

## Inspection Evidence Table

Brookside Health Centre

(1-4348687329)

Inspection Date: 16 August 2023

Date of data download: 20/07/2023

**Overall rating: Good**

**Safe**

**Rating: Requires improvement**

### Safety systems and processes

The practice had systems, practices and processes to keep people safe and safeguarded from abuse. However, it did not have access to building risk assessments to demonstrate assurance of safety.

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

- Staff were appropriately trained, in line with the intercollegiate guidance documents.
- Staff attended the regular children's and vulnerable adults safeguarding meetings. These were 6-weekly multidisciplinary meetings with health visitors and school nurses.
- The practice's registered manager/lead GP was the safeguarding lead.
- There were systems to check registers of vulnerable patients were up to date and there were appropriate flags on patients records. The practice had an appointed administration lead for safeguarding children.
- Staff we spoke with could describe examples of when they had concerns about patient safety and the actions they had taken to safeguard the patient.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• Recruitment records were maintained within the practice's cloud-based document management system.</li> <li>• Staff reported experiencing a robust recruitment process, and this included having their references followed up and providing evidence of their qualifications.</li> </ul>	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Yes
Date of last assessment: Not available	No
There was a fire procedure.	Yes
Date of fire risk assessment:	26 January 2023
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• The last fire risk assessment identified actions for the practice to complete, including developing policies for the use of personal electrical equipment, testing fixed electrical installations and clearing fire escape routes. The practice shared their action plan to demonstrate the actions had been completed.</li> <li>• The latest fire drill had been carried out in August 2023.</li> <li>• Health and safety risk and legionella assessments were carried out by the NHS trust. The practice had repeatedly requested copies of these for their own assurance purposes, but the trust had not provided the relevant documents. This meant the practice was not aware of any risks or actions that might have been identified in relation to health and safety.</li> </ul>	

## Infection prevention and control

**Appropriate standards of cleanliness and hygiene were met but the practice had not implemented a routine audit programme.**

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out.	No
Date of last infection prevention and control audit:	April 2022
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: <ul style="list-style-type: none"><li>• The practice had an infection prevention and control (IPC) policy and had recently appointed a new lead nurse, who was supported by an HCA.</li><li>• The practice was aware that their processes for infection prevention and control (IPC) needed improving and the lead for IPC had identified shortfalls for example in audit activity. The practice had invited the IPC lead from the trust to undertake a baseline audit, following the previous audit carried out in April 2022. Due to factors outside their control, the visit and audit had been postponed until November 2023. The IPC lead did not have protected time for their role at the time of the inspection and had not attended the local IPC forum events. This meant there was a risk that the practice was unaware of shortfalls in IPC measures.</li><li>• Since the last audit in April 2022, the practice had addressed some key findings, such as refurbishing the toilets and employing cleaners who worked to agreed cleaning regimes. There were wipe clean chairs in clinical areas.</li><li>• A new cleaning team had been appointed in response to quality concerns with the previous cleaners. The cleaning team recorded their scheduled cleaning tasks electronically and there were reportedly good links between the practice and the cleaning team.</li></ul>	

## 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

Explanation of any answers and additional evidence:

- Staff told us they received a comprehensive induction and the practice used prepared induction packs for temporary locum staff.
- Staff in different roles could provide examples of actions they had taken, or would take, to support an unwell patient.
- The administration staff were trained to cover colleagues in different roles, including in reception, and this enabled them to provide cover for sickness and absence. Rotas and training were managed to facilitate this approach.
- A key risk for the practice was a shortage of GPs. This risk was managed and mitigated by the use of 12 regular locum GPs, working on site and remotely, for example to carry out telephone consultations. In addition, the practice employed a range of staff directly and under the Primary Care Network (PCN) Additional Roles Reimbursement Scheme (ARRS) to expand the capacity of the practice to provide care and treatment. The ARRS is a funding scheme available to PCNs to recruit staff into new roles in general practice. Brookside Health Centre benefited from a team made up of 4 advanced nurse practitioners, 1 nurse consultant, 7 practice nurses, 3 healthcare assistants, 1 mental health practitioner, 1 pharmacist, 2 musculoskeletal practitioners, 2 health and wellbeing coaches, 1 dietician, 2 care coordinators and a GP assistant.
- Staff felt there were sufficient numbers of staff employed by the practice, although they recognised the shortage of GPs. The practice had recruited additional GP capacity. One GP was due to increase their hours to full time in September 2023 and a new GP was due to start in October 2023.

**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> <ul style="list-style-type: none"> <li>• A CQC GP Specialist Advisor accessed the practice's patient record systems, with the practice's consent, to undertake a range of searches of clinical records. We found that care records were managed in a way that protected patients.</li> <li>• The practice's summarising protocol stated that new patients' notes should be summarised within 8 weeks and there was clear guidance on what to include. There were flow charts for administration staff to use when processing test results, which stated when results needed to be reviewed by doctors, the</li> </ul>	

pharmacist or other specialist clinicians. Staff understood the protocols and when to invite patients for further reviews or tests.

- Administration staff managed document workflow safely, by ensuring items were reviewed and assigned in a timely way. Systems were in place to manage workflow promptly, prioritising urgent activities and working with locums and the duty doctor where required.
- There were systems to review clinical protocols and policies. For example, this was a standing item in the prescribers' meetings and recent reviews had been undertaken in relation to atrial fibrillation diabetes care and asthma management.

