

Care Quality Commission

Inspection Evidence Table

Frome Medical Practice (1-1127997385)

Inspection date: 28 April 2022

Date of data download: 11 April 2022

Overall rating: Good

Safe

Rating: Good

We carried out an inspection in June 2021 and found shortfalls in the monitoring of high-risk medicines and rated the safe key question as Requires Improvement. We served a warning notice on the practice to address these concerns and become compliant with the regulations. In October 2021 we carried out a desk top review and found that the practice had taken action to address the concerns identified and found they had effective systems and processes in place to monitor the care and treatment of patients on high risk medicines.

At this inspection in April 2022 we saw that the practice had continued to monitor and recall patients on high risk medicines for a review. The results of the clinical searches undertaken at the time of this inspection showed that there were still some shortfalls. When we carried out the site visit, we reviewed clinical records. We found that on occasion multiple attempts had been made to encourage patients to attend for reviews and the practice was working with patients to make adjustments to their care and treatment.

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

Safeguarding	Y/N/Partial
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: Staff were able to tell us who the safeguarding team were and confirmed they had received training relevant to their role. Minutes showed that other health and social care professionals were involved in safeguarding meetings where appropriate.	

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 Public Health England (PHE) guidance if relevant to role.	Y
The practice had a dedicated recruitment team and we found comprehensive records were kept of checks made and the vaccination status of staff. Staff who had recently been employed confirmed they had DBS checks and references requested prior to them starting employment.	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: May 2022	Y
There was a fire procedure. Date of fire risk assessment: September 2021	Y
Actions from fire risk assessment were identified and completed.	Y

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:	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

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
Explanation of any answers and additional evidence: A health and safety report was produced annually which summarised activity for the previous year, such as the number of accidents or incidents and actions taken.	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results, and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y

Appropriate and safe use of medicines

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

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) (01/01/2021 to 31/12/2021) (NHS Business Service Authority - NHSBSA)	0.70	0.73	0.76	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). (01/01/2021 to 31/12/2021) (NHSBSA)	6.3%	4.8%	9.2%	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 (01/07/2021 to 31/12/2021) (NHSBSA)	3.55	3.92	5.28	Significant Variation (positive)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	132.0‰	118.8‰	129.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2021 to 31/12/2021) (NHSBSA)	0.55	0.55	0.62	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	7.2‰	6.4‰	6.8‰	No statistical variation

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

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

Medicines management	Y/N/Partial
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	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 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 PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We carried out clinical searches on high risk medicines on 21 April 2022.</p> <p>We found:</p> <ul style="list-style-type: none"> • One patient who had been prescribed amiodarone (a medicine used to treat irregular heartbeat) had not received the necessary monitoring. This was done by the practice on 24 April 2022, prior to our site visit. • One patient aged over 65 years old was taking 40mg of citalopram. Citalopram is used to treat depression and the recommended dose for patients aged over 65 years old is 20mg. On reviewing the patients records we found the dose of 40mg of citalopram had been discussed with consultants in secondary care and the patient. A decision was made to continue with the 40mg dose as the benefits of the treatment outweighed the risks. Six monthly monitoring was in place and regular electrocardiograms (ECGs) to monitor the patient's heart function; as there was a risk of irregular heartbeat, which could cause dizziness, fainting and shortness of breath. • Another patient aged over 65 years old was also on 40mg of citalopram and their consultant recommended continuing with this dose and the practice had booked an ECG. 	

