

Care Quality Commission

Inspection Evidence Table

Crown Medical Practice (1-556179973)

Inspection date: Remote 22 June 2022 on site 28 June 2022

Date of data download: 01 June 2022

Overall rating: Good

Safe

Rating: Requires Improvement

At our previous inspection 16 November 2015, we rated the provider as Good for providing safe care and treatment. At this inspection we rated the provider as requires improvement, because:

- We found that some patients were overdue their high-risk medicine monitoring checks and some monitoring results had not been electronically downloaded onto the practice's system prior to repeat prescribing.
- There was a lack of documentary evidence of advice provided to patients on the risks highlighted within medicine patient safety alerts for two specific medicines.

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes

Safeguarding	Y/N/Partial
<p>Explanation of any answers and additional evidence:</p> <p>There was a chaperone policy in place. Staff were in receipt of chaperone training and information regarding the chaperone service was accessible to patients.</p> <p>Staff were aware of the lead and deputy leads for safeguarding adults and children, including Prevent and there was an administrative safeguarding lead. (Prevent is a safeguarding system to highlight awareness and prevent individuals from being drawn into terrorism, ensuring those vulnerable to extremist and terrorist narratives are given appropriate advice and support at an early stage).</p> <p>The practice also maintained policies to support staff such as:</p> <ul style="list-style-type: none"> • Female Genital Mutilation (FGM) • Modern slavery and human trafficking • Cuckooing (When professional criminals take over a vulnerable adult's home for criminal activities, for example drug dealing). • Honour based abuse. <p>The practice liaised with school nurse/welfare officers regarding children with mental or physical ill health and safeguarding issues.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice maintained a recruitment policy and procedure as well as a Locum Policy, which outlined their responsibilities to ensure that before any locum carried out any regulated activity, they had all the recruitment documentation required.</p>	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: Various dates at both sites	Yes
There was a fire procedure.	
Date of fire risk assessment: 12/03/2021 Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: The practice manager was the nominated fire officer and there were named nominated fire marshals which were noted in the practice fire safety policy. The practice policies also noted where there were shared premises that staff co-ordinate fire safety plans to make sure people on or around the premises were safe. The practice maintained a Control of Substances Hazardous to Health (COSHH) policy and risk assessments completed including the products safety data sheet. Practice Security and Risk Assessment was in place and completed annually.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 28 July 2021 at branch site and 12 November 2021 at main site	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: The practice maintained an infection prevention and control policy which covered for example: <ul style="list-style-type: none">• Infection Control Biological Substances Protocol• Infection Control Inspection Checklist• Clinical Waste Management Protocol• Disposable (Single-Use) Instruments Protocol• Needle-Stick Injuries Protocol• Safe use and disposal of sharps• Sample Handling Protocol• Sterilisation and Decontamination Protocol• Isolation of Patients Protocol• Notifiable diseases• Staff exclusion from work	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours	Yes

Information to deliver safe care and treatment

Staff had 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.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results, and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
Explanation of any answers and additional evidence: A spreadsheet was maintained with clinical oversight of all two week wait urgent referrals to assure the practice that all appropriate actions taken were timely.	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation but these were not always effective.

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) (01/04/2021 to 31/03/2022) (NHS Business Service Authority - NHSBSA)	0.96	0.91	0.79	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). (01/04/2021 to 31/03/2022) (NHSBSA)	7.1%	9.6%	8.8%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2021 to 31/03/2022) (NHSBSA)	5.17	5.96	5.29	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2021 to 31/03/2022) <small>(NHSBSA)</small>	200.3‰	152.5‰	128.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) <small>(NHSBSA)</small>	0.55	0.45	0.60	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2021 to 31/12/2021) <small>(NHSBSA)</small>	4.9‰	4.0‰	6.8‰	No statistical variation

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Partial
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Partial
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	NA
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes

Medicines management	Y/N/Partial
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff with extended roles such as non-medical prescribing described the regular clinical supervision and support, they received from the GPs at the practice. Some staff had documented competency reviews and others had summarised reviews in their appraisals.</p> <p>We completed electronic clinical searches which showed some gaps in the practices monitoring systems for example;</p> <ul style="list-style-type: none"> • We identified four patients on a medicine used in the treatment of manic-depressive illness. We reviewed these records and found no evidence that the prescriber had checked the patients monitoring was up to date prior to issuing a prescription. The Lead GP at the practice reviewed these records and found that one of the four did not contain downloaded monitoring results. One patient had also been issued with a three month repeat prescription which meant that they were dispensed a larger quantity of this medicine. • According to our clinical searches, one out of 21 patients prescribed a medicine used to treat inflammatory conditions such as rheumatoid arthritis had not had their blood test results downloaded onto the practice's clinical system prior to repeat prescribing. On review of the records the Lead GP identified that the patient had their blood monitoring completed in secondary care and this was contained within the patient record. • Twenty-one out of 55 patients on a particular potassium sparing diuretic medicine were not in receipt of their regular monitoring. We sampled four out of the 21 records and there was an absence of downloaded records of their blood monitoring results. Following our feedback, the practice reviewed these four patient records and found that three of the four patients had been in receipt of blood monitoring in secondary care, one patient was assigned to the practice clinical pharmacist for a follow up review. The Lead GP advised that they had prioritised these patients for review and that the practice was in the process of catching up on reviews following the pandemic. • There were eight patients over the age of 65 years prescribed a medicine used to treat low mood and panic attacks. We sampled four of the eight records and found no mention of the patients being informed of the risk as identified in MHRA safety alerts. The Lead GP advised that they had assigned their Clinical Pharmacist to contact these patients for review as a priority. • There were 92 patients on a type of oral medicine used to treat type 2 diabetes in adults. We sampled five out of the 92 and found no mention of the patients being informed of a specific risk as identified in MHRA safety alerts. This would include advising patients to seek urgent medical attention if they experienced severe pain, tenderness, erythema (a type of skin rash caused by injured or inflamed blood capillaries), or swelling in the genital or perineal area, accompanied by fever or malaise. The Lead GP clarified that the initiation of this medicine was in most cases completed by the specialist diabetes team and therefore the burden of ensuring patients had been informed of a specific risk at its commencement. The Lead GP advised however in 	

Medicines management	Y/N/Partial
<p>response to this feedback that they would update patients of the risks as part of their annual medicine reviews.</p> <ul style="list-style-type: none"> There were 192 patients prescribed a Direct Oral Anticoagulant (DOAC) which refers to a group of new anticoagulant medicines that either treats or prevents blood clots. Forty-eight out of the 192 patients had not been in receipt of regular monitoring. We sampled five out of the 48 and found that two patients had not had their monitoring results downloaded prior to repeat prescribing and one patient had not had a specific blood test a creatinine clearance test, which helps provide information about how well the kidneys are working. The Lead GP advised the practice were in the process of catching up on reviews following the pandemic. There were 13 patients prescribed a medicine used in the prevention of blood clots. We sampled two records and found a lack of evidence in the records that the prescriber checked that monitoring was up to date prior to issuing a prescription. Following our feedback, the Lead GP reviewed their process and assigned the practice clinical pharmacist to add this medicine to their regular monitoring monthly searches to ensure the blood results were downloaded. <p>The information found in all the clinical searches completed were fed back to the Lead GP for action and review during the inspection process.</p> <p>The practice maintained a 'Cold Chain Policy'. The cold chain is a process of maintaining medicines requiring refrigeration between two and eight degrees Celsius throughout the supply chain.</p> <p>Prescription security was maintained with a register used to track prescriptions received and distributed which recorded supplies to individual GPs and nurse prescribers. The register was held securely and completed registers retained for a minimum of three complete calendar years. A maximum and minimum stock level was agreed with each prescriber, and a further supply of forms issued when the minimum stock level had been reached.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	11
Number of events that required action:	11
<p>Explanation of any answers and additional evidence:</p> <p>Staff confirmed their awareness of the practice complaint process. Complaints were discussed at clinical and partner meetings, learning from complaints was cascaded through to all staff via these meetings and minutes. Updates to policies and procedures as a result of any learning or updates were</p>	

highlighted to staff and these were accessible on the practice electronic shared drive. The learning described verbally from these events were not always fully documented.

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

Event	Specific action taken
A delay in ambulance arrival to the practice for a patient. There was no patient harm and a resultant positive outcome due to the actions the practice clinical team took in extraordinary circumstances.	<p>The patient received care and treatment at the practice for several hours until the decision was made to take the patient to A&E with two clinical staff members. This was discussed with the patients and consent obtained.</p> <p>The practice reviewed the incident as part of its significant event process.</p> <p>They identified that staff found it difficult to take emergency equipment in their transport. As a resultant action the practice invested in an emergency grab bag.</p> <p>They identified that their decision to hold additional oxygen cylinder supply had proved prudent given the ambulance delay.</p> <p>They reviewed the equipment held at the practice and added in additional emergency medical supplies based on the skills and competencies held within their clinical team. This included for example, venous cannulation, and intravenous fluids.</p>

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice maintained a spreadsheet managed by the clinical pharmacist of their MHRA and patient safety alerts including historic alerts. The clinical pharmacist ran regular monthly searches and took actions based on the findings together with the GPs and clinical team.</p>	

Effective

Rating: Good

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

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment 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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Partial
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Yes
Explanation of any answers and additional evidence: The practice had a process in place for managing and acting in response to safety alerts. However, in some of the completed clinical record searches, for example, eight patients over the age of 65 years were prescribed a medicine used to treat low mood and panic attacks. We sampled four of the eight records and found no mention of the patients being informed of the risk as identified in MHRA safety alerts.	