### Appropriate and safe use of medicines

**The practice had systems for the appropriate and safe use of medicines, including medicines optimisation. Test results from shared care arrangements were not consistently recorded in patient notes.**

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2022 to 31/03/2023) (NHSBSA)	0.99	0.85	0.91	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). (01/04/2022 to 31/03/2023) (NHSBSA)	8.3%	9.2%	7.8%	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 (01/10/2022 to 31/03/2023) (NHSBSA)	4.46	5.62	5.23	Tending towards variation (positive)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2022 to 31/03/2023) (NHSBSA)	147.0‰	116.2‰	129.8‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2022 to 31/03/2023) (NHSBSA)	0.56	0.53	0.55	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2022 to 31/03/2023) (NHSBSA)	9.7‰	9.2‰	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 effective 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 medicines that need monitoring (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing. 2	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.	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, including from clinical searches.</p> <ul style="list-style-type: none"> <li>The practice had not undertaken a recent risk assessment of the emergency medicines held on site. This was carried out after the inspection and the practice updated its risk assessment and ordered additional drugs in line with best practice guidance.</li> <li>The clinical review of patients' notes showed medicines reviews were appropriately carried out, documented and led to prescribing changes where appropriate. We found 240 patients had received a medication review in the past 3 months. We checked the medication reviews for 5 patients, and they had been completed within the past year by the pharmacist and they were appropriately detailed and coded.</li> <li>We looked at the monitoring of patients prescribed disease modifying anti-rheumatics drugs (DMARD)s. There were 59 patients prescribed methotrexate, and we looked at the records for 4 patients which the search identified as not having had a review. We found 3 patients had been reviewed in secondary care and 1 patient had not received monitoring within the last 6 months (last monitoring 11 months previously). The practice followed this up, having been alerted to this during the inspection. We found</li> </ul>	

that where monitoring had been carried out by a secondary care consultant, these results had not always been recorded on the notes or that the prescribers had recorded they had checked the shared results system before prescribing.

- The practice provided us with their own clinical audit of the management of patients prescribed lithium (where dosage levels need to be monitored to ensure the medicine is not causing harm such as impaired thyroid function or renal function. The practice identified 3 patients requiring blood tests and arranged their appointments.
- We reviewed patients prescribed angiotensin-converting enzyme inhibitors (ACE) and angiotensin II reception blockers (ARBs) medicines to treat raised blood pressure (hypertension). Patients prescribed these drugs should have renal function and electrolytes checked at least annually. Of the 1825 patients prescribed these medicines, 431 were highlighted as not having had all of the required monitoring. We reviewed 5 patient records and found 2 were overdue monitoring. Some of these patients were on the shared care system with secondary care and had up to date tests carried out by the hospital, but records showed two patients had not had the urea and electrolyte blood tests since 2021. The practice reviewed the list of patients following our inspection and checked whether recent results were in the shared results file, but not within their practice patient records. They invited any patients without test results within the last 12 months for blood tests.
- Following this inspection, the practice identified the patients who had not received urea and electrolyte monitoring over the past 18 months. The practice acted on this information to check the shared data base to determine if test results were available and if not, invited patients for blood tests. Thereafter, running these searches every month to ensure all patients were followed up and encouraged to attend their monitoring appointments.

#### 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:	13
Number of events that required action:	13
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• The practice had a significant event protocol and staff understood they should liaise with their manager to complete a significant event form. Significant events were logged, investigated and learning was shared appropriately.</li> </ul>	



- Significant events were shared at either team leader meetings, GP meetings or clinical meetings and learning points were cascaded to the practice by the relevant team leads.
- Staff could describe examples of incidents and how they reported them. They explained incidents were investigated and there was learning and briefings on improvements.

Example of significant events recorded and actions by the practice.

Event	Specific action taken
Patient unwell in the car park and needed urgent medical attention.	Medical care was provided and the practice called emergency services. There was debriefing after the event that led to a list of emergency drugs and equipment being retained in the resuscitation bag, for easy reference.
Patient prescription request led to wrong patient contacted	Two patients with similar names, and incorrect patient contracted regarding a prescription. This was followed up with apologies and alerts placed on the patient notes to highlight this risk. The need to check identity was reinforced.

