

Care Quality Commission

Inspection Evidence Table

East Lynne Medical Centre (1-566742007)

Inspection date: 28th September 2021.

Date of data download: 14 September 2021

Overall rating: Good

This inspection was undertaken to follow up on a breach of regulation identified at our previous inspection in October 2019, and to re-rate the practice. Following the October 2019 focused inspection, we rated the practice as requires improvement overall, and for effective, caring and responsive services. This affected all the population groups and they were also rated requires improvement. We rated well-led and safe as good. We found that although improvements had been made to governance processes the personal care adjustment (PCA) rates (previously referred to as exception reporting) were considerably higher than local and national averages. We were not assured the practice system to apply PCA rates was appropriate, for patients to receive effective care and treatment. We also found improvements were needed for patients that needed long-term condition management, mental health care, childhood immunisations, and cancer care. The practice GP survey patient satisfaction rates had remained low for several years and no action had been undertaken to improve.

At this inspection we found that since the two new GP partners had taken over the practice 18 months ago, evidence that PCA rates were appropriately applied, and long term condition management, mental health care, childhood immunisation rates and cancer care was delivered effectively. We also found the partners had pro-actively sought care and treatment opportunities to improve the quality of services delivered to their patients. We have rated safe, effective, caring and responsive key questions good and well-led as outstanding.

Please note: Any Quality Outcomes Framework (QOF) data relates to 2019/20.

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes

Safeguarding	Y/N/Partial
Policies and procedures were monitored, reviewed and updated.	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
Staff who acted as chaperones were trained for their role.	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
<p>Explanation of any answers and additional evidence:</p> <p>We received evidence prior to the site visit that safeguarding concerns were proactively discussed at clinical meetings and staff had received safeguarding training.</p> <p>During remote interviews we were told about the engagement with the local safeguarding team and the processes and relevant information sharing that was occurring. This was supported by the evidence we saw during the inspection visit.</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 Public Health England (PHE) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a system to check recruitment and staff vaccinations needed for clinical staff to work within a healthcare setting. This included keeping copies of identity checks and hepatitis B immunity levels. We also received evidence of the system in place to ensure all clinicians were correctly registered.</p>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test:	Yes 10/11/20
There was a record of equipment calibration. Date of last calibration:	Yes 18/08/2021
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes

There was a fire procedure.	Yes
A fire risk assessment had been completed. Date of completion:	Yes October 2020
Actions from fire risk assessment were identified and completed.	Yes
Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Yes November 2020
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes December 2020
Explanation of any answers and additional evidence: Risk assessments that had been carried out, showed the practice manager was the responsible lead for any actions were required. Evidence showed these had been carried out in a timely manner.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
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:	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: The infection control policy had been recently reviewed and updated to take into consideration the extra cleaning and precautions needed since the COVID 19 pandemic. The latest infection control audits identified areas to be addressed, and these had all been completed. Infection control and prevention updates relating to the pandemic had been circulated to the practice staff by the infection control lead. All staff had received training in infection control and prevention.	

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
<p>Explanation of any answers and additional evidence:</p> <p>We saw staff absences were covered by like for like roles when locums or extra hours were covered by management.</p> <p>Sepsis training had been received by staff, and aide memoirs were seen in all practice areas to remind staff of the symptoms to be aware of and identify patients needing emergency treatment.</p>	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We found patient records were held securely, and staff had received information governance awareness training. The patient records we reviewed showed care pathways and protocols were well managed and followed.</p> <p>There were regular daily clinical meetings to discuss clinical cases. During interviews with clinicians they described the system in place to check a referral had been completed and the follow-up process. We also received the process followed at the practice to ensure two week wait appointments had been received by patients that had been referred.</p> <p>A consistent approach to the handling of test results was seen and described by staff. We saw that all test results had been seen by clinicians and were actioned every day.</p>	

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) (01/07/2020 to 30/06/2021) (NHS Business Service Authority - NHSBSA)	0.95	0.81	0.69	Tending towards variation (negative)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2020 to 30/06/2021) (NHSBSA)	8.1%	11.1%	10.0%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2021 to 30/06/2021) (NHSBSA)	5.62	5.63	5.38	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2021 to 30/06/2021) (NHSBSA)	296.3‰	177.2‰	126.0‰	Variation (negative)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2020 to 30/06/2021) (NHSBSA)	1.65	1.13	0.65	Variation (negative)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2020 to 31/03/2021) (NHSBSA)	21.9‰	11.8‰	6.8‰	Significant Variation (negative)

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

Add additional evidence or comments

We asked the provider about the negative variations of the indicators in the chart above. The provider explained they had inherited these poor indicators when they took over the practice 18 months ago. This was seen in historical data we hold about this practice.

The provider explained the actions they had taken to improve these areas of prescribing. We were provided recent figures by the local CCG medicines management team that compared all practices medicines data in the area. This unpublished data showed improvement in all the areas highlighted above, although, the provider recognised there was more work to be done.

