

Care Quality Commission

Inspection Evidence Table

Winton Health Centre (1-549906670)

Inspection date: 19 August 2021

Date of data download: 13 August 2021

Overall rating: Good

Winton Health Centre was rated as Requires Improvement at our inspection in February 2019 when the service was being run by a previous provider and was placed into special measures. A warning notice was served for regulation 17 Good governance. Safe and responsive key questions were rated as Requires Improvement; effective and caring key questions were rated as Good; and the well led key question was rated as Inadequate.

An unrated focused inspection was carried out in April 2019 to follow up on the warning notices, which were met. Two requirement notices were served relating to regulation 18 Staffing and regulation 17 Good governance. Concerns identified at that time included significant events not being recorded or analysed; lack of continuity of care; and lack of support for staff to carry out their roles.

In September 2019 the practice was taken over by the current registered provider. They were aware of the regulatory history of the service and put in place plans to address the concerns. The requirement notice from the old provider had been addressed and the service was no longer in breach of the regulations. This comprehensive inspection was the first one carried out on the new provider.

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

Safe

Rating: Good

The practice was previously rated as requires improvement for safe under the previous registered provider but due to continual regulatory history the ratings carried forward. The new provider has made improvements to systems and processes to assess, monitor and improve the quality and safety of the services being provided.

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

Safeguarding	Y/N/Partial
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies and procedures were monitored, reviewed and updated.	Partial
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff knew that safeguarding concerns must be reported to the GP safeguarding lead. • The Safeguarding policy did not have details on identifying potential or actual Female Genital Mutilation (FGM). Current guidelines make clear that FGM is child abuse and a form of violence against women and girls, and therefore should be dealt with as part of an existing child and adult safeguarding policies and procedures. 	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice were in the process of scanning all recruitment files onto their computer system. The practice manager said this work would take at least two months more to complete due to the amount of information to be scanned and organised effectively on the system. 	

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: August 2020	Yes
There was a record of equipment calibration. Date of last calibration: August 2019	Yes
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: April 2021	Yes
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: August 2021	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: August 2021	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff were trained in health and safety procedures such as the use of spill kits for cleaning blood and other bodily fluids. • Health and safety policies and procedures were available to staff, so they understood their responsibilities in the event of an incident. • Fire drill carried out in January 2021 noted time to depart from building was within four minutes, which is within recommended timescales. • Blood glucose monitors were checked on a weekly basis to ensure the readings were accurate. 	

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: March 2021	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: <ul style="list-style-type: none"> • The infection control lead carried out a range of audits throughout the year. These included environmental audits, hand hygiene audits, decontamination and waste audits. This work was supported by relevant policies and procedures, which had been reviewed to include enhanced processes for managing COVID-19. The infection control lead was aware that an annual statement needed to be produced and planned to complete this work. • Clinical areas had been refurbished and upgraded to promote effective infection control management and enable thorough cleaning. 	

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

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

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) (01/04/2020 to 31/03/2021) (NHS Business Service Authority - NHSBSA)	0.54	0.71	0.70	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). (01/04/2020 to 31/03/2021) (NHSBSA)	12.1%	10.5%	10.2%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2020 to 31/03/2021) (NHSBSA)	5.27	5.59	5.37	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2020 to 31/03/2021) (NHSBSA)	79.6‰	102.5‰	126.9‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2020 to 31/03/2021) (NHSBSA)	0.24	0.63	0.66	Variation (positive)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2020 to 31/12/2020) (NHSBSA)	8.2‰	7.1‰	6.7‰	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).	Partial

Medicines management	Y/N/Partial
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	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.	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 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.	n/a
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Patient Group Directives (PGDs) were all in date however, they were not crossed through after staff had signed and some staff had signed after the PGD had been authorised. • Patients on high-risk medicines were monitored in line with recommended guidelines however improvements were needed. • The lead pharmacist said that they were working on changing the system for medicines reviews, in particular high-risk medicines. They recognised that improvements were needed in ensuring that all relevant areas were discussed during reviews. This work was ongoing and was to ensure that patients had appropriate monitoring of their medicine to ensure optimal treatment. • The population groups covered by Winton Health Centre included patients who declined to attend for medicine and health reviews; and some whose lifestyles were affected by their health conditions or addiction to drugs or alcohol. The practice promoted a consistent approach between all clinicians to promote patient engagement and would provide opportunistic care and treatment. For example, if blood tests were needed to monitor medicines. • The practice had identified that patients were not always collecting medicine when they were prescribed and held onto the prescription. They found that prescriptions retained by patients were 	

