no concerns identified that patients were at risk of harm. For example:<p>We reviewed the records of five patients with a potential missed diabetes diagnosis based on blood results and found all patient records had been appropriately coded to ensure they received follow up needed.</p><p>We reviewed the records of five patients with an asthma diagnosis who had been issued two or more rescue steroids in the last 12 months (an indication of poor asthma control). Four of the patients had been prescribed the steroids for their asthma and had appropriate assessment and follow up when prescribed steroids. However, we identified one patient as overdue for their annual asthma review.</p>		

Our searches of the clinical system found six out of 52 patients with later stage Chronic Kidney Disease. We reviewed five of the six patients records and found two of the patients were under secondary care service and three patients were overdue monitoring by approximately six months.

Our clinical searches identified patients that did not appear to have up to date monitoring for hypothyroidism. We reviewed the records for five of these patients and found they had all received appropriate monitoring at a hospital setting. However, there was a lack of effective systems in place to demonstrate that bloods undertaken at a hospital were checked prior to issuing a repeat prescription.

We reviewed five patients with diabetic retinopathy (eye complications) who had blood tests results that indicated poor diabetic control. All patient records reviewed showed appropriate management of the patients was in place.

- Clinical staff we spoke with were able to describe how they kept up to date with evidence-based practice. They told us that they held informal daily meetings in which they discussed any complex clinical cases.
- The practice held quarterly protected learning time events where they discussed any updates and learning.

Effective care for the practice population

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. The practice had recently reviewed their frailty register to ensure this included all relevant patients. Those identified received a full assessment of their physical, mental and social needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- 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 and hosted services to support this group of patients.
- 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

- 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.
- The practice had systems in place for identifying and recalling patients for their long-term condition reviews.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. The practice was supported by a diabetes specialist nurse one day each week.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.
- Our review of long term conditions found these were generally well managed with minor gaps in follow up.

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)	126	130	96.9%	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)	146	155	94.2%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	146	155	94.2%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles,	144	155	92.9%	Met 90% minimum

mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)				
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	138	157	87.9%	Below 90% minimum

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

Any additional evidence or comments

- The practice was meeting both the minimum uptake target of 90% for four of the five child immunisation indicators and the World Health Organisation (WHO) target of 95% (the recommended standard for achieving herd immunity) for one of the five indicators administered to children aged one and two between April 2020 and March 2021. However, the uptake target for immunisations given to children aged 5 was slightly below the minimum target.
- Staff told us that they tried to raise awareness with pregnant women on the importance of vaccinations.
- There were systems to follow up children who did not attend their vaccinations through letters and calls (including a call with a clinician). Where patients still did not attend this was escalated to the safeguarding meetings to be discussed with the health visitor.

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)	75.2%	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)	76.6%	52.8%	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)	64.8%	55.6%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	54.8%	52.9%	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
<ul style="list-style-type: none"> The practice was below the national target of 80% for the uptake of cervical cancer screening. Trends in uptake had been relatively stable over the past few years. The practice had a dedicated administrative team member who worked with the nursing team to encourage patients to attend. The practice told us that they had run additional clinics at the weekend to address any backlogs caused by the pandemic and support patients who worked. The practice performed well with uptake of breast and bowel cancer screening programmes compared to other practices.

Monitoring care and treatment

The practice shared examples of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided, however improvement and learning from clinical audits undertaken was not always clearly demonstrated.

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Partial

The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y
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Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

<ul style="list-style-type: none"> • The practice had established effective systems for identifying and recalling patients that needed follow up and reviews for their long-term conditions and high-risk medicines. This was evidenced through our clinical searches. • The practice shared with us two clinical audits that they had undertaken. However, it was not always clear from the audits seen what improvements had been made or the learning shared. The audits seen included: <ul style="list-style-type: none"> ○ A CCG led antibiotic prescribing audit which compared antibiotic prescribing against four standards. The first audit was undertaken in March 2021 and the second in April 2022. The results were mixed in terms of improvement and learning points identified. ○ A CCG led Penicillin allergy audit undertaken during 2022/23 to identify whether patients recorded as having an allergy had a true allergy to the medicine. Outcomes from this audit were not clear. ○ A joint injection audit reviewed patients who had received a joint injection between September 2021 and February 2022 for complications. None were identified. • The practice had also undertaken regular review to identify patients on teratogenic medicines (medicines that can cause foetal abnormalities if taken when pregnant) to ensure appropriate follow up is undertaken.