The partners recognised the challenges of the practice population, and that although they were dealing with extreme deprivation, (the lowest in the country) and the local drug culture, they had carried out two cycle audits and found the current prescribing was clinically appropriate for antibiotic prescribing. We also found special clinics had been set up from September to November 2020, to stop or replace people

Indicator	Practice	CCG average	England average	England comparison
taking selective serotonin reuptake inhibitors (SSRIs), although taken for anxiety and depression had been in the majority of cases prescribed by secondary care to manage pain. These SSRIs medicines can cause a number of serious symptoms, with this in mind the partners worked with those 49 people identified to reduce risks. The current number of people taking an SSRI is now four, who have declined a medicine replacement, however, have had the benefits and risks clearly explained.				

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.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England 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.	Yes
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
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 PHE guidance to ensure they remained safe and effective.	Yes

Medicines management	Y/N/Partial
<p>Explanation of any answers and additional evidence:</p> <p>There was an effective process in place to handle requests for repeat prescriptions. The patient records we reviewed included evidence that medicine reviews were carried out. This had continued throughout the Covid pandemic. This assured us the repeat prescription system was safe and effective.</p> <p>Evidence seen showed the practice had an effective system in place to monitor the use of prescription stationery, including when it was distributed to individual clinicians and rooms throughout the practice.</p> <p>The practice had a process to ensure the management of information and changes to medicines made by other services to the practice patient records. This was discussed with clinicians during our remote inspection interviews. We were told only prescribing clinicians made the medicine reconciliation changes at the practice.</p> <p>There was a process to monitor the health of patients taking high-risk medicines. We reviewed 65 patient records remotely, to ensure they had received the required monitoring. We found patients had received appropriate monitoring and/or medication changes when laboratory results showed it necessary. This assured us patients were not at risk of potential harm.</p> <p>The provider had an extensive programme of regular reports/audits to provide information needed by clinicians to monitor patients continually, consistently, safely and effectively.</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:	2
Number of events that required action:	2
<p>Explanation of any answers and additional evidence:</p> <p>We were told by those staff interviewed that significant incidents were discussed at meetings; this was verified by standing agenda items and the minutes of meetings seen.</p>	

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

Event	Specific action taken
<p><u>Incident details</u> Discovery of three wrong patient's correspondence scanned into a patient records over 6 years ago.</p>	<p><u>Action taken</u> The three patients were contacted as a duty of candor.</p> <p><u>Learning</u> Review of scanning process and remind staff of the checking procedure.</p>

<u>Incident details</u> Issue found during medication review that patient has remained on two medications that could cause health risks.	<u>Action taken</u> Patient called in the next day to receive an ECG, health checks and explanation why one medicine to be stopped and possible alternative if needed. <u>Learning</u> A search/report built into regular monitoring to ensure no other patients affected.
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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>We saw examples of actions taken on recent alerts for example, regarding sodium valproate.</p> <p>We found safety alerts were handled effectively with clinical input to determine any actions that were required.</p> <p>We asked the practice about checking for historical alerts for consistency and were shown the process for this assurance.</p>	

Effective

Rating: Good

Following our inspection in October 2019, we rated this practice as requires improvement for providing effective care, including all population groups. We found personal care adjustment (PCA) reporting (previously referred to as exception reporting) had remained consistently high in comparison with other local and national practices. We were not provided any evidence or assurance PCA reporting was effectively applied. This had been a recurrent theme seen at previous inspections. This PCA reporting concern affected all the patients at the practice that needed access to quality care. This rating affected all the population groups and as a result we also rated them requires improvement.

At this inspection we rated the practice as good for effective. We found that since the two GP partners had started working at the practice in April 2020, they had established effective processes at the practice for PCA reporting, showing patients were receiving effective and appropriate care and treatment.

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	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.	Yes
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
Explanation of any answers and additional evidence: Effective referral pathways were seen for patients with long-term conditions, and regular reviews were recorded with updates of continuing care and treatment. During the searches of patient records at this inspection we found evidence that patients received specific monitoring for their diagnosis, and that their monitoring had been carried out in a timely manner.	

Older people

Population group rating: Good

Findings

- Older patients who were living with moderate or severe frailty were identified at the practice. Links with the community multi-disciplinary teams provided support for these patients.
- Older patients discharged from hospital were followed up to ensure their prescriptions reflected any updated or changed needs.
- Medication reviews were carried out for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age. These had been carried out remotely and face to face when required during the pandemic period.
- Flu, COVID 19, shingles, and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Good