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> <ul style="list-style-type: none"> <li>• The Medicines and Healthcare products Regulatory Agency (MHRA) issues drug safety alerts. We reviewed the action taken in response to the alerts issued relating to risks prescribing SGLT-2 inhibitors. These are medicines used to treat diabetes. In November 2019 the MHRA issued a drug safety update detailing the risk of Fournier's gangrene associated with these medicines. The alert required clinicians to advise patients of the risks. A previous drug safety update for these medicines described the risk of diabetic ketoacidosis (DKA). Our search identified 159 patients prescribed SGLT-2 inhibitors and we reviewed the records of 5. Notes we reviewed, showed that 4 had not been advised of the risks of DKA or Fournier's gangrene. Following the inspection, the practice issued advice to all those prescribed this medicine where appropriate.</li> <li>• We ran a clinical records search for patients prescribed gabapentinoid medicines (drugs used to treat epilepsy and anxiety). A drug safety alert was issued in April 2022 about pregabalin as it can increase the chances of birth abnormalities. We found 171 out of 234 prescribed this medicine had not had a review in the last 12 months. We looked at 5 patients records and found 4 were overdue their medicines and dose reviews and one was of child-bearing age, and there was no evidence they had been advised of the risks of pregnancy. This was followed up after the inspection and the practice created a plan to review all patients on this medicine within a year.</li> <li>• In addition, the practice reviewed patients prescribed mirabegron to treat bladder instability. An MHRA alert in October 2015 highlighted the risk of this medicine causing hypertension and possibly strokes. The practice invited the 10 patients the audit identified as due a blood pressure test for their monitoring test.</li> <li>• Safety alerts were discussed at the monthly prescribers' meetings. For example, in July 2023 an alert relating to oral non-steroidal anti-inflammatories and the risks of prescribing these to pregnant women.</li> </ul>	



## Effective

**Rating: Good**

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

### **Effective needs assessment, care and treatment**

**Patients' needs were assessed, and care and treatment was inconsistently delivered in line with current legislation, standards and evidence-based guidance. The practice followed recognised pathways and tools but coding was not always accurate.**

	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
The practice prioritised care for their most clinically vulnerable patients.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>A CQC GP Specialist Advisor accessed the practice's records management systems, with the practice's consent, to undertake searches of clinical records. Our searches indicated that patient's treatment was reviewed, but the frequency of the reviews was not consistently in line with guidance. There were also opportunities to improve coding to enable more accurate recall procedures. This was demonstrated by our review of patients prescribed some high-risk medicines and for some patients with long term conditions.</li></ul>	

## Effective care for the practice population

### Findings

The practice had a higher proportion of patients over 60 years of age compared with both the Hampshire and Isle of Wight sub-ICB location (SICBL) average and the England average. For example, its patient population was made up of 40% older people and 12% young people (compared with 18% and 20% respectively for the average practice in England). The practice had set up a wide range of services to meet the needs of older people. For example:

- The practice had developed links with the community to support older people, by employing and a nurse consultant to develop services specifically for the frail elderly and care coordinators. Within the community, they visited dementia cafes, set up telehealth within care homes and facilitated meetings for care home managers. Telehealth is a process a healthcare professional can provide to an individual without an in-person consultation.
- The clinical lead for care homes carried out dedicated frailty reviews, with full assessments and advanced care planning and resuscitation consultations.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Staff made home visits, weekly care home visits and supported frail patients and end of life care.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Practice staff attended 6-weekly gold standard framework meetings at care homes and with the local hospice.
- The practice was an accredited dementia friendly practice.
- All patients with a learning disability were offered an annual health check.
- All children were offered same day appointments.
- The practice had set up the 'one more meal' initiative in partnership with local care homes. This was where local care homes provided an extra meal above those needed for their residents to offer to nearby patients in the community identified by the practice care coordinators as unwell, bereaved or at risk of hospital admission due to nutritional concerns. This project started in partnership with one care home and then extended to all homes in the practice area. At the time of the inspection, this initiative had supported 16 patients in the community. For example, an elderly patient discharged from hospital needed extra support for 2 weeks through this project.
- There were multidisciplinary team meetings to discuss vulnerable patients in the area and their care needs, attended by Isle of Wight Carers organisation, and staff including care coordinators, social prescribers, dietician and health and wellbeing coach.
- The practice offered an 'escape pain' programme run by the practice's chronic pain coach.
- An ANP was trained dual qualified in midwifery and carried out the new baby checks.

## Management of people with long term conditions

### Findings

- Patients with long-term conditions were offered an effective 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.
- Our review of records for patients with long term conditions showed that care was mostly managed in line with recommended guidance. We reviewed patients with kidney disease, asthma, hypothyroid and diabetes. We found some areas that would improve patient care and shared our findings with the lead

GP. For example, coding was not always accurate, to ensure timely recalls in line with recommended practice, in relation to possible diagnosis of chronic kidney disease stage 3 (CKD 3). We found 303 patients with potentially missed diagnosis of CKD3 and reviewed the records of 5 patients. We found that records did not always document when decisions were made based on test results carried out by secondary care providers.

- We also found that patients with a diagnosis of hypothyroid were potentially overdue their Thyroid Stimulating Hormone (TSH) monitoring. For adults being treated for hypothyroidism, it is recommended they have TSH levels monitored every 3 months until the level is stable, and then once a year. Searches showed 52 patients with hypothyroid diagnosis were overdue monitoring, and we reviewed the records of 5 patients and discussed their care with the GP. We found 4 patients had not responded to invitations for reviews and tests and 1 patient had already been recalled for tests in August 2023.
- We found their asthma care was good, however follow up following an exacerbation was inconsistent and patients did not all receive a follow up within a week, in line with national guidance.
- We also noted that patients did not always attend for reviews despite repeated invitations. The practice put in place actions to encourage engagement from patients, such as reducing the quantities of prescribed repeat medicines.
- The practice's data manager and support team ran clinical searches and invited patients to attend their monitoring appointments.
- Staff who were responsible for reviews of patients with long-term conditions received specific training and had leadership roles. For example, the clinical and administrative staff supporting patients with diabetes had regular meetings and there was a designated GP lead for diabetes.