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.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.
- 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	42	42	100.0%	Met 95% WHO based target

doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England and Improvement)				
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)	25	26	96.2%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	25	26	96.2%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	25	26	96.2%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	44	46	95.7%	Met 95% WHO based target

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

Any additional evidence or comments

The practice had exceeded the WHO targets in all the childhood immunisation indicators.

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: 31/12/2021) (UK Health and Security Agency)	68.7%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	67.7%	58.7%	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)	65.2%	66.1%	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)	64.3%	54.0%	55.4%	No statistical variation

Any additional evidence or comments
The practice had a recall system in place to encourage patient attendance for cancer screening which included telephone and text reminders. The practice was aware of their below target cervical screening uptake and had focused actions on education and provided ad hoc opportunistic appointments when able to increase the uptake.

Monitoring care and treatment

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

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

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

The practice had completed audits on consent for those patients who had been in receipt of minor surgery and consent was found to be well documented in all cases.
The practice had completed audits on a medicine used as a tranquiliser to ensure their prescribing was in line with best practice.

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.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Partial
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Partial
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Following the merger of practices, some staff had been in receipt of an annual appraisal and others had not. However, a staff list of those overdue an appraisal was in place for actioning.</p> <p>Staff had protected learning time meeting every month where all clinicians met to discuss hot topics and case based discussions.</p> <p>Clinical staff with extended roles were subject to regular supervision, for some staff this was documented in others this was not but did feed into their annual appraisals. The practice had considered competency frameworks and a staff member was assigned to review these and consider implementation with members of the clinical team including those with enhanced/extended roles.</p>	

Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes

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.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
Explanation of any answers and additional evidence: A Policy was in place to support staff in their understanding of DNACPR decisions to ensure these were appropriate and made in line with relevant legislation. Clinical staff were in receipt of Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) training (DoLS are a set of checks that are part of the Mental Capacity Act 2005).	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgmental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

Patient feedback	
Source	Feedback
Patient Participation Group	The practice is very patient focused and does prioritise patient's needs. Staff are responsive to any feedback and it is rare to have negative feedback about any of the staff.

National GP Patient Survey results

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 (01/01/2021 to 31/03/2021)	92.2%	89.8%	89.4%	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 (01/01/2021 to 31/03/2021)	93.1%	87.8%	88.4%	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 (01/01/2021 to 31/03/2021)	96.1%	96.0%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	95.8%	81.4%	83.0%	Tending towards variation (positive)

Any additional evidence or comments
The National GP Patient Survey results for the practice in the table above were above both the local Clinical Commissioning Group and England averages.

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: Easy read and pictorial materials were available. The practice was involved in research which included an electronic application for self-help for people with long term conditions which was available in multiple languages.	

National GP Patient Survey results

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 (01/01/2021 to 31/03/2021)	93.0%	93.9%	92.9%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
How the practice supported carers (including young carers).	Carers were coded on the practices electronic systems. They had access to immunisation programmes and national and local support groups.
How the practice supported recently bereaved patients.	Families of bereaved patients were contacted and signposted to support as well as offered an appointment with a GP.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Both the main and branch practice sites were co-located with other practices. Where a patient sought to speak to reception in confidence the reception staff located an available room for this discussion to take place.</p>	

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence: The practice maintained a policy on the Accessible Information Standard and staff demonstrated their awareness of how patients were supported to ensure they could receive information in the format that best met their needs.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am-6.30pm
Tuesday	8am-6.30pm
Wednesday	8am-6.30pm
Thursday	8am-6.30pm
Friday	8am-6.30pm

Further information about how the practice is responding to the needs of their population
<ul style="list-style-type: none">• The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.• The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.• All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.• The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

Access to the service

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

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes
Patients were able to make appointments in a way which met their needs	Yes
There were systems in place to support patients who face communication barriers to access treatment	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
Explanation of any answers and additional evidence: The practice had invested in its telephone systems to improve access for patients in response to their PPG and patient feedback. They described initial hiccoughs with the system and improvements were made when required. The telephone system enabled calls to be recorded which also assisted when patients gave them feedback as these could be more readily investigated with the call recordings.	