Findings

- During the searches of patient records at this inspection we found evidence that patients with long-term conditions were receiving the specific monitoring for their diagnosis.
- The provider carried out medication reviews for people with long-term conditions. This was part of a comprehensive monitoring system in place, and the details documented in patient records.
- There was evidence that GPs had worked with other health and care professionals to deliver a coordinated package of care.
- Staff responsible for reviews of patients with long-term conditions had received specific training to meet patient needs.
- The provider shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2019 to 31/03/2020) (QOF)	84.7%	75.3%	76.6%	No statistical variation
PCA* rate (number of PCAs).	30.4% (172)	10.2%	12.3%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2019 to 31/03/2020) (QOF)	94.1%	87.8%	89.4%	No statistical variation
PCA rate (number of PCAs).	17.0% (38)	9.9%	12.7%	N/A

*PCA: Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	86.3%	81.2%	82.0%	No statistical variation
PCA* rate (number of PCAs).	6.8% (16)	3.2%	5.2%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	61.9%	66.7%	66.9%	No statistical variation
PCA rate (number of PCAs).	11.2% (65)	9.2%	15.3%	N/A
The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	72.6%	71.7%	72.4%	No statistical variation
PCA rate (number of PCAs).	10.0% (95)	4.6%	7.1%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2019 to 31/03/2020) <small>(QOF)</small>	82.6%	92.3%	91.8%	Tending towards variation (negative)
PCA rate (number of PCAs).	1.3% (2)	4.1%	4.9%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	71.3%	78.1%	75.9%	No statistical variation
PCA rate (number of PCAs).	12.8% (74)	6.0%	10.4%	N/A

*PCA: Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.

Any additional evidence or comments

Although the personal care adjustment (PCA) reporting rates appear high in the table above, this was historic data from before the two GP partners started to work at the practice. We were shown the established processes at the practice during this inspection for patient PCA reporting, these were effective, and appropriately applied. Unvalidated data provided by the practice at the time of the inspection showed an improvement.

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) (01/04/2019 to 31/03/2020) (NHS England)	72	82	87.8%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2019 to 31/03/2020) (NHS England)	82	93	88.2%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2019 to 31/03/2020) (NHS England)	82	93	88.2%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)	83	93	89.2%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)	86	94	91.5%	Met 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-wmonitor-gp-practices>

Any additional evidence or comments

- This childhood immunisation data in the table above was collected before the GP partners took over this practice 18 months ago and did not reflect the current uptake. Evidence seen at the practice on the practice computer system during this inspection showed the national targets had been achieved but further improvement was required

Families, children and young people

Population group rating: Good

Findings

- The childhood immunisation data available about the practice for the five childhood immunisation uptake indicators showed they had only met one for the minimum 90% national target. However, this

data was collected before the GP partners took over this practice and did not reflect the current uptake.

- The practice had arrangements for following up failed attendances of children’s appointments in secondary care and/or for immunisation.
- There were arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception by staff trained for these services at the practice.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74, during the pandemic these had been carried out remotely however, face to face checks had been reinstated in the last six months. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Prior to the pandemic, patients could book or cancel appointments online. However, this was still paused due to the need to screen patients, in order to provide safe care and treatment.
- Repeat medication could be ordered online without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
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). (Snapshot date: 31/03/2021) <small>(Public Health England)</small>	73.3%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2019 to 31/03/2020) <small>(PHE)</small>	67.8%	74.1%	70.1%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2019 to 31/03/2020) <small>(PHE)</small>	55.1%	65.0%	63.8%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis (01/04/2019 to 31/03/2020) <small>(QoF)</small>	100.0%	91.9%	92.7%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2019 to 31/03/2020) <small>(PHE)</small>	62.5%	57.6%	54.2%	No statistical variation

Any additional evidence or comments

The practice told us that cervical screening had continued during the pandemic and a follow-up process was in place for patients who did not attend for screening.

Clinicians told us about the work carried out to improve targets by checking and recalling people for screening that have not attended.

We did note that although the screening was below the indicator 80% target, this had improved over the last two years. The provider showed us their own data on the practice computer system on the day of inspection which was currently 87%. This was 7% above target. This was not Public Health Data but indicative that progress was being made.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required. During the pandemic many of these were telephone consultations.
- All patients with a learning disability had been offered an annual health check.
- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice had a process in place to identify patients with an underlying medical condition to be vaccinated according to a recommended schedule.
- The practice demonstrated that they had a register of people who misused medication.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medicines and treatment.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	94.3%	81.3%	85.4%	No statistical variation
PCA* rate (number of PCAs).	27.3% (33)	13.9%	16.6%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	95.7%	81.5%	81.4%	Variation (positive)
PCA rate (number of PCAs).	8.0% (10)	5.9%	8.0%	N/A

*PCA: Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.

Any additional evidence or comments

Although the personal care adjustment (PCA) reporting rates appear high in the table above this was historic data from before the two GP partners started to work at the practice. We were shown the processes that had been established for PCA reporting of patients at this inspection. This was effective, appropriate, and showed PCA percentages were now comparable with local and national practices.

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.