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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	59	63	93.7%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	66	67	98.5%	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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	60	67	89.6%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	60	67	89.6%	Below 90% minimum

The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	57	62	91.9%	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-we-monitor-gp-practices>

#### Any additional evidence or comments

- There was a lead practice nurse for children and the practice could offer appointments flexibly to encourage attendance for childhood immunisations.
- The practice posted information on its social media to promote the MMR vaccine and included links to more information on the vaccine.

Cancer Indicators	Practice	SICBL average	England	England comparison
Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	77.3%	N/A	62.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	73.8%	N/A	70.3%	N/A
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: 12/31/2022) (UKHSA)	68.3%	N/A	80.0%	Below 70% uptake
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (4/1/2021 to 3/31/2022) (UKHSA)	59.6%	51.3%	54.9%	No statistical variation

#### Any additional evidence or comments

- The practice had screened below 70% of people eligible for cervical cancer screening, when measured by UK health Security Agency on 12 December 2022. These results had dropped from 71.5% in March 2022.
- The administration team monitored the take up of screening invitations and organised follow-up invitations with an additional letter directly from the practice.
- The practice had an appointed lead for cervical screening, who had attended relevant training and meetings. There was an awareness week planned for November 2023 and this was being coordinated to include transgender patients and posters displayed in the waiting room to encourage take up of screening.
- There were 4 nurses trained to undertake screening and appointments could be offered at different times of the day and outside normal working hours.

- The practice shared non-verified data that showed that 84.4% of patients aged between 25-49 had received cervical screening in the last 3 years and 6 months, and 79.8% of patients aged between 50-64 had received on in the last 5 years and 6 months.

## 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
<p>Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years:</p> <ul style="list-style-type: none"> <li>• The pharmacist undertook a range of audits of patient records to assess safe and effective prescribing. For example, audits of patients prescribed a drug called metformin were undertaken in January and August 2023. The January audit resulted in 3 patients requiring a review. The repeat audit in August 2023 found no patients with outstanding reviews and the pharmacist set up 3-monthly searches for audit purposes.</li> <li>• Similarly, the pharmacist ran searches to check patients were on a safe dose of the drug simvastatin when prescribed in combination with amlodipine, in line with an MHRA alert. The January 2023 audit identified 28 patients requiring medication reviews and a repeat audit in August 2023 showed 9 of these patients had not responded to the previous requests to attend for review. Re-audits were planned 3-monthly to check for compliance.</li> <li>• Other pharmacy audits were carried out in relation to MHRA alerts, including a 3-cycle audit of patients prescribed the medicines clopidogrel and omeprazole/esomeprazole in combination, and 2-cycle audits of amiodarone and hydrochlorothiazide. These were added to the programme of reaudits.</li> <li>• The practice carried out a clinical audit of patients prescribed the medicine lithium in November 2022, to check if they had received a blood test for lithium levels within the previous 6 months. Results showed 4 out of 22 patients had not had a review within 6 months, and the practice found this might be due to lack of coding or lack of patient engagement. A repeated audit showed 5 (different) patients had not had their lithium levels reviewed and in June 2023, the practice set up regular 2-monthly searches to check that reviews were in place and to identify patients who did not engage in the review process.</li> <li>• An audit of 99 'Do not resuscitate (DNR)' decisions was carried out in June 2023. Findings showed these had been reviewed when appropriate and were accurate. There was learning to improve adding alerts in patient notes to ensure these decisions were clearly highlighted.</li> <li>• Clinical audit was discussed prescribers' meetings for example the DNR audit was discussed for shared learning at the July 2023 prescribers' meeting.</li> <li>• The practice undertook teledermatology referrals and an audit of 211 referrals was undertaken in July 2023. (Teledermatology is when a qualified clinical photographer takes digital photographs of a skin lesion and sends the images to a dermatologist for remote assessment. They will assess if you need</li> </ul>	

further treatment.) This showed 13 referrals had poor imaging and a further audit was planned, following the roll out of dermatology clinics, in 2024.

- End of life audit undertaken in 2019. This was a review of 314 patient records, aimed to identify areas for improved primary medical care. Overall the results were positive, showing a joined up approach to supporting people to die in their preferred place with their preferred care. There was learning in relation to supporting patients discharged from hospital for end of life care. This audit led to the development of improved links with care homes and welfare calls to patients discharged home.

## 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.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Non-medical prescribers received regular monthly clinical supervisions with the lead GP and attended prescribing meetings. Those we spoke with said there were daily opportunities for case discussions in addition to their formal supervisions.</li> <li>• Clinical staff received support for continuing education, for example with advanced clinical practice and to develop specialist competencies.</li> <li>• Staff said they received effective, comprehensive induction training.</li> <li>• Practice nurses were trained to carry out long term condition clinics and the pharmacist undertook medicine reviews. There were clear roles and responsibilities and staff worked within their competencies.</li> <li>• Staff said there were sufficient administration and nursing staff and regular reviews of the impact of holidays or sickness. When necessary, the practice arranged additional clinics or allocated people to provide temporary cover. There was a constant review of staffing needs.</li> <li>• Document showing the 4 ANPs and what they are trained and competent in,</li> </ul>	