National GP Patient Survey results

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 (01/01/2021 to 31/03/2021)	91.0%	N/A	67.6%	Variation (positive)

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	92.6%	67.6%	70.6%	Variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	84.3%	60.6%	67.0%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	90.3%	79.3%	81.7%	No statistical variation

Any additional evidence or comments
The National GP Patient Survey results for the practice in the table above were all above both the local Clinical Commissioning Group and England averages.

Source	Feedback
NHS Choices	Feedback of five out of five stars for the service provided.
Patient Participation Group (PPG)	Described a positive culture whereby feedback on the services directed improvements at the practice. For example, the recent changes in the practice telephony system, patients had noted that on the results option when a patient had tried to contact the line at the time specified, it was not operational. The practice advised the PPG that they had had difficulties with the system on that day and that this was now rectified. The PPG described the services positive openness and honesty and awareness of their duty of candour.

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.	11
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes

There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice maintained a dated log of both written and verbal complaints as well as compliments, it contained a brief summary of the actions taken in response to the complaints/compliments. The tone of the practices response to complaints demonstrated good practice. However, in one of the response letters reviewed it was not clear whether the next steps the patient maybe wish to take had been fully explained.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
A family member raised a third-party complaint regarding the content of a telephone consultation.	<p>The practice reviewed and acknowledged the complaint requesting that the third-party family member provide evidence of patient consent to discuss the complaint. The acknowledgment was completed in a timely manner. The complaint was investigated once consent was received.</p> <p>The provider was able to review the telephone conversation regarding the alleged content. They found that the content demonstrated that the patient had in fact not informed the clinician of a particular area of pain, which the family member suggested the clinician should have explored further. However, the clinician having read the past medical history recognised that this could have been an area to have been discussed.</p> <p>The practice with consent informed the patient and the family member of the outcome of the complaint.</p> <p>The clinician chose to complete further learning to improve their practice. The patient wrote to the practice to thank them for their response and for informing them of the learning action points from the complaint.</p>

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: Staff advised that all leaders were approachable although some were more visible on site than others due to the nature of their roles. Staff reported that they found the GPs and clinical staff team readily accessible to answer any queries. The practice was being proactive in their planning for the event of a clinical staff members maternity leave to ensure patient care and management continuity.	

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.	Partial
Staff knew and understood the vision, values and strategy and their role in achieving them.	Partial
Progress against delivery of the strategy was monitored.	Partial
Explanation of any answers and additional evidence: Staff advised they were aware that there were documents regarding the practice vision on their shared drive and some described this in their own words. Although staff reported they had not added to the practice strategy/development plan they felt able to raise suggestions and ideas and these were actioned if these improved the service provided.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: The practice maintained an accessible Duty of Candour policy. The practice staff had access to the details of their primary and secondary named Freedom to Speak Up Guardians and these were noted on accessible posters. Staff advised they felt able and would raise issues or concerns should they arise and felt these would be appropriately actioned. All advised they knew how to escalate concerns.	

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

Source	Feedback
Staff feedback questionnaires	<p>All staff reported that the leadership and clinical were approachable although some management roles were not always visible as they predominately work at the main site.</p> <p>Staff described a positive culture, felt valued and listened too and that actions would be taken on their improvement suggestions/ideas.</p> <p>Staff were clear where the practice challenges lay and advised these had been fed back to the leadership team such as; considerations of additional reception staff and GP appointment increases and improvements needed regarding the NHS estate premises at their main site, Tamworth. The practice had been liaising with the local CCG, PCN and NHSE regarding their premises. The practice had suffered roof leakages to the receptionist areas for example and there was a lack of parking for staff, some of whom had to pay to park.</p>

Governance arrangements

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

	Y/N/Partial
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There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: The practice staff were aware of staffs lead roles and responsibilities and these were also made available on their electronic shared drive.	

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.	Partial
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Partial
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: Some assurance systems had been ineffective at identifying risks, such as: <ul style="list-style-type: none"> Ensuring clear systems for retrospective patient safety alerts. Some patients medicine reviews including some patients monitoring tests on high risk medicines. Some staff were unaware of the practice strategy. However, all felt engaged in developing the service further by providing ideas and suggestions which they said were listened to and when appropriate acted upon by the leadership team. 	