Indicator	Practice	England average
Overall QOF score (out of maximum 559)	538.3	533.9
Overall QOF score (as a percentage of maximum)	96.3%	95.5%
Overall QOF PCA reporting (all domains)	8.3%	5.9%

	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 provider shared with us a two cycle antibiotic audit to improve the practice performance to meet the quick reference standard for prescribing of appropriate medicines. The learning showed not all

prescribers adhered to the quick reference recommended. The practice incorporated the quick reference into the practice computer prescribing system. The second audit cycle demonstrated prescribers were using the quick reference effectively to prevent clinical deterioration of patients.

The provider had focused on avoidance of death due to risk of serotonin syndrome for those taking certain combined medicines. Prior to the GP partners taking over the practice 52 people were at risk, by September 2021 only eight were still at risk. These patients had been informed of the possible consequences they faced however, had declined treatment.

Another area of focus had been the combined effects of taking sedatives with hypnotics and the risk of cognitive impairment and falls. Prior to the GP partners taking over the practice 69 people were at risk, by September 2021 this had reduced to 25. The challenge for the practice was that secondary care initiated many of these risky combinations and people were unwilling to make the changes needed to reduce their risk.

Effective staffing

The practice was able that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes

Explanation of any answers and additional evidence:

The practice had a system in place to monitor clinical and non-clinical staff training. Evidence we received showed that all training was up-to-date for all staff members. Administrative staff we spoke with during the site visit told us they were encouraged to keep training up to date and were given time at work to complete this.

There was a system in place to review staff performance, in particular clinical staff, to review that they were working within their competencies and to manage poor performance.

Clinical staff we spoke with told us that they were supported by their practice leaders in regard to their day to day work and development. All staff we spoke with informed us they had received annual appraisals.

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-centered care when they moved between services.	Yes
Explanation of any answers and additional evidence: Feedback from health professionals, outside the practice told us engagement with the practice was responsive, and positive. We saw during multi-disciplinary team (MDT) and palliative care meetings patient records were updated with actions to be taken and treatment plans.	

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
Explanation of any answers and additional evidence: Although some health checks at the practice had been carried out remotely during the pandemic, the practice was now providing face to face health checks to support patients that needed them. We were told that new patient checks continued throughout the pandemic, and this was confirmed on the day of inspection by a newly registered patient we spoke with.	

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
Explanation of any answers and additional evidence: Clinicians told us do not attempt cardiopulmonary resuscitation (DNACPR) and consent documents were scanned into records and coded. This was checked and confirmed during our remote searches.	

Caring

Rating: Good

Following our inspection in October 2019, we rated this practice as requires improvement for providing caring services. We found patient satisfaction data in the national GP survey was low and had remained lower than local and national practices for the previous three years.

At this inspection we rated the practice as good for caring services. We found that since the two GP partners had started working at the practice, the patient satisfaction GP survey results had improved significantly and was now positive in the majority of indicators compared with local and national levels.

Kindness, respect and compassion

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

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

Source	Feedback
Staff surveys	We received over 20 staff survey forms throughout this inspection. The responses were all very positive. They all spoke positively about the changes achieved at the practice in the last 18 months that made it a better place to work. Staff told us they felt supported by the practice leaders and involved in the decision making processes.
Practice patient group PPG members	15-20 per meeting held their first face to face meeting the week before our inspection. Improvements the members told us about were the telephone system, reception staff training, staff appearing more cheerful, appointments easier to access, and blood tests availability at the practice.
NHS Choices	Seven reviews from December 2019 to April March 2021 showed five reviews were positive and two were negative.
Healthwatch	There was no recent patient feedback about this practice

National GP 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)	89.4%	87.2%	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)	82.6%	86.9%	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)	97.1%	94.8%	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)	84.8%	79.3%	83.0%	No statistical variation

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

Any additional evidence
The practice patient group (PPG) had carried out patient surveys to understand patient satisfaction. This had helped them inform the need to make changes at the practice. The PPG member we spoke with told us the results had led to the change in the telephone system.

Involvement in decisions about care and treatment

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

Information leaflets in other languages and easy read and pictorial materials were available on request, and the information on the website could be translated.

Source	Feedback
Interviews with patients.	We spoke with six patients on the day of inspection. People were complimentary about the new telephone system and the politeness of the receptionists answering the phone. All six patients told us they been able to get an appointment easily that day and felt the service provided by the practice was excellent.

National GP 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)	92.0%	91.9%	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
Percentage and number of carers identified.	The practice had 149 carers over 18 years of age and one under 18. This shows the practice percentage was $150/8500 = 1.76\%$
How the practice supported carers (including young carers).	The provider had an identified a staff member to be their "Carer's Champion" who was the first line of liaison. The provider takes into account the carers needs to support them making necessary adjustments for example; suitable appointment flexibility, health checks, and advice to enable them to maximize their own health needs.
How the practice supported recently bereaved patients.	Following a bereavement, clinicians offered telephone consultations. The practice signposted people to relevant services and encouraged people to have discussions and seek support from other family members/friends.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

Responsive

Rating: Good

Following our inspection in October 2019, we rated this practice as requires improvement for providing responsive care. This rating affected all the population groups and therefore all population groups were also rated requires improvement. This was due to the lack of actions and processes to improve and respond to the poor feedback in GP surveys from patients regarding the practice services.