Medicines management	Y/N/Partial
<p>most often those for strong painkillers, which could be used to obtain illegal drugs on the street. Work was ongoing to monitor these types of prescriptions and when possible work with patients to reduce their dependence on these medicines.</p> <ul style="list-style-type: none"> We carried out clinical searches on monitoring of patients' medicines, no concerns were identified as a result of these searches. Patient records we reviewed showed that appropriate blood tests had been carried out prior to a prescription being issued. Emergency medicines and equipment were stored in an area accessible to staff to use in an emergency. Medicines were stored using tamper proof seals which were checked daily. Records of checks were maintained. However, we noted that the required amount of medicines to be kept in the resus box was not detailed on the records, to enable effective checking. 	

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:	1
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Significant events were reviewed at quality assurance meetings and learning cascaded to relevant staff through staff meetings and to individuals for their own learning. 	

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

Event	Specific action taken
In July 2021 a two week wait referral was not sent.	<ul style="list-style-type: none"> This was discussed with the lead clinician and the cause was human error. The patient was referred as soon as the concern was identified and did not suffer any harm, due to receiving information that there were no concerns from secondary care. The clinician involved changed their practice to ensure that two-week referrals were processed during a consultation. Learning was shared with the clinical team to minimise the risk of reoccurrence.

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"> We saw examples of actions taken on recent alerts for example, regarding sodium valproate, where this medicine is not recommended to be taken by women of childbearing age if they planned to start a family. When we carried out a search of female patients on this medicine, we found that there was no evidence in two out of seven patients clinical records to indicate that the risks had been discussed with these patients. Details of these patients were provided to the practice and they followed up on this issue at the time of inspection. 	

Effective

Rating: Good

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: <ul style="list-style-type: none">• The practice had a pharmacy team. They worked as part of the team to ensure cost effectiveness when prescribing and patient outcomes by making sure the most effective medicines were prescribed. The pharmacy team carried out patient consultations and provided care and treatment where needed. This included supporting patients to manage their long-term conditions; advice for patients on multiple medicines; and improved access to health checks.• The practice were aware that coding of patient records had not been effective prior to the provider taking over the running of the service. The provider had worked to improve coding to ensure that patient need could be identified easily, and appropriate treatment provided.• We reviewed records of patients with a possible missed diabetes diagnosis. Our searches indicated that there were three patients who fell into this category. We raised this with the practice who reviewed all patients identified and confirmed that patients had not been coded appropriately and that these patients were receiving the necessary interventions. Appropriate codes were added to the patient record.	

Older people

Population group rating: Good

Findings

- Older patients were registered with a named GP to promote continuity of care.
- Care homes the practice provided a service to had a named GP.
- Staff from the practice worked with the Primary Care Network to provide support to frail patients, this included home visits.
- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice had introduced structured annual medicines reviews for older patients, as this was an area they had identified which needed improvement.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Good

Findings

- Patients with a long-term conditions were registered with a named GP to promote consistency and continuity of care.
- Our clinical searches on care of patients with diabetes showed that in some cases treatment had not been started. For example, one patient who was pre-diabetic, had not had a blood test since September 2018. We discussed this with clinicians who acknowledged that there were patients who needed to be contacted to discuss treatment management. Therefore, they had put in place a risk-based approach for patients with long term conditions, such as diabetes. A team consisting of a clinical pharmacist, practice nurse and health care assistants rated patient need according to their condition and tailored care and treatment in line with this. This enabled the practice to identify patients who may need more support to manage their condition effectively. Appropriate actions were then taken to ensure patients received effective treatment.
- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. The practice were proactively identifying those patients on multiple medicines and reviewing whether all medicines were necessary and reducing the number of medicine prescribed if appropriate.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with asthma were offered an asthma management plan.

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)	75.2%	76.4%	76.6%	No statistical variation
PCA* rate (number of PCAs).	9.8% (34)	14.6%	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)	72.6%	90.3%	89.4%	Variation (negative)
PCA rate (number of PCAs).	4.0% (4)	14.5%	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) (QOF)	59.1%	80.1%	82.0%	Significant Variation (negative)
PCA* rate (number of PCAs).	2.7% (3)	6.6%	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) (QOF)	48.2%	68.1%	66.9%	Variation (negative)
PCA rate (number of PCAs).	13.6% (35)	20.2%	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) (QOF)	53.5%	71.2%	72.4%	Variation (negative)
PCA rate (number of PCAs).	6.6% (26)	8.8%	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) (QOF)	98.1%	91.8%	91.8%	Tending towards variation (positive)
PCA rate (number of PCAs).	11.7% (7)	5.7%	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) (QOF)	51.6%	75.5%	75.9%	Variation (negative)
PCA rate (number of PCAs).	12.5% (32)	13.2%	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