### Coordinating care and treatment

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

	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• The practice worked effectively with patients in the community, living in their own homes or in care homes. The frailty lead and the wider care teams had developed links with service managers for a range of care providers and with community nursing teams.</li><li>• The practice worked with care homes to promote the One More Meal initiative to support patients needing additional help with meals, for example after discharge from hospital.</li></ul>	

### 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: <ul style="list-style-type: none"><li>• The practice supported patients to live healthier lives through providing access to a dietician, health and wellbeing coaches, social prescribers and a mental health practitioner. These staff helped support patients with a range of health needs including weight loss, smoking cessation, access to financial advice and social activities.</li></ul>	



### Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
Explanation of any answers and additional evidence, including from clinical searches: <ul style="list-style-type: none"><li>• The practice's consent policy reflected guidance in relation to gaining consent from children and young people.</li><li>• We identified clinical notes where a DNACPR decision had been recorded, and reviewed 4 examples. These showed the patients' views had been sought, where possible, and respected. Where the patient lacked capacity to make decisions about their care, the records included a best interest assessment, for example in relation to palliative care. The practice used templates to prompt the recording of key information about the DNACPR decision. We saw that information had been flagged in notes and available to others involved in care including out of hours services.</li></ul>	

## Caring

**Rating: Good**

### Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: <p>The practice actively sought patient feedback. The feedback we saw was consistently positive and this aligned with the results of the NHS GP patient survey, with some of these results shown in the table below.</p> <p>This survey showed patient feedback on their overall experience of care was 15 percentage points better at this practice than the England average.</p>	

## National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	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 (01/01/2023 to 01/04/2023)	87.8%	86.2%	85.0%	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 (01/01/2023 to 01/04/2023)	89.2%	85.4%	83.8%	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 (01/01/2023 to 01/04/2023)	94.2%	94.2%	93.0%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2023 to 01/04/2023)	86.9%	71.2%	71.3%	Tending towards variation (positive)

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

## Any additional evidence

The practice surveyed a sample of 10-20 patients each week for feedback on care. The patients were selected from different clinics to ensure the practice reviewed care from different staff. We reviewed the results and the following phrases reflect the comments received.

'I feel so fortunate to be registered at this practice'.  
 'The service I have received has been excellent'.  
 'All in all a good medical centre'  
 'Everyone is so helpful and pleasant. I would recommend the practice to everyone'.  
 'Only problem I had was waiting 55 mins on the phone... I think this is an unexpectedly long length of time'  
 'The doctor was great, very chatty and helpful'  
 'Very pleased I was able to talk to a doctor in less than 24 hours from my phone call. Receptionists really helpful and nice.'  
 'The nurse who did my cervical screening was amazing. She made me feel at ease and explained things very well'.

'I have been so impressed with the quality of care, service, etc. You should be very proud of what you do, thank you.'

The practice shared additional feedback received via social media where patients were positive about the kindness of staff and how helpful they were.

#### 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: <ul style="list-style-type: none"> <li>The practice employed a range of staff to engage with patients and to support them to make decisions about their care. For example, the frailty lead nurse consultant supported patients and their relatives with discussions about advanced care planning and end of life care.</li> <li>The frailty lead met with people at the dementia cafes and liaised regularly with the island's carers lead.</li> <li>Different staff had roles in helping patients access services in the community, including care coordinators, social prescribers and wellbeing coaches. Patients were signposted to different services and events in the community, including health walks and breastfeeding workshops.</li> <li>Information about community services was posted in the practice's waiting room.</li> </ul>	

#### National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	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 (01/01/2023 to 01/04/2023)	89.9%	91.9%	90.3%	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.	614 carers or 5.4%
How the practice supported carers (including young carers).	Carers were identified at practice registration and then when they engaged with practice staff. Carers were identified on patient records so all staff were alerted to their additional care needs. The practice was in the process of setting up specific carer's clinics to further focus on how to best to provide support.
How the practice supported recently bereaved patients.	The practice's frailty lead played a key role in supporting patients and their families at end of life and also supported families through bereavement. Bereavement support was tailored to what family members wanted and might include practical as well as emotional support as part of their home visit, for example, liaising with utility companies and helping people better understand their feelings and experiences.

#### Privacy and dignity

**The practice respected patients' privacy and dignity.**

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

## Responsive

**Rating: Outstanding**

#### Responding to and meeting people's needs

**The practice organised and delivered services to meet patients' needs. Services had been specifically developed to meet the needs of the practice's patient demographics.**