At this inspection we rated the practice as good for responsive care. We found since the two GP partners had started working at the practice, the patient satisfaction GP survey results had improved significantly and was now positive in the majority of indicators compared with local and national levels. We also found the partners had pro-actively sought opportunities to respond and deliver quality services to meet their patient's needs.

This rating affected all the population groups and therefore all population groups were also rated as 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
<p>Explanation of any answers and additional evidence:</p> <p>Staff assessed the communication needs of patients. If a patient had a specific communication need that required them to be seen face to face the clinician could offer either a video consultation or a face to face appointment, dependent on need.</p> <p>Although, during the pandemic restrictions were placed on people accompanying patients to their appointments, this was clinically assessed to meet patient need and support them to access accompanied care.</p> <p>Following government guidance relating to the wearing of a face covering, the practice had measures in place to support those who, for medical or psychological reasons, were unable to wear a mask. There were several levels to these measures, which included a review of patient notes, by a clinician, to determine how to mitigate the risk posed by treating a patient who was not wearing a face covering.</p>	

Practice Opening Times		
Day	Time	
Opening times:		
Monday	8am – 6:30pm	
Tuesday	8am – 6:30pm	
Wednesday	8am – 6:30pm	
Thursday	8am – 6:30pm	
Friday	8am – 6:30pm	
Appointments available:		
Monday	8am – 11:30am 2pm – 6:30pm	
Tuesday	8am – 11:30am 2pm – 6:30pm	
Wednesday	8am – 11:30am 2pm – 6:30pm	
Thursday	8am – 11:30am 2pm – 6:30pm	
Friday	8am – 11:30am 2pm – 6:30pm	
Extended access appointment availability for patients:		
Monday	GP	6:30pm – 7:30pm
	ANP	6:30 – 8:pm
Tuesday	GP	6:30pm – 7:30pm
	ANP	6:30 – 8:pm
Wednesday	ANP	6:30 – 8:pm
Thursday	ANP	6:30 – 8:pm
Friday	GP	6:30pm – 7:30pm
	2 X ANP's	6:30 – 8:pm
Saturday	GP	9am – 1pm
	ANP	9am – 1pm
Sunday	ANP	9am – 11am
	PN	9am – 11am
	HCA	9am – 11am
GP=general practitioner, ANP=advanced nurse practitioner, PN=practice nurse, HCA=healthcare assistant.		

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues. During the pandemic, the provider continued to support this population group to provide home visits.
- The practice provided care coordination to enable older patients to access appropriate services.
- In recognition of the religious and cultural observances of some patients, there were systems in place so that GPs could provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- Equipment had been purchased to improve diagnostic testing for this population group during home visits. These included an ECG machine and a blood centrifuge machine to stabilise blood samples and eliminate the need for vulnerable older people to make appointments to receive these tests.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed opportunistically and in condition review clinics.
- The practice provided care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with appropriate services.
- Care plans were discussed and shared with relevant organisations and added directly to patient records during multi-disciplinary meetings.
- The specialist chronic obstructive pulmonary disease (COPD) pharmacist worked, despite the pandemic access restrictions, to provide the vast majority of the COPD patients triple therapy, based on their Medical Research Council dyspnoea scale (MRC) scores. This ensured those with the most vulnerable long-term conditions affected by the pandemic were provided the most responsive care.

Families, children and young people

Population group rating: Good

Findings

- Appointments were available outside of school hours, so that school age children did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk; for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted their services to ensure they were accessible, flexible and offered continuity of care.
- Patients in this population group could access the extended hours service between 6.30pm and 8pm Monday to Friday, and 9am to 1pm Saturdays and 9am to 11am Sundays.
- The practice had achieved greater than 95% uptake (according to project data) for cervical screening, by enrolling recently in a regional project to increase uptake.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travelers 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 travelers.
- The practice provided care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The pandemic and initial lockdown had caused high levels of anxiety for patients in this population group. The practice offered more frequent telephone support to patients experiencing poor mental health, according to their individual need.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Access to the service

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

National GP Survey results

	Y/N/Partial
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Yes
Patients were able to make appointments in a way which met their needs.	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Yes
There were systems in place to support patients who face communication barriers to access treatment.	Yes
Patients with urgent needs had their care prioritised.	Yes
The practice had systems to ensure patients were directed to the most appropriate person to respond to their immediate needs.	Yes

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)	61.4%	N/A	67.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	74.8%	67.0%	70.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	70.3%	64.5%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	82.8%	82.2%	81.7%	No statistical variation

Any additional evidence or comments

The provider had updated their telephone system to increase the availability of telephone appointments and other remote accessibility for patients. This had updated the previous six line analog system with a 30 line digital system.