- One patient was on clopidogrel (a blood thinner) and omeprazole (a medicine use to treat heartburn and indigestion), which was not recommended following a safety alert. The practice had tried alternative medicines to treat the patient's indigestion symptoms, but these had not been successful. The patient requested to remain on this combination of medicines and was fully aware of the risks of interactions.
- We found one patient who had been prescribed methotrexate (a medicine used to slow down the body's immune system and assist in reducing inflammation) had not received monitoring since October 2021. The patient was moved to weekly prescriptions but had not had a prescription for methotrexate since March 2022 and was due a review in April 2022 with a hospital consultant. The practice had written to the consultant for advice about ongoing treatment for this patient.
- We found four patients who were prescribed spironolactone (a water tablet) had not receive appropriate blood tests, all patients were contacted after the searches were completed and arrangements were made for them to have the required blood tests.
- When patients declined to attend for monitoring, the practice decreased the time between prescriptions and contacted them multiple times to encourage them to attend.
- We did not find any concerns with asthma rescue packs of steroids being issued, but two of the five patients whose records we looked at had not been provided with a steroid treatment card, which gives guidance on actions to take when a patient is unwell and cannot take medicines orally.
- All of the five patients whose records we reviewed who were prescribe thyroxine (a medicine which plays vital roles in digestion, hear and muscle function) had not had the required monitoring. We saw that the practice had made attempts to contact the patients, in one case an appointment was made but the patient did not attend. Alerts had been placed on their patient record and the intervals between prescriptions were reduced. We found that one patient was being treated for another condition and it was probable that thyroid function tests had been carried out at the hospital, which is why the patient did not attend for blood tests when requested by the practice.
- We reviewed five patients who had a high HbA1c (a blood test which monitors blood sugar levels over time), the patients were overdue a diabetic review and the practice had contact patients to encourage them to attend. Appropriate referrals had been made to secondary care services when needed and all patient had had a medicine review.
- The records of four patients who were diagnosed with pre diabetes had not received retinopathy screening but had had their condition monitored appropriately by the practice. Retinopathy screening had been suspended during the COVID-19 pandemic and had only recently been restarted by the NHS when social distancing measures were relaxed. The practice confirmed that they would check all patients who required screening and arrange for it to happen.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong/did not have a system to learn and make 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:	22
Number of events that required action:	22

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

Event	Specific action taken
<p>Assault on member of staff</p> <ul style="list-style-type: none"> A patient with specific communication needs attended for a health check. There were no alert on the patient's record indicating that at times they could display aggressive behaviour when they were agitated or uncertain of situations. The clinician attempted to carry out the health check and the patient became agitated and physically attacked the clinician. The clinician immediately withdrew from the patient's personal space and stopped the health check. 	<ul style="list-style-type: none"> The practice review the patient's notes and found that there had been incidents of a similar nature in the past, but an alert with details that the patient found attending the practice stressful were not added. It was determined that the majority of the health check could have been carried out via telephone, limiting the time that the patient had to attend the practice. Carrying out the majority of the health check via telephone would also enable meaningful conversations with the patient's carer. The incident was discussed at a practice meeting; an accident log was completed; and an alert was placed on the patient's record.
<p>Delayed two week wait referral</p> <ul style="list-style-type: none"> A patient attended for an appointment with a nurse practitioner and was referred to secondary care. An alert had not been placed on the referral to indicate the concerns the nurse practitioner had. Secondary care advised that an urgent was not needed and 	<ul style="list-style-type: none"> The practice discussed this incident at one of their significant event meetings and determined that the patient should have been reviewed by a GP. The symptoms the patient was experiencing were not necessarily something which a nurse practitioner usually sees. Action was to ensure that support and advice should be sought from a GP when patients presented with similar symptoms.

<p>requested that a scan was undertaken.</p> <ul style="list-style-type: none"> • There was a delay of three weeks in organising a scan, which occurred three months after the original appointment. When the scan was performed the results showed the patient was seriously ill. 	<ul style="list-style-type: none"> • A reminder was sent to staff regarding ensuring two-week waits were completed accurately and followed up. • The practice also contacted the local hospital and requested a learning set. • The local hospital said that in addition to providing learning, it was reviewing the referral request form to ensure that all relevant information was received to enable them to triage referrals safely and mitigate risk of delays in diagnosis.
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Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We saw examples of actions taken on alerts for example, regarding sodium valproate, a medicine used for treating epilepsy and bipolar disorder and which should not be prescribed in women of childbearing age if they want to become pregnant.</p>	

Effective

Rating: Good

QOF requirements were modified by NHS England 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, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Y

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.• 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.

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.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- 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.

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)	263	285	92.3%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received	278	307	90.6%	Met 90% minimum

Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England)				
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)	280	307	91.2%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England)	279	307	90.9%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England)	319	374	85.3%	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 were aware of the low uptake for vaccines for children aged five years old and had taken action to address this. This included contacting parents or guardians to encourage them to bring a child in for the vaccine and opportunistic vaccination. We were provided with unverified data for the period 2021/22 which showed that the practice had achieved 86% for this age group. The practice planned to continue to promote uptake.

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: 30/09/2021) (Public Health England)	78.0%	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) (PHE)	62.3%	58.2%	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) (PHE)	69.9%	70.8%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (PHE)	73.2%	56.8%	55.4%	Variation (positive)

Any additional evidence or comments

The practice offered opportunistic cervical screening and had held a clinics on a Saturday morning in November 2021 in order to promote uptake. As part of their COVID-19 recovery plan the practice were reviewing whether this could be repeated.