- The practice were aware of the low achievement in quality outcomes and had spent time when they first took over the running of the practice to review patient records to identify risk. The practice were not in a position to improve achievement for the period of April 2019 to March 2020 due to taking over the practice in September 2019; and there being insufficient time to carry out reviews prior to the end of the reporting year.
- Plans had been implemented to improve performance for the period 2020 to 2021. However, the COVID-19 pandemic had severely impacted the number of patients who could be seen face to face to carry out monitoring of patients' health, for example, blood pressure readings. Staff said that significant numbers of patients were reluctant to attend the practice during this time due to fear of infection.
- On inspection we reviewed unverified data for 2020/21, which showed an improvement in monitoring of patients' health. Such as for patients with COPD where the practice had achieved 75% for patients who had had a review by a healthcare professional during the first six months of the reporting year (2021/22). The practice were on track to achieve 90% by end of the reporting year.
- The practice had taken action to improve their use of data and monitoring of patient outcomes, including the implementation of systems to optimise workflow and the use of pathways and advanced reporting to improve understanding of the data.

Families, children and young people

Population group rating: Good

Findings

- The practice has met the minimum 90% for four out of five childhood immunisation uptake indicators. The practice has not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for all five of the childhood immunisation uptake indicators. Work was continuing on working with parents and guardians on improving the uptake of immunisations for children aged 5, which was just below the recommended standard of achievement. A meeting held in July 2021 showed that the practice were on target for achieving all indicators for immunisations.
- Evening appointments were available with practice nurses on Mondays.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary. Records were maintained and monitored for children who had not attended to be immunised.
- The practice had 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.
- Staff had the appropriate skills and training to carry out reviews for this population group.

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)	42	46	91.3%	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) (01/04/2019 to 31/03/2020) (NHS England)	73	80	91.3%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2019 to 31/03/2020) (NHS England)	73	80	91.3%	Met 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)	73	80	91.3%	Met 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)	70	78	89.7%	Below 90% minimum

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

Working age people (including those recently retired and students)

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. Patients could book or cancel appointments online and order repeat medicines 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) (Public Health England)	62.4%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	65.3%	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) (PHE)	52.8%	68.4%	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) (QoF)	33.3%	93.0%	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) (PHE)	55.6%	57.2%	54.2%	No statistical variation

Any additional evidence or comments

- Practice leads demonstrated a good understanding of the issues impacting on cancer screening. This included a high turnover of patients. They routinely monitored screening uptake and reviewed this as part of their quality assurance processes and meetings. Action taken to address poor uptake included making personal contact with eligible patients. The practice had identified these actions in order to improve uptake, however the pandemic had impacted on this as during the early part of the pandemic cervical screening was not able to be offered which impacted performance.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

**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.
- 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>	29.3%	87.3%	85.4%	Significant Variation (negative)
PCA* rate (number of PCAs).	0.0% (0)	17.8%	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>	38.5%	83.7%	81.4%	Significant Variation (negative)
PCA rate (number of PCAs).	7.1% (2)	7.4%	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

- Prior to this provider taking over the running of the practice in September 2019 there had been no systems in place to invite patients for an annual review to monitor their condition. There were also issues with coding on patient records which meant that information on who had attended a review could not be captured fully when searches were carried out.
- Since identifying this issue, this current provider had put in place a recall system and had addressed the coding issues. They had also introduced a standard template for care planning which enabled clinicians to complete relevant information to record QoF data.
- If patients declined or were reluctant to attend for a review then attempts were made to contact patients via text messaging, email and sending letters. If there was no response, then an alert was placed on patients' records to remind clinicians to complete a care plan and review when patients next attended the practice.

Monitoring care and treatment

The practice had a 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)	390.1	533.9
Overall QOF score (as a percentage of maximum)	69.8%	95.5%
Overall QOF PCA reporting (all domains)	5.9%	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.