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

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes
The practice actively monitored the quality of access and made improvements in response to findings.	Yes

There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes
Explanation of any answers and additional evidence: The practice noted some backlogs following the pandemic with Covid-19 of medicine reviews which they were proactively managing in priority order.	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
Explanation of any answers and additional evidence: The practice was progressing updates to their Care Quality Commission (CQC) registration which included a new CQC Registered Manager and the addition of a partner and the removal of a former partner at the practice.	

Governance and oversight of remote services

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

Explanation of any answers and additional evidence:

The NHS Digital Data Security and Protection Toolkit (DSPT) replaced the Information Governance Toolkit and was introduced in April 2018. The practice used this tool to ensure patient information was managed appropriately. Staff had access to the practice Information Governance policy which outlined their responsibilities, it also contained the details of the practice Caldicott Guardian and information governance lead. All new staff received training as part of the practice's induction programme on Data Protection, Confidentiality, Security, Freedom of Information and Records Management. Information governance training was mandatory and required all staff to complete annual updates.

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group (PPG).	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice held regular minuted meetings with its PPG. One of the GP Partners at the practice is the Primary Care Director for Mercian, Primary Care Network (PCN) covering 90,000 patients. Two weekly meetings were held with other practices within the PCN and the minutes of meetings were accessible to staff. The GP Partner also attended meetings for the Integrated Care System (ICS), for the CCG and NHSE on a monthly basis.</p> <p>One of the practices challenges included the practice premises at their main site at Tamworth. There was a lack of staff parking so staff had to pay to park and as an older building the challenges of that older building had included roof leakages, and repairs to the fabric of the building. These were reported to the local Clinical Commissioning Group and the practice had made grant applications for refurbishments, as well as several emails to request premise improvements.</p>	

Feedback from Patient Participation Group PPG).

Feedback
<p>The PPG met quarterly and during the Covid-19 pandemic some meetings were held online. The regular meeting attendance included up to 12 members of the PPG and always included at least one member of the GP team and other clinicians as well as the practice management team.</p> <p>The PPG described the ability of the PPG to be open and questioning of the practice and that the practice listened and fed back to the PPG on any actions taken.</p> <p>The PPG were aware of the premise's constraints in respect of the Tamworth main site being that of an older building with limited parking. They were aware the practice had raised these issues with appropriate stakeholders, including the Clinical Commissioning groups and NHS England. As well as the</p>

development of new housing which had the potential to increase demand on local services such as the practice patient list.

The PPG had developed a positive professional rapport with the practice which they found to be responsive and receptive to their feedback.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
<p>The practice was the locality research hub for the National Institute of Health Research, (NIHR) and participated in more than twelve studies. These included for example;</p> <ul style="list-style-type: none"> • ATTACK Trial- research to find out whether low-dose aspirin reduced the chance of a first heart attack or stroke in patients with chronic kidney disease (CKD). • FAST- The randomised UK FAST Trial of radiotherapy hypofractionation for treatment of early breast cancer. Hypofractionation is a treatment schedule in which the total dose of radiation is divided into large doses and treatments are given once a day or less often. • HEAT- Helicobacter eradication to prevent ulcer bleeding in aspirin users' trial. • IWOTCH- The Improving the Wellbeing of people with Opioid Treated Chronic Pain (I-WOTCH) randomised controlled trial. • TIME-a research pilot in respect of Gout (a type of arthritis that causes sudden, severe joint pain) • WGYB 'We've got your back' <p>The practice was working with Self Care Academic Research Unit (SCARU), Imperial College, London to develop metrics for the self-care of chronic diseases for the development of an app called 'Unity'.</p> <p>During the pandemic Covid-19 the practice worked together with all other practices in Tamworth where they organised and delivered a 'Covid Hot Hub' at the beginning of the pandemic. They then set up a vaccination centre to deliver the Covid-19 vaccinations.</p> <p>The practice was in receipt of a number of awards and finalists at others, these included EHI Awards, who reward excellence in healthcare IT, and Innovate UK who provide government funding to businesses and research organisations across the UK, primarily through grant funding competitions. The practice awards included;</p> <ul style="list-style-type: none"> • Finalist EHI Live awards 2017 – Best electronic application for patients and carers • Finalist at the Meridian Celebration on Innovation award 2018- Helping patients every breath of the way • Ones to watch- Adoption of Innovation- Meridian Awards 2019 • Digital Exemplar Practice 2019-2020 • Innovate UK 2021- Artificial Intelligence enabled self-management to address health inequalities • Innovate UK 2022- Reducing Health inequalities and enabling self-care. 	

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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