	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>The practice had a higher proportion of patients over 60 years of age compared with both the Hampshire and Isle of Wight sub-ICB location (SICBL) average and the England average. For example, its patient population was made up of 40% older people and 12% young people (compared with 18% and 20% respectively for the average practice in England). The practice had set up a wide range of services and made adjustments to access to meet the needs of older people. These included:</p> <ul style="list-style-type: none"> <li>• Within the community, the practice's frailty lead had set up telehealth within care homes and facilitated meetings for care home managers. These actions provided improved responsive healthcare for patients.</li> <li>• The practice had developed links with the community to support older people, by employing care coordinators as well as a nurse consultant to develop services specifically for the frail elderly. They visited dementia cafes and attended regular meetings with care homes and the local hospice. This meant that staff understood the needs of their more vulnerable patients.</li> <li>• The practice offered home visits, weekly care home visits and end of life care planning. They had established good links with the hospice and provided holistic end of life care to patients and their families.</li> <li>• The practice was an accredited dementia friendly practice.</li> <li>• The practice recognised not all patients could be contacted by text and identified those who preferred or required communication by letter.</li> <li>• There were multidisciplinary team meetings to discuss vulnerable patients in the area and their care needs, attended by Isle of Wight Carers organisation, and practice staff including care coordinators, social prescribers, dietician and health and wellbeing coach.</li> <li>• Care coordinators and the frailty lead actively supported the wellbeing of patients. For example, a care coordinator carried out planned welfare calls, aimed to help support patients with their specific health needs and reduce their reliance on 111 or urgent care treatment services.</li> <li>• We saw examples of responsive interventions which had helped patients maintain their quality of life in their community. For example, a patient with dementia where the practice intervened to help them maintain suitable support. Also, a patient who had recently been bereaved, where the practice went the extra mile to provide a link with all the services and track down friends and family.</li> <li>• Managers of adult social care services (care homes, supported living and domiciliary care services) had been given a dedicated phone line to enable them to contact the practice's health professionals directly. This also released capacity for patients to phone the practice.</li> <li>• The practice had set up the 'one more meal' initiative in partnership with local care homes, in response to an identified need for patients who might need temporary additional support following discharge from hospital or other changes in their circumstances.</li> </ul> <p>In addition, there practice offered services to patients in other demographic groups. These included:</p> <ul style="list-style-type: none"> <li>• Sexual health and family planning clinics and drop-in sessions. The practice offered contraceptive services such as coils and implants. There were walk in family planning clinics in the early evenings to meet the needs of the working population.</li> <li>• The practice offered travel health clinics.</li> <li>• There was a named team member to support Ukrainian refugees.</li> <li>• There was signposting to the 'healthier together' information resource for parents, young people and pregnant women on a range of health topics. This is a Wessex-wide resource to improve the health of children and young people, including vaccinations.</li> </ul>	

- All parents or guardians calling with concerns about a child were offered a same day appointment when appropriate.
- The practice had trained advance nurse practitioners to run dermatology clinics, using dermatoscopes to help diagnose skin diseases.
- Staff were also trained to use a bladder scanner, to assess urine retention and flow, which helped with diagnoses and reduce hospital attendances and admissions.
- The practice employed a mental health practitioner and there were links to the Isle of Wight Mental health access coordinators. They were able to offer patients longer appointments and assess and plan their care to help provide a faster, more joined up care pathway.
- Through social media, the practice promoted clinics such as the 'escape pain' programme run by the practice's chronic pain coach. It also used social media to post interviews with staff to explain their roles in the practice, for example the roles of patient advisors, a dietician, a mental health practitioner and a health and wellbeing coach. This helped patients understand the range of different clinical specialists available for appointments.
- The practice had installed a monitor in the waiting room where patients could measure their height, weight and blood pressure, which was linked to their patient record and produced a printout for the patient. This meant they could be more engaged in managing their health as well as helping the practice run more efficiently.
- There was level access to the surgery and the disabled toilet had been refurbished.
- Extended access appointments were available to patients Tuesdays, Wednesday and Thursday evening between 6.30pm and 8.30pm and on Saturdays between 8.30am and 12.30pm. In addition, the practice set up Saturday morning clinics once a month, with various members of staff (HCA, PN, ANP, Paramedic) providing a range of clinics.

### Practice Opening Times

Day	Time
Opening times:	
Monday	8.30am -6pm
Tuesday	8.30am -6pm
Wednesday	8.30am -6pm
Thursday	8.30am -6pm
Friday	8.30am -6pm
Telephone lines open:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm

## Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise 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 (including those who might be digitally excluded).	Yes
Patients with most urgent needs had their care and treatment prioritised.	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• All patients could contact the practice by visiting, telephoning, emailing or via the on-line consultation process.</li> <li>• The practice operated a system which meant all callers were either booked directly into an appropriate face to face appointment or were added to an advanced nurse practitioner (ANP), paramedic or GP call-back list. All patients were then called back by a clinician for a triage call, and either supported over the phone, or booked into a face-to-face appointment.</li> <li>• Demand data showed that the average answer time over the past 30 days was 3 minutes and 23 seconds.</li> <li>• The online requests were monitored through the day by the administration team and all clinical requests were forwarded to for clinical triage and action.</li> <li>• The practice also offered extended access to GPs and nursing services through the extended access appointments arranged across the PCN.</li> <li>• The practice routinely sent out patient questionnaires. Feedback had been used to improve patient access, such as allocating set times for patients to call prescription clerks. The team of 2 clerks had dedicated phone lines for patients to contact the practice in relation to prescription queries, and an onsite pharmacist for support, advice and training.</li> <li>• The practice was about to create a 'same day service hub' to improve same day services, by co-locating the ANP and paramedic team, with the support of a GP, in one room.</li> <li>• Staff told us the practice actively sought ideas to develop new ways to support access. For example, how best to use the range of staff skills.</li> <li>• Information about how to access services was available in the waiting room and on social media.</li> <li>• Feedback from patients was positive about access to services. The practice shared feedback from their own surveys and from social media. For example, 'always get a return call promptly and usually an appointment too', and 'I have to ring them fairly often and I'm very happy with the response time..'</li> </ul>	