An audit was carried out to review whether patients who had suspected lung cancer were appropriately screened. The period covered December 2020 to March 2021, <ul style="list-style-type: none">• A total of 20 patients registered at the practice were identified.• 15 of the patients were offered a chest X-ray• The remaining five patients were examined and found to have other symptoms linked to long term conditions or symptoms being transient.• One patient's chest X-ray was abnormal and was therefore repeated and further tests were carried out.• All the patients who had had an X-ray were not suspected of having lung cancer and did not require an urgent referral.• Checks were also made to ensure that if a patient declined an X-ray appropriate actions were in place such as providing information for patients on actions to take if their symptoms worsened.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Essential training was identified for each role within the practice and completion of training was monitored by the management team. Staff reported that they received regular appraisals and we saw evidence of performance review and development processes within the service.	

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: <ul style="list-style-type: none">• GPs and clinical staff attended multidisciplinary meetings and external meetings, including clinical commissioning led community care meetings and palliative care meetings.	

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">Patients were referred or signposted to local initiatives that included stop smoking support and health, wellbeing and fitness services.	

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: <ul style="list-style-type: none">Staff demonstrated an understanding of the Mental Capacity Act (2005) and presumed capacity. They understood that where a person was identified as lacking mental capacity, best interest decisions were made.	

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

Source	Feedback
Care Opinion	In the last twelve months there were twelve reviews. Nine were positive and three were negative. Patient feedback voiced terms such as Super Efficient, Excellent practice and good organisation. The negative voices used terms such as would not recommend and disappointed.

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)	88.2%	92.7%	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)	83.2%	91.8%	88.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	91.9%	96.9%	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)	82.0%	88.0%	83.0%	No statistical variation

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

Any additional evidence
<ul style="list-style-type: none"> Survey results were reviewed as part of the quality assurance processes and the patient participation group were also involved in the review of feedback processes with a view to learning from patient experiences and using this to improve the service.

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"> Easy read and pictorial materials were available. These were reviewed during the pandemic to ensure patients remained informed but protected. Large, sealed display boards were placed around the practice with information for carers and digital patient services available to use. 	

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)	89.3%	95.2%	92.9%	No statistical variation

Any additional evidence or comments
<ul style="list-style-type: none"> Senior leaders said that part of the drive to develop the service within the practice model had been to improve the quality of experience for patients. Patient feedback stated that they were happy with the service and some patients commented on improvements made in the last year.

	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice were aware that not all patients had access to the internet to access online services or were able to receive text message, so alternative ways of communicating were used such as letters and telephone calls. 	

Carers	Narrative
Number of carers identified.	<ul style="list-style-type: none"> The practice had identified 47 carers within their patient population. Staff reported that the number of carers reflected the demographic of the practice where the majority of their patients were of working age and they had a number of older patients. The practice had been proactive in identifying carers, we saw evidence that they had provided an explanation of what a carer was in the waiting area in order to prompt patients to identify themselves.
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> The practice provided carers with information resources and signposted them to support services within the locality.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> Support for recently bereaved patients was on an individual basis. Patients were offered an appointment as required and were referred or signposted to other services as needed.

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

The practice was previously rated as requires improvement for responsive under the previous registered provider but due to continual regulatory history the ratings carried forward. The new provider has made improvements to systems and processes to assess, monitor and improve the quality and safety of the services being provided.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">Patients with complex needs were included on a register that was regularly monitored and updated. This included input from other services, referrals to social prescribing initiatives and any additional support needs.Throughout COVID-19 the majority of appointments were face to face and the numbers of face to face appointments continue to be between 60-70% of all appointments offered.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am -8pm
Tuesday	8am -6:30pm
Wednesday	8am -6:30pm
Thursday	8am-1pm and 2pm -6:30pm
Friday	8am -6:30pm

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none">The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.The practice provided effective care coordination to enable older patients to access appropriate services.

- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided effective 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 other services.

Families, children and young people

Population group rating: Good

Findings

- 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.
- The practice offered a family planning clinic Every Monday until 8pm for patients registered at the practice and other patients registered within the locality.
- 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 the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Registered patient calls were picked up via a central hub and calls were triaged using an assessment tool
- Patients were able to use an online symptom checker which signposted them to self-care advice, a telephone appointment, face to face appointment or emergency advice as appropriate.

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

**People experiencing poor mental health
(including people with dementia)**

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- 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.
- The practice recognised the reluctance of those with poor mental health or dementia, were shielding or unwilling, to be seen by clinicians. We saw evidence of how the practice had attempted to contact and reach out to these groups during the pandemic, such as use of text messages, but the reluctance from this group was significant. Unverified data shows that these at-risk groups have increased their attendance and work to review this group was ongoing.