Patients and staff told us how improved the service had been since this had been installed.

Source	Feedback
NHS review	<p>Amazing ★★★★★ out of 5 Rated 5 stars out of 5 by Charlotte - Posted on 28 April 2021 I had always felt uneasy coming to the doctors for myself and children. But today was the second time I've been in with my daughter to a male doctor who is AMAZING. Worrying my daughter had croup or a chest infection this doctor explained exactly what was wrong with my daughter. He told me the best way to help her and did not make me feel stupid for assuming there was something worse wrong with her (how I've felt in the past when she had colic and reflux). He also had another member of staff with him who was also extremely friendly, and they were both so professional, I couldn't have asked for two friendlier people to be seen by. They were AMAZING with my daughter and myself! Thank you both so much for giving us a nice experience for a change!!</p>

NHS review	<p>Very impressed ★★★★★ out of 5 Rated 5 stars out of 5 by Anonymous - Posted on 11 January 2021 Receptionist were so helpful, had to see nurse & GP they made sure they did everything to help me. Nothing was too much trouble. Everybody was so kind and friendly. Thank you.</p>
NHS review	<p>★ out of 5 Rated 1 stars out of 5 by Anonymous - Posted on 08 January 2021 Contacted the surgery three months ago regarding suffering with Long Covid. Particularly regarding pain in all my joints on the right side. Was sent for extensive blood tests. Was told a Nurse would call me between 8-12, so wasted my morning by the phone. When she did call did not address the main issue, my mobility and pain.</p>
NHS review	<p>Not the best ★★★ out of 5 Rated 3 stars out of 5 by Anonymous - Posted on 09 January 2021 Went in with my eight-year-old son for a check of blood pressure, weight and height, I asked if my sons blood pressure was ok. Nurse said sorry didn't know I don't deal with paediatrics, so I've had to go on google to find out he has high blood pressure! So, will be contacting the surgery first thing Monday to speak to someone, not very professional as the nurse should have had some understanding if she's qualified to take a child's blood pressure in the first place</p>
NHS .	<p>Good service and care ★★★★★ out of 5 Rated 5 stars out of 5 by Robert Suttling - Posted on 29 May 2020 Joined the practice six months ago after moving to the area and have been very pleased with all my dealings with practice staff and doctors. Everyone has been very professional, polite and helpful but best of all efficient. I've not had to chase anyone for progress reports on my care and I can trust them to do what is expected. Unlike my last practice it doesn't take a herculean effort to contact them for an appointment either. So far very pleased with everything and glad I chose this practice.</p>
NHS review	<p>Very grateful for caring work especially now ★★★★★ out of 5 Rated 4 stars out of 5 by Anonymous - Posted on 05 May 2020 A patient for decades and impressed with the way staff cope, often under trying circumstances. But especially grateful and impressed now, during the pandemic. Could name individuals, but that would perhaps be invidious, as everyone I have dealt with has always tried their best!</p>

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.	8
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
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>Complaints documentation viewed during the inspection clearly outlined; the complaint details, the response to the complainants, the actions taken by the practice, the learning, and the review process to embed changes made at the practice.</p> <p>Complaints were a standing agenda item discussed during practice meetings and meeting minutes showed the learning from complaints was shared with staff members.</p> <p>We saw that the provider took ownership of concerns, apologised, and recognised the learning needed to improve the service provided at the practice.</p> <p>We noted complaint responses to complainants were managed and sent in a timely manner.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
<p><u>Description</u> Concern raised during consultation by patient's son that patient had not received regular PSA tests. Patient had now developed incurable cancer. (Lack of testing was before new GP partners took over at the practice)</p>	<p><u>Actions</u> GP recognised diagnosis was result of delayed testing. <u>Learning</u> Regular monthly reports being run to identify those who require PSA testing.</p>
<p><u>Description</u> Patient felt her lung cancer diagnosis was delayed as could not get an appointment at the practice in 2019. (Lack of appointment availability was before new GP partners took over at the practice)</p>	<p><u>Actions</u> Once patient presented with symptoms appropriate pathway was followed. <u>Learning</u> New partners changed the appointment model.</p>
<p><u>Description</u> Patient recently diagnosed with bladder cancer. Patient's daughter complained numerous visits made over the last two years failed to send patient for test to diagnosis.</p>	<p><u>Actions</u> Referrals made however, passed from Gynae to Urology back to Gynae by secondary care which delayed Cystoscopy. <u>Learning</u></p>

	Although delayed test the practice actioned the referral appropriately.
<u>Description</u> Private medical evidence questionnaire, patient not happy about delay in processing, as felt diagnosis was missing due to no comment about having a medical condition affecting ability to manage money.	<u>Actions</u> Small boxes on form so not all conditions could be recorded. Depression date was stated incorrectly as 2008 should have said 2006 - written error. <u>Learning</u> Clinicians to double check data being entered and send supplementary written evidence. To gain agreement from patient when more information is needed.