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"> • The provider had identified mandatory training requirements for staff and online training was made available to them for this. We reviewed a sample of training records and saw that staff were up to date with their training. • We saw evidence that staff undertaking advanced or extended duties had undertaken additional training for this. Staff told us that the practice was supportive of training and development to meet the needs of the service. • We saw examples of consultation and prescribing audits undertaken for both non-medical clinical staff in advanced roles and doctors working at the practice to ensure their competence. • Staff we spoke to told us that they received annual appraisals which enabled them to discuss any learning and development needs. New staff received a comprehensive induction that was specific to their role. Records seen confirmed this. • The practice held quarterly protected learning time events for the whole staff team. 	

Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • There was a co-ordinated approach between clinical staff and the administrative teams to ensure patients who need regular monitoring and follow up for their health needs. • The practice held and participated in various multi-disciplinary team meetings to discuss ongoing care needs of some of their most vulnerable patients. These included safeguarding, palliative care and care home meetings. 	

Helping patients to live healthier lives

Staff were 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 offered NHS health checks, which enabled them to identify any health risks and provide appropriate support and guidance to patients. • Patients at risk of developing diabetes were referred to the national diabetes prevention programme. • The practice referred or signposted patients to various services offering lifestyle support including smoking cessation and exercise programmes, and counselling services. • The practice hosted substance misuse services to help those managing addictions. • Through the Primary Care Network (PCN), the practice was also able to offer support to patients from a social prescriber and dietician. • The practice was a hub for the COVID-19 Vaccine programme. 	

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate. ¹	Y
<ul style="list-style-type: none"> • Staff had access to consent policies which reference requirements of the Mental Capacity Act and child consent. • There was a formal consent form for procedures carried out at the practice and the practice shared examples of these, with us. 	

- As part of the inspection we reviewed three records where DNACPR decisions had been recorded. We found clear rationale for the decision, where possible patients views had been sought and respected and information shared between relevant agencies.

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Discussions with staff demonstrated understanding and awareness of the importance of person-centred care. • Staff had received training in equality and diversity. • Staff responded to feedback received from patients to improve the service. 	

Patient feedback	
Source	Feedback
NHS Website	The practice received 10 reviews in the last 12 months, reviews were mixed with six positive and four negative. Positive comments related to the staff and management of prescription queries. Negative comments related to access.
Google Reviews	The practice was rated 3.9 out of 5 stars based on 197 reviews. 145 reviews were made in the last 12 months. The majority of the reviews were positive. Positive comments included patients stating they received a good service, staff showed them empathy and listened to them and staff helpfulness. Negative comments included: answerphone messages being too long, access and staff attitude.
Healthwatch Reviews	The practice had 10 reviews on the Healthwatch website. These were mixed. Positive comments included kind professional staff and a good service. Negative comments related to access and staff attitude.
CQC Enquiries	These included both positive and negative feedback from patients.
Patient Participation Group Representative	Had no concerns about the service provided.

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)	84.5%	80.4%	84.7%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2022 to 30/04/2022)	81.4%	78.6%	83.5%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2022 to 30/04/2022)	95.8%	90.6%	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)	73.4%	65.1%	72.4%	No statistical variation

Any additional evidence or comments

Results from the GP National Patient Survey (published in July 2022) were higher than local and in line with national averages for questions relating to patient experience.

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

Any additional evidence

- The practice undertook their own inhouse survey sent to approximately 1000 patients to replicate the GP National Patient Survey. They used the combination of results to identify where to prioritise actions.
- The practice produced 'You said, we did' feedback for patients to explain what actions they had taken in response to their feedback.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Results from the GP National Patient Survey (published in July 2022) were slightly below local and national averages for questions about involvement in decisions. Patients requiring additional support needs could be referred to the social prescriber employed through the primary care network (PCN). 	

Source	Feedback
On-line feedback (NHS and Google reviews)	<ul style="list-style-type: none"> Patients did not report any concerns with involvement in decisions about their care and treatment.

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)	81.6%	86.3%	89.9%	Tending towards variation (negative)

	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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Staff told us that if patients had any special requirements these were recorded on the patient records so that they could be accommodated. • Staff told us that they accessed interpretation services when needed for patients whose first language was not English. • There was also a hearing loop for those hard of hearing. 	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 263 patients as carers (approximately 2% of the practice population).
How the practice supported carers (including young carers).	<p>The practice had a nominated Carers Lead. They were supported by a patient with a vast experience of caring responsibilities and who was a champion of a local carers support organisation who was able to provide practical support and direction for the practice.</p> <p>The practice had recently started to hold monthly carers events which included talks on various subjects such as stroke and power of attorney and the next one planned to cover dementia.</p> <p>Patients who identified themselves as carers to the practice were offered a referral to the carers hub, invited for flu vaccinations and health checks.</p> <p>Staff told us that they would try to be flexible with appointments for those with caring responsibilities.</p>
How the practice supported recently bereaved patients.	Staff told us that the GP would contact patients recently bereaved to offer support.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
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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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Staff we spoke with were aware that they could take patients to an available room if the patient wished to discuss something in private. • Staff signed confidentiality agreements as part of their employment and received training in information governance. 	