Unverified figures received from the practice showed that as of April 2022, the uptake in cervical screening for both aged groups was 82%.

Monitoring care and treatment

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

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

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

The practice carried out a quality improvement project on the uptake of health checks by patients with a learning disability.

- The project started in October 2021. A pre-telephone call was arranged with patients prior to sending a personalised letter and an appointment for the health check was made at a convenient time, such as evenings and weekends. When needed home visits were carried out. Letters sent out were in a format which could be easily understood by the patient and a courtesy call or text was made the day before an appointment. Results included:
- Pre-project only 89 patients had a carer involvement recorded on their record, this increased to 210 patients out of a total of 304 patients with a learning disability.
- In October and November, attendance increased, however when the team involved in booking the clinics were diverted to Covid vaccination clinics in December 2021, the figures for December 2021 and January 2022 dropped significantly.
- With additional team support by March 31st the practice had achieved 235 out of 264 checks. This equated to 88% of patient with a learning disability receiving a health check, an increase from 67% in 2021.

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

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">• The practice provided a GP once a week to run a fracture clinic for patients whose fracture did not require an operation or plaster cast, which assisted in reducing demand on local hospitals and enabled patients to be seen close to home.• The practice took part in a quarterly young person mental health forum which was chaired by local council. The forum linked with voluntary services and funding was used to try and address service gaps.• There was a complex care team which enabled consistent and coordinated care with other Somerset services such as district nurses and the rehabilitation team or rapid response team. There was also the workflow team that screens documents/ letters from other services and which helps to ensure actions are undertaken in a timely manner. For example, prescription requests which were passed to the medicine's management team to action.	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The Health Connections Mendip team at Frome Medical Practice was available for patients who wanted support with health and wellbeing issues, for example self-managing a long-term health condition, increasing social connectedness or changing health behaviours.</p> <p>Examples of support available included an exercise group for patients diagnosed with multiple sclerosis (a condition which can affect the brain and spinal cord causing a wide range of symptoms including problems with arm or leg movement, sensation or balance). Other examples included a monthly seasonal recipe to promote healthy eating and a talking café and bench where patients could talk about concerns and receive support.</p> <p>Funding had been used to provide patients who were digitally excluded with devices and training so that they could access online services. Health connectors worked closely with the care coordination team and attended practice meetings, this promoted patient centred care.</p> <p>Patients could access one to one appointments with a Health Connector; attend a peer support groups; train as a Community Connector or attend regular Talking Cafes to reduce social isolation and receive support, such as with financial matters.</p> <p>The Complex Care Team at Frome Medical Practice offered support to patients in their communities to help manage their health care needs and ensure patients were able to access the support they needed to live as independently as possible. Part of the role of this team was to follow up patients on discharge from hospital who may have long term health care needs and may require support once home.</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.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Y
Explanation of any answers and additional evidence: Staff were able to explain the process for seeking consent and how they would gain consent from patients aged under 18 years old. They could describe how they would assess a patient's capacity to make decisions.	

Responsive

Rating: Not rated

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 to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Y
Patients were able to make appointments in a way which met their needs	Y
There were systems in place to support patients who face communication barriers to access treatment	Y
Patients with most urgent needs had their care and treatment prioritised	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Patient with hearing loss were able to book face to face appointments without the need for a telephone consultation first.• Appointments were made available online and there was an online consultation service.• GP appointments were available on the day and evening and Saturday appointments could be booked in advance.• The practice had introduced waiting position on the telephones so that patients can identify their position in the queue which helps with expectations and was in response to feedback.• Urgent care consultations were flagged on the telephone triage system so they could be dealt with as a priority. If needed these calls could be transferred to the duty GP without the need for the patient having to wait for a callback.	

Well-led

Rating: Good

We carried out an inspection in June 2021 and found concerns related to clinical governance and risks associated with high-risk medicines and safety alerts. We rated the Well-led key question as Requires Improvement. We served a warning notice on the practice to address these concerns and become compliant with the regulations. In October 2021 we carried out a desk top review and found that the practice had taken action to address the concerns identified and found they had effective systems and processes in place to monitor the care and treatment of patients on high risk medicines.