Well-led

Rating: Outstanding

Following our inspection in October 2019, we rated this practice as good for providing well-led services.

At this inspection we rated the practice as outstanding for well-led services in recognition of the improvements and transformation seen. We found that since the two GP partners had started working at the practice, they had pro-actively sought care and treatment opportunities to improve the quality of services delivered to their patients. This had impacted on all aspects of the practice, in particular the patient and staff satisfaction which had improved significantly. This was seen in the national GP survey results, the comments left by patients on the NHS review website, and the pride expressed to us by staff about working at the practice.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels, 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.	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: The GP leaders had an inspiring shared purpose to strive, deliver, and motivate staff to succeed. They were focussed on ensuring the needs of the local population were met, introducing new initiatives to ensure patients received good care. The provider responded to the practice challenges to provide quality and sustainability and had fully embedded improvements, throughout the practice. The impact of this was seen in the delivery of responsive services for people vulnerable to health concerns as a result of the Covid pandemic. We saw the clinical and managerial leadership at the practice worked together to provide a constantly improving and evolving service. This was explained to us by staff who told us the provider was always open to opinions and ideas they had to improve the service and were encouraged to do this.	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes

Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice promoted their holistic approach, to care and treatment at the practice, holding daily discussions about their patients care and treatment.</p> <p>The practice meeting minutes showed the practice discussed their strategy and primary care network (PCN) priorities to ensure the needs of their patients were met. The practice mission statement was shared with staff and their business strategy plan which included pandemic planning.</p>	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behavior 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 candor.	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 candor, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>There were high levels of staff satisfaction, they told us they were proud to work at the practice, and spoke highly about the culture.</p> <p>We found the provider was committed to offering training and support, and particularly in encouraging staff to improve patient services.</p> <p>When we inspected, we found that the practice had achieved their target of zero, next day, laboratory results, the prioritisation of patients with clinical safety issues and effective systems to identify child safeguarding issues due to non-attendance for appointments.</p>	

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

Source	Feedback
Staff members	Told us they felt valued by management and clinical leaders.

A regular locum at the practice	Told us the practice staff were good communicators and clinicians and administrators worked well as a team. They were also complimentary about the reporting and monitoring processes to review patient's health that were beyond normal recognised GP practice parameters.
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Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
<p>Explanation of any answers and additional evidence: Governance and performance management arrangements were actively reviewed and reflected best practice.</p> <p>Improvements had been made to governance and responsibilities since our previous inspections. All the staff we spoke with were able to identify the clinical and governance leads at the practice.</p>	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<p>Explanation of any answers and additional evidence: There was a comprehensive audit programme in place which drove improvements at the practice.</p> <p>The audit schedule developed by the provider, delivered a proactive understanding of the needs of the practice population.</p> <p>The major incident plan covered the current pandemic and addressed actions in the event of future pandemics.</p>	

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
<p>Explanation of any answers and additional evidence:</p> <p>The infection control lead had strengthened and increased infection control measures at the practice to keep patients and staff safe whilst working during the pandemic and for the future. These increased measures were identified with a comprehensive infection control audit programme.</p>	

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
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We found the provider had a robust system to act on appropriate and accurate information, and took actions to improve, we saw improvements had been identified, and changes made when required.</p>	

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 practice website explained the security needs to patients using the online service.	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: There was strong collaboration and support across all staff and a common focus on improving quality of care and people's experiences. Staff told us they felt fully involved in changes and improvements at the practice. The practice was part of a primary care network (PCN), they met to plan services to meet the needs of the local population.	

Feedback from Patient Participation Group (PPG).

We spoke with the chairman of practice PPG and they told us they had been an active group for many years.

They held their first face to face meeting of 15 members in early September 2021. We were told they had a set agenda which included an update of improvements and system changes from either the practice manager or a GP or both and often included a presentation or talk about primary care issues.

We were told the PPG always had an on-going project, for example the COPD patients' choir. We were also told the PPG helped the provider to understand the need to upgrade the practice telephone system and change the seating for receptionists.

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: Safe innovation was celebrated, and there was a clear proactive approach to seeking out and embedding new ways of providing care and treatment. Staff gave us examples of how the practice supported them to learn different skills, to improve the services they could offer to patients. For example, the nurse practitioner had been supported to become a prescriber, taken on mental health training, and the level seven advanced paediatric urgent care diploma.	