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)	77.3%	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)	80.7%	77.1%	70.6%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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)	71.5%	72.5%	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)	90.5%	86.1%	81.7%	No statistical variation

Any additional evidence or comments

- Prior to the provider taking over running of Winton Health Centre, there had been issues with access, in particular by telephone. Improved access to the service was evident. Patient phone calls to the practice were answered promptly. Appointment times had been extended to 15 minutes so that there was more time to address patients' needs and longer appointments were available for those patients who needed them.

Source	Feedback
Care Opinion	We reviewed comments and ratings made on Care Opinion for the period of September 2020 to the date of this inspection. Of the 12 ratings received during this time, nine people had positive comments and three were negative. Negative comments included that patients would not recommend the practice. Positive comments included patients noticing improvements in the organisation and management of the practice since the provider had taken over running it.

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.	5
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	5
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

Explanation of any answers and additional evidence:

- Complaints were logged, including verbal complaints and shared concerns. There was a system where complaints were shared at meetings with staff in order to understand issues and prevent them occurring again.

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient was not prescribed the correct amount of vitamin B12	Following this complaint, the practice reviewed its National Institute for Health and Care Excellence (NICE) guidelines to ensure optimal prescribing and shared with staff and with the patient.

Well-led

Rating: Good

The practice was previously rated as inadequate for well led under the previous registered provider but due to continual regulatory history the ratings carried forward. The new provider has made improvements to systems and processes to assess, monitor and improve the quality and safety of the services being provided.

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	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">• Staff told us that the leadership of the service had stabilised over recent months with a new operations manager being in post which had further strengthened the existing management structure.• Staff said that leaders were approachable and worked to involve them in the way the service was run and developed.• One of the main areas of challenge had been staffing, one GP said that they had up to 40 patient contacts in one day and was concerned that this was unsafe. The practice continued to review skills mix and increased staffing numbers when needed and able. Other staff said that staffing had improved. An advanced nurse practitioner was due to start working at the practice and had already been given shadowing opportunities to understand the work they would do and meet staff at the practice.• Leaders were proactive in identifying opportunities for staff to develop in their roles and support this, with a view to retain staff.	

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

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'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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff interviewed during the inspection considered that there was an open culture in the practice. Clinical staff said they were able to provide input into decision making to improve clinical capacity for on the day patient need. If staff undertook training outside working hours, they were either paid or received time off to compensate. Funding for training was ring fenced and team leaders were able to determine how this money should be spent to develop their teams. 	

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

Source	Feedback
Seven feedback forms were received during the time of our site visit.	<ul style="list-style-type: none"> Staff reported that there were set times for meetings and they would also receive updates via email if they were unable to attend. However, one member of staff said that there were no meetings. Generally, managers were visible and accessible for staff. All staff members who completed feedback said that there was positive teamwork and they felt supported in their role. Most of the staff who responded said they had access to relevant training. Two staff commented that since the provider had changed, they had seen improvements in the way the practice has been run. This included trying to improve patient access. There were some comments relating to staff shortages across all staff groups which had impacted on their ability to meet patient need. Staff shortages could be due to annual leave, staff leaving or sickness.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• There were a range of meetings for all staff groups including partners meetings, clinical meetings and a weekly administration and reception team meeting.• A Winton Health Centre update email was sent weekly to update all staff with relevant changes and to shared information.• Leaders said they had an open-door policy, and this was confirmed with staff when we spoke with them.• Staff reported having autonomy in their roles and the ability to make changes easily when needed.	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• There was a business continuity plan in place which detailed actions to take and who needed to be informed should such an incident occur. However, the plan did not include informing the Care Quality Commission as required by the regulations.• Minutes of meetings confirmed there were discussions and action plans for succession planning, sustainability and skill mix of staff to drive improvement and performance.• A comprehensive action plan was submitted to us when the provider took over the running of the practice and regular updates were provided about the progress against the action plan.• All policies, procedures and protocols had been reviewed and updated as part of this action plan.	

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

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

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

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.	Partial
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: <ul style="list-style-type: none"> Staff interviewed said they had seen positive changes since the provider took over the running of the practice, the clinical environment had been improved and they were aware of a proposed new build of the premises. 	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> The COVID-19 pandemic had impacted the relaunch of the patient participation group (PPG) and plans to hold a PPG event in March 2020 had to be cancelled. At the time of the inspection, we saw information in the waiting room giving details about how patients could become involved in the group.

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

Examples of continuous learning and improvement

- The practice had employed an emergency care practitioner to take a leadership role in supporting patients who were frail or living with dementia in their homes.
- The practice worked with the leads across the primary care network they were part of to provide care and treatment to patients with long term conditions.

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.
- **%** = per thousand.