## National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	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 (01/01/2023 to 01/04/2023)	79.5%	N/A	49.6%	Significant variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 01/04/2023)	74.9%	54.4%	54.4%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2023 to 01/04/2023)	68.5%	50.9%	52.8%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2023 to 01/04/2023)	89.5%	72.8%	72.0%	Variation (positive)

### Any additional evidence or comments

The practice staff were pleased with the GP patient survey results. Results had improved since the previous GP patient survey undertaken in April 2022. For example, 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 had increased from 72.4% to 79.5%. Similarly, the percentage reporting a positive experience in making an appointment had increased from 59.7% to 74.9%. In the past year the percentage of patients satisfied with the appointment offered increased from 72.9% to 89.5%. The practice felt these results were due to a range of processes in place to improve patient access.

- The triage process meant patients received call backs within 24 hours and nearly always on the same day. The practice had locums and advanced nurse practitioners to assist with this.
- Rotas were planned to ensure there were appropriately trained staff to provide telephone triage and consultations.
- Patient advisors were careful to explain the different appointment options available to patients, given the range of clinicians and support staff available with different specialist skills. This had provided reassurance to patients who may previously have expected to see a GP.
- There was a separate hot line for care home staff to help relieve pressure on phone lines.
- The practice listened to patient views were helped patients access services in their preferred way.

Source	Feedback
--------	----------

NHS.uk website (formerly NHS Choices)	Positive comment 18 July 2023 (5 stars out of 5) which included comments such as 'Fantastic holistic care' really patient focused', Getting an appointment is timely, quick and easy to achieve' and 'Care is compassionate'.
Practice's feedback from weekly survey responses	A sample of the comments have been reported above.
Practice's record of written feedback	<p>Feedback received 6 July 2023 included comments such as 'I have been so impressed with the quality of care, service, etc. You should be very proud of what you do, thank you'.</p> <p>There were 18 other examples of positive comments, relating to excellent care and empathy, and thanking specific staff. One message of thanks was for the practice going out of their way to support them when they were on holiday.</p>
Practice's record of verbal feedback	<p>Comment received 26 July 2023: The patient commented on the wonderful service and was thankful for efficiency of care.</p> <p>Feedback received 13 April 2023: The patient commented on the care provided with special thanks to individual clinicians.</p>
Feedback from 2 care homes	<p>Feedback summarised:</p> <ul style="list-style-type: none"> <li>• Since the reintroduction of the routine 'rounds' on a Wednesday following the pandemic, we have found that the maintaining of our residents' health and well being has significantly improved and want to thank you and your team for all your efforts to ensure that this happens.</li> <li>• As GSF coordinator for the home I feel that our collaborative working has had a huge impact on how we can apply the principles of GSF into practice. ....We truly appreciate you giving our residents this time ...we really feel that this is an excellent example of [good practice]. So, thank you for this and look forward to our ongoing positive relationship with you and your team.</li> <li>• The hot line is extremely valuable. We are able to access help and advice quickly for the clients in our care and organise visits quickly. The Telehealth system allowing us to send results of BP/oxygen levels/HR/Temp/images etc and is accessed quickly to aid discussion and treatment plans. Ward rounds take place on a Thursday where referrals can be discussed, records reviewed, and clients can be seen and allows clients to have some consistency with a medical professional.</li> <li>• The [care home] would like to thank [the practice staff] for their continued support with the comfort/care and general wellbeing of our clients.</li> </ul>
Feedback from Healthwatch Isle of Wight	<p>Healthwatch had received 29 items of feedback between 1 January 2023 and 25 July 2023 relating to Brookside Health Centre. Of these, 35% were positive and 65% were negative. Most of the feedback was provided face to face (55%). Negative comments related mainly to access and choice (6), staffing/staff attitude (4). There were 7 positive comments relating to treatment and care. Some of the negative comments relating to a lack of understanding of how the practice provided appointments and this was shared with the practice for their learning.</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.	30
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice had appointed a lead for complaints management, who also set up the routine patient surveys and shared feedback with staff.</li> <li>The practice’s complaints manager encouraged people to discuss their concerns in person and accepted complaints in whatever format preferred by complainant.</li> </ul>	

Example of learning from complaints.

Complaint	Specific action taken
Complaint relating to care of patient following injury.	The learning related to the management of the complaint in liaison with other health providers. There was learning both in relation to referrals and in relation to coordinating and responding to complaints to meet the needs of the complainant. .