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"> • Staff were aware of their patient demographic and was working to deliver services that met their local needs. For example, they were working to improve access for patients on their frailty register and for working patients. • The premises were accessible to patients with mobility difficulties. The practice had carried out a Disability Access Audit. • Baby changing facilities were available. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments available:	
Monday	Appointment times varied between clinicians but GP appointments were usually 9am to 12.30pm and 1pm to 5pm Earlier appointments were available with a non-medical clinician. There was also an on-call GP available between 8am and 6.30pm
Tuesday	As above.
Wednesday	As above.
Thursday	As above.

Friday	As above.
Extended access appointments – hosted by The Oaks Medical Centre (main site)	6.30pm to 8pm Monday to Friday 8.30am to 5pm Saturday

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

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues. The Advanced Nurse Practitioner (ANP) carried out ward rounds at two local care homes and was supported by a named GP.
- 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.
- The practice uses the electronic prescription service which reduced the need for patients to attend the practice to collect prescriptions.
- 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 in the evening and on a Saturday, so school age children did not need to miss school.
- Parents or guardians calling with concerns about a child were referred directly to the on-call GP, as appropriate.
- The practice was open weekday evenings and on a Saturday for pre-booked GP and nurse appointments as part of the extended access opening.
- 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. There was a nominated member of staff to help provide continuity in communicating and following up patients with learning disabilities for their health reviews. Staff told us that home visits were provided if needed to this group of patients.

Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Patients could access appointments by telephone, in person or through an online appointment request. • Pre-bookable extended access appointments were available for patients weekday evenings and at the weekends. • Patients who preferred to have a face to face appointment were able to receive one. • Patients were asked the reason for their appointment when they contacted the practice so that staff could direct them to the most appropriate clinician for their needs, however, patients could decline sharing if they wished. • There was an on-call doctor available to reception staff if they had any queries regarding urgent appointments. • The practice had used patient feedback to try and improve access, this had included changes to the phone system, a staff rota to increase the number of staff answering the phones and advising patients that they can request appointments online. The practice had systems for monitoring call handling in real time and had introduced performance targets for answering calls. Further changes to the appointment system were planned in the new year. 	

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)	51.3%	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)	59.5%	47.5%	56.2%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2022 to 30/04/2022)	59.0%	47.2%	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)	68.0%	67.3%	71.9%	No statistical variation

Any additional evidence or comments

- Results from the GP National Patient Survey (published in July 2022) showed responses to questions about access were above local and in line with national averages.

Source	Feedback
Online reviews (NHS Website, Google Reviews and Healthwatch)	We found mixed reviews from online feedback. Reviews contained some negative comments about access.
Patient Participation Group (PPG) representative	We were told that access had improved since the introduction of the new telephone system.

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.	27
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.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice had nominated clinical and administrative lead for managing complaints. • There were complaints policies and procedures in place to support staff in handling complaints. • Information was available to patients from reception or the practice website about how to raise a complaint. • We reviewed two complaints that had been received in the last 12 months and found these had been responded to in a timely manner. • Complaints were discussed as a standard agenda item at practice meetings to support learning. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
Too much information had been shared with patient's relative.	Doctor apologised to patient by phone. Whole team received a refresh with their confidentiality training.
Patient unable to get an appointment booked.	Patient advised different ways to make an appointment, including receiving a call back.

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">• Leaders were aware of the challenges they faced in delivering the service, this mainly included access, they also told us that the size of the practice made change more of a challenge.• We found the leadership of the practice forward thinking. They were working to develop staff teams and provide opportunities for future leaders to develop and thrive.• The practice was part of a larger organisation (Our Health Partnership) who provided managerial and administrative support functions and a Primary Care Network enabling them to access wider support for their patients.• Staff we spoke with told us that the leadership of the practice (both clinical and managerial) were very visible 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">• Although we saw no formal documented plan, staff were able to tell us about the vision for the practice. They spoke about different ways of working and developing the staff skill mix to meet the needs of their practice population.• Staff told us that business planning took place at the partners meetings and during business planning away days where they invited staff from the various teams to provide input into the planning of 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.	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
<p>Explanation of any answers and additional evidence</p> <ul style="list-style-type: none"> Both leaders and staff we spoke with were passionate in the way they spoke about their roles in delivering the service. Staff told us that they had no concerns about raising concerns with leaders. There was a whistle blowing policy in place to support staff to raise concerns and a named Freedom to Speak Up Guardian, independent from the practice. Staff understood the requirement of the duty of candour and gave examples where they had apologised to patients when things had gone wrong. Staff received training in Equality and diversity as part of the practice's mandatory training requirements. 	