At this inspection we found the provider ensured that systems and processes were operating effectively and risks to patients were mitigated as far as possible.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels. Leaders could demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	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 visible and approachable within the practice and a GP partner attended the daily huddle to connect with representatives from all staff groups on a daily basis. The duty manager and duty GP carried a mobile telephone so they could be contacted at all times on a daily basis.• The practice had a meeting structure in place and planning meetings were held to enable the practice to focus effectively on providing a service to meet patients' needs.• Weekly Partnership Meetings attended by the practice manager were held to ensure the practice were responsive to challenges and to support decision making.• The practice had a clear focus on succession planning and staff were able to take part in development programmes in order to progress within the practice.	

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"> The practice had a vision to lead and develop health care services in the community and they had identified the values of learning, sustainability and responsibility. These were developed with the involvement of partners and staff. There was a strategic plan which covered the period of 2018-2023, the plan was developed in consultation with patients, staff, clinical commissioning group and town council. The strategic plan was regularly monitored and revised in response to changes in the health sector, such as the COVID-19 pandemic and changes to the way appointments were delivered in this period. The practice is a Primary Care Network in its own right, providing agility to commission services for patients through working with the community and voluntary services in the region and was co-located with other services, such as the district nurses and adult social services to promote and facilitate joined up working to meet patients' needs. 	

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice had wellbeing support in place for staff. This included 'compassionate listeners' who were staff available as part of their role to support colleagues during difficult times. Other activities included relaxation, stress resilience and menopause support. The practice also have a staff awards programme and had a voucher system that focused on health and wellbeing and supporting local businesses Since our previous inspection in June 2021 the staff wellbeing policy and strategy had been updated and a staff wellbeing garden had been introduced. Staff said that they found it to be a place they could meet and talk with other staff while gardening and were proud of the plants they had grown, which enhanced the outside space. This included sensory plants, such as lavender. Staff were able to provide feedback anonymously when surveys were carried out by the practice. 	

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

Source	Feedback
Staff questionnaires	Staff were consistently positive about working at the practice. Feedback included that having a hub and shared work areas had promoted collaborative working, and the staff considered they were supported to carry out their roles.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • There was a clear meeting structure within the practice including team meetings, management and clinical meetings. We saw that areas of practice performance such as service performance, prescribing, information governance, significant events, complaints and safeguarding were regularly discussed at meetings. • Improvements had been made to monitoring systems for high risk medicines and managing safety alerts. These were regularly monitored to ensure they were effective and improved if needed. The practice had a designated quality assurance lead who oversaw all aspects of clinical service performance, with GP partners. • Complaints and feedback logs were reviewed at clinical governance meetings and when needed audits or quality improvement projects were put into place to improve service provision. These Audits and projects were also reviewed at these meetings to ensure they were effective. 	

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.	Y
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:	

The business continuity plan clearly set out the required actions if an incident occurred and included the need to inform the CQC of specific incidents.

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

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

Appropriate and accurate information

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

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

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Patients were informed and consent obtained if interactions were recorded.	Y

The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y

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
Staff felt supported and involved in the development of the practice and services provided. Staff told us that they were given opportunities to provide care at a high standard and described the leadership of the practice as innovative, supportive and compassionate.	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> We received written feedback from the patient participation group. The group confirmed that they were involved in developing the practice's strategic plan and considered that staff respond proactively to meet patients' needs. They considered they were kept informed about service provision and how progress against the strategic plan was progressing. The patient participation group were looking forward to the restarting of face to face self- help groups, such as the Park Run and Walkers Club.

Any additional evidence

<ul style="list-style-type: none"> The local clinical commission group shared positive feedback from a Travellers community about the service offered by the practice with them. We received feedback from two care homes which the practice provided a service to. The feedback was positive, and the care homes considered that practice staff were extremely supportive to the care homes and go above and beyond resulting in gold standard care for residents. Support was provided by a range of clinicians including medicines reviews carried out by the practice's pharmacists.
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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.	Y
Learning was shared effectively and used to make improvements.	Y
A quarterly analysis of complaints received was carried out and used to improve service performance, for example, the practice were looking at a new telephony system which was 'cloud based' to improve patients experience when contacting the practice by telephone.	

Examples of continuous learning and improvement

- As part of a service for weight management, the practice were part of a pilot to refer patients to the NHS low calorie diet programme.
- The practice continued to offer apprenticeships and at the time of this inspection had an IT apprentice and a prescriptions/care navigator apprentice.
- The practice continued to train volunteers in the community to be health connectors.

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.
- **PHE:** Public Health England.
- **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.
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- ‰ = per thousand.