**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: <ul style="list-style-type: none"> <li>All staff we spoke with and who responded to the staff survey told us that leaders were approachable and available to help with queries and concerns.</li> <li>There was an effective management team structure, and the leaders had the necessary skills to support and develop their staff.</li> <li>There was a good understanding of the key challenges within the practice, and these were addressed to enhance to the quality and sustainability of the practice.</li> </ul>	

### Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Staff understood this was a patient-focused practice and contributed to the development of new services or delivery models.</li> <li>Staff were recruited to develop the practice's service strategy, for example to improve care for older and vulnerable patients and to improve on-the-day care for all patients.</li> </ul>	

### 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: <ul style="list-style-type: none"> <li>Staff told us they liked working at the practice, that it felt they were part of a 'family'. Three staff we spoke with had chosen to return to work at the practice having previously left, and they commented this was because they felt well supported at this practice. Overall, there was a low rate of staff turnover.</li> <li>They appreciated that the practice could offer flexible working hours to meet their specific needs.</li> <li>They said there was an open culture for raising concerns and ideas and there was a focus on learning.</li> <li>Staff consistently commented on the patient focused culture, where staff with different skills supported each other with patient care.</li> </ul>	

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

Source	Feedback
Staff survey comments and interviews with staff	<p>Good teamwork.</p> <p>Friendly and approachable.</p> <p>Patient orientated care.</p> <p>Good support and mentorship.</p> <p>Work well as a team and this creates a friendly place to work.</p> <p>Very approachable leaders, good communication and opportunities for staff to share opinions.</p> <p>Staff social gatherings organised by the management team and clinical leads.</p> <p>Regular feedback and appraisal.</p>

### 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
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Policies were held on an accessible shared system, and these were managed and regularly reviewed.</li> <li>There were regular team meetings for different staff groups and these were used for sharing information and raising topics for discussion and learning. For example, the prescribers' meetings included topics such as changes to clinical guidance, practice policy reviews, safety alerts and any issues with</li> </ul>	

medicines availability. There were regular meetings for nurses, administration and reception staff and team leaders, which were minuted and showed evidence of information sharing and actions required.

- Staffing arrangements were monitored and managed to ensure there was a safe and effective staff mix.
- There were arrangements for regular clinical supervision, including observations and staff appraisals.
- The practice had systems to learn from patient feedback, complaints and incidents. Audits were undertaken but the audit programme was not actively managed and monitored to ensure learning was formally shared and adopted.

### 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.	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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Risks in relating to managing the staff mix and recruiting additional GPs and other staff were identified and managed.</li> <li>• The practice had also focused on improving access to services and supporting patients' awareness and understanding of different staff and services available to provide patient care.</li> <li>• The pharmacist undertook regular medicines audits and reviews. Results were used to promote improvement in care.</li> <li>• There was a focus on improving access for patients and listening to patient feedback to improve performance.</li> <li>• The practice did not use a formal approach to identifying and managing risks. A risk register might have helped resolve some issues in obtaining evidence and assurances from external property services in relation to health and safety.</li> </ul>	

### 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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Staff were required to complete information management and security training.</li> <li>• The appointment system was monitored and data used to make changes and improve access for patients.</li> <li>• The practice carried out patient record searches to manage recalls and support effective monitoring of care.</li> <li>• The practice website included an explanation of how the practice used information and protected patient confidentiality. Their privacy notice outlined how the practice used personal and healthcare information.</li> </ul>	

### 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
Staff are supported to work remotely where applicable.	Yes

### Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes



Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Since January 2023, the practice had actively sought patient feedback by sending out questionnaires to about 30 patients each week, at random but aiming to send at least one per clinician per week. The results were shared at team meetings. Changes implemented as a result included allocating set times for patients to call prescription clerks to help improve phone access.</li> <li>• Feedback from patients and staff had led to the plans to develop the on-the-day hub.</li> <li>• Staff were actively encouraged to offer suggestions to develop new or extended services. Examples included the 'One more meal' initiative for vulnerable patients and setting up the same day service hub.</li> <li>• Staff requests for new chairs had been listened to and this was appreciated by the staff we spoke with.</li> <li>• Patients had complained about having to attend outpatient clinics for blood tests. In response, the practice created additional capacity to offer blood test.</li> <li>• The practice was actively seeking to expand and revise the PPG and had recently recruited additional members to the group. New patient registration forms included invitations to patients to join the PPG and the practice had been successful in attracting additional members across different demographic groups.</li> <li>• In the past, the PPG had helped with raising funds for information screens in the waiting room. A member of the PPG had also taken a role in supporting patients to use online systems, by basing themselves in the waiting room to provide personal guidance via a laptop.</li> </ul>	

#### Feedback from Patient Participation Group.

Feedback
The patient participation group (PPG) representative we spoke with was entirely positive about the practice and the way it worked with staff and the community to improve services. They commented on staff being polite, sensitive and professional. They said patient advisors had helped patients adjust to being treated by clinicians with specific skills who were not GPs, by giving clear explanations and reassurances. They felt the practice was well managed.

#### 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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The practice's frailty lead had set up the One More Meal initiative to support patients identified in need of additional support in the community.</li> <li>• The practice planned to improve on-the-day care by creating the hub for ANP and paramedic team, supported by a GP. This was due to be implemented in September 2023.</li> </ul>	

- The practice had made use of the ARRS and apprenticeships to expand the range of specialist roles and skills available to support patient care and mitigate risks from a shortage of GP staff. As well as clinical staff, the ARRS included appointing a GP assistant who had a role in coordinating complaints and incident management.
- It had invested in equipment and services to offer specialist clinics on site, including using a dermatoscope, a bladder scanner and a self-service patient blood pressure/height/weight machine. The new dermatology clinics were reported to be in high demand in the practice.

### 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)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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.