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

Source	Feedback
Staff interviews	Staff we spoke with were very positive about working at the practice, they enjoyed coming to work and felt the there was a supportive team in place. Staff also told us how they supported each other's wellbeing.

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:	

- Staff had access to policies and procedures that were regularly updated.
- There were team structures in place with lead staff for the different aspects of the service. Staff we spoke with were clear about their roles and responsibilities.
- There were comprehensive meeting structures in place that were inclusive of all staff and ensured important information was shared throughout the practice team. Minutes of meetings were available for those who were unable to attend the meetings.

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.	Y
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 practice manager maintained an operational dashboard which provided an oversight of practice performance. Weekly meetings were held with team leaders to discuss internal targets and action needed to maintain and improve performance. Performance was also discussed more widely at the quarterly practice learning events. The provider had undertaken several risk assessments relevant to the provision of clinical care, including infection control and premises risk assessments. Actions were taken in response to recommendations to help minimise risk to patients and staff. However, we did identify gaps in the management of legionella at the branch site which the practice immediately responded to. Significant events and complaints formed part of the standard agenda for practice meetings to support learning and improvement. The practice had a Business Continuity Plan which set out the arrangements in the event of a disruption to the running of the service. 	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Data was used to monitor and improve performance with systems in place for regular clinical searches in areas such long term conditions and medicine management. 	

- The systems in place to monitor performance had been embedded, this was supported by the findings of our clinical searches and reviews of patient records.

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Staff had access to General Data Protection regulation (GDPR) and information governance policies that were regularly reviewed and updated. Staff also received training in relation to governance and confidentiality as part of the practice's mandatory training requirements. • There was information on the practice website as to how information was shared. • Staff told us that when they spoke to patients remotely, they asked questions to confirm the patient's identity before sharing any information. • The practice used approved secure systems for communicating with patients. There was a dedicated member of staff who managed online services, they ensured appropriate identity and issuing of passwords to patients registering to use these services. 	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y

The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
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Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice obtained and used feedback from patients through patient surveys, the practice website, complaints, online reviews and the patient participation group to improve the service. The practice was able to tell us action they had taken in response to improve the service for example, shortening the pre-recorded phone message. • The practice informed patients about action taken in response to patient feedback through the 'you said, we did' notices. • There was a patient participation group (PPG) in place that had recently been meeting on a monthly basis following a break during the pandemic. Minutes seen showed discussions about what was happening in the service for example flu vaccinations. • The practice held regular meetings which were inclusive of all staff. Staff gave us examples how the leaders had taken action in response to feedback given for example, changes to the staff rota. • The practice carried out annual staff surveys which showed areas of improvement including a 25% increase in staff responding positively about coming to work as well as identifying areas the practice could improve such as communication. • The practice engaged with their local Primary Care Network (PCN); this is a group of local GP practices that work together to address local priorities. One of the partners at the practice was the clinical lead for the local PCN. 	

Feedback from Patient Participation Group.

Feedback
We spoke with a member of the PPG who told us that the group had only recently started up again since the pandemic. However, previous experience had told them that the practice had been responsive to their input. They also mentioned positive changes to the telephone system as being a significant improvement for patients calling to make an appointment.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y

Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Staff had access to training. They received regular appraisals and supervision and were supported in their professional and personal development. • The practice was forward thinking in developing a service that could meet the needs of their practice population. They had undertaken work to develop team structures and staff skill mix, they were working on initiatives to improve access and this was starting to have a positive impact for patients. 	

- The practice made use of incidents and complaints to make improvements.
- Systems and processes were established to ensure patients needing follow up for their health conditions and medicines were identified in a timely way and recalled to attend the practice for a review.
- The practice was proud of the work they had done hosting the COVID-19 vaccinations and recent work to support carers within their practice population.
- Non-clinical audits were completed in areas of infection prevention and control and health and safety.
- We saw some evidence of clinical audits however these did not always clearly show what improvements had been made and were a potential area for development.

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.