Examples of continuous learning and improvement

We were provided evidence of improvements over the last 18 months since the two new GP partners had taken over the practice. There were numerous pieces of improvement work to provide quality, access, and patient satisfaction for example:

- Replacement of the six analogue telephone lines system with a 30 lines digital telephone system.
- The practice increased the capacity and number of receptionists and administrative team members to support appointment bookings during busy periods in the mornings.
- 15 minute appointments were introduced to provide a more holistic care approach for patients in line with the new British Medical Association (BMA) model of care.
- The practice was an integral part of a five practice Primary Care Network (PCN) development with recruitment and managerial responsibilities.
- A system of zero results for the next day, to manage workflow had been established to ensure everything was dealt with on the day and gave GP partners full oversight.
- Daily clinical staff huddles of 30 minutes were held each day, the discussions were recorded in line with the Royal College of General Practitioners (RCGP) methodology.
- East Lynne Medical Centre (ELMC) was the first practice in the North East Essex Clinical Commissioning Group (NEE CCG) to have a centrifuge machine to remove the problems encountered when courier blood tests were transported to the hospital laboratory. By using this machine, they were not dependent on the courier timetable as centrifuged blood samples could now

wait up to 48 hours before being collected. This enabled phlebotomy that was taken over the weekend to arrive for testing in an unspoiled condition. The CCG has now implemented this system across the whole CCG area. The clinicians at ELMC produced a training video for other clinicians in the CCG area to support them to use this new technology. The impact of this improvement was to reduce the risk of exposure of patients to Covid and flu, at both the practice and the hospital, and to reduce the risk of having to repeat blood testing due to spoiled samples, thereby improving the speed at which the samples could be analysed and the patient's provided with an early diagnosis.

- Patients used to go to hospital or community phlebotomy for their blood thinning medication International Normalised Ratio (INR) monitoring. The practice implemented an INR testing system for patients to be seen at the practice to improve patient care. They also provided home visits for INR testing to improve patient care.
- The purchase of a new ECG machine for use during home visits has meant that clinicians could test and record results straight to patient records during their visit, thus avoiding the need for the patients to make an appointment at the practice for this test. The impact of this improvement was to reduce the risk of exposure of patients to Covid and flu.
- The partners continued to monitor quality outcome (QoF) indicators despite the limitations of the pandemic, this was seen in the improvements in data at the practice.
- Through the integrated care system (ICS) initiated cervical smear project, the practice achieved greater than 95% uptake for cervical screening according to project data seen.
- Special clinics had been set up from September to November 2020, to stop or replace people taking selective serotonin reuptake inhibitors (SSRIs) medicines, although these are taken for anxiety and depression the majority of people had been prescribed this medicine by secondary care to manage pain. These SSRIs medicines can cause a number of serious symptoms including addiction. The partners worked with the 49 people identified on these medicines to reduce risks. The current number of people taking an SSRI is now four, and each of these people had declined a medicine replacement, however, they had been provided information about the benefits and risks.
- The only practice in the NEE CCG area to sign up to 'familial hypercholesterolemia screening' that screens children for genetic origins of this condition.
- Community pharmacist consultation (CPCS) had been implemented at the practice through engagement with local pharmacies.
- The 'odyssey' reception triage system had been implemented with the practice receptionists. This was a NICE approved computerised decision support (CDS) pathway to triage patients to offer next day or embargoed appointments based on clinical safety.
- ELMC was one of the first pilot sites within NEE CCG area to implement a tele-dermatology system that included sharing dermatoscopy images.
- The ICS had recently selected ELMC as the long Covid lead for NEE CCG.
- Dragon speech to text software had been provided to staff members with difficulties typing or those with varied degrees of dyslexia.
- Ergonomic equipment had been provided for example, ergonomic wireless mice, arm rest pads and foam gel pads for staff with problems using their hands.
- New chairs had been provided to all staff after a thorough occupational health assessment.
- The GP with 10 years' experience in pediatrics now runs a paediatric clinic each Wednesday morning with an advanced nurse practitioner (ANP), who does post-natal exams and 6-8 week checks plus seeing other paediatric problems under direct supervision. The GP supported the ANP to undertake the level 7 advanced paediatric urgent care diploma and see's their function for the future at the practice to independently see children with acute illness without direct supervision.
- The practice had developed a 'child was not brought' (CNB) policy. (The CCG safeguarding lead is considering implementation of this system across the local CCG area. This had been published and incorporated into the practice computer system for staff to access at any time. Administrative staff were trained to use specific text messaging templates on the practice text messaging system to deal

with issues of children failing to be brought for their hospital or GP appointments. This system flagged up these concerns to any staff member retrieving the notes.

- Chronic obstructive pulmonary disease (COPD) work during the pandemic had been conducted by a specialist COPD pharmacist. Despite the pandemic access restrictions the vast majority of the COPD patients were now on triple therapy based on their Medical Research Council dyspnoea scale (MRC) scores.
- Four healthcare assistants (HCAs) had been trained to perform spirometry (taking their association for respiratory technology and physiology (ARTP) assessments next month).
- The practice had employed a respiratory specialist nurse trainer to start in October 2021.
- The practice was planning further improvements to patient care, in future months.

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.
- ***PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#)). Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.
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- % = per thousand.