

Inspection Evidence  
Table

Penn Surgery

(1-12873651132)

Inspection Date: 10/10/2023

Date of data download: 08/09/2023

Overall rating: Good

Safe

Rating: Good

Although we rated safe as good there were the following areas where the practice should continue to make improvements:

- The practice should ensure where patients should be reviewed/recalled on a 6 monthly basis as identified within the clinical reviewing system that this is followed and not left to be picked up by the practice annual diary system. This will ensure there is not a high number of outstanding reviews showing on the system.

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Y

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

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>We reviewed several staff files and found all appropriate recruitment checks had been carried out. However, where staff had been employed over a year, the provider was unable to assure us they had a system in place to ensure effected staff disclosure and barring (DBS) checks were still accurate.</li> <li>We found from the evidence we saw that the provider had systems in place to ensure the appropriate checks were carried out annually to ensure all clinical staff were appropriately registered to carry out their duties within the practice.</li> </ul>	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Y
Date of last assessment: August 2023	Y
There was a fire procedure.	Y
Date of fire risk assessment: 7 September 2023	Y
Actions from fire risk assessment were identified and completed.	Y

### Infection prevention and control

#### Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out.	Y

Date of last infection prevention and control audit: November 2022	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Staff we spoke with told us they had completed IPC training and were able to tell us who the infection control lead person was.</li> <li>We found the environment to be clean and tidy and well looked after. We found that audits were taking place and staff we spoke with confirmed this.</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.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There were enough staff to provide appointments and prevent staff from working excessive hours.	Y

### Information to deliver safe care and treatment

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

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

There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
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### Appropriate and safe use of medicines

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

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) (01/07/2022 to 30/06/2023) (NHSBSA)	0.78	0.92	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). (01/07/2022 to 30/06/2023) (NHSBSA)	7.1%	5.7%	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 (01/01/2023 to 30/06/2023) (NHSBSA)	5.91	5.25	5.24	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	143.5‰	143.0‰	129.5‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2022 to 30/06/2023) (NHSBSA)	0.77	0.62	0.54	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	8.6‰	9.0‰	6.8‰	No statistical variation

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

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

The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including medicines that require monitoring (for example, warfarin, <b>methotrexate and lithium</b> ) <b>with appropriate monitoring and clinical review prior to prescribing.</b>	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	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.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y

#### 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.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months: 7	Y

Number of events that required action: 7	Y
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Example(s) of significant events recorded and actions by the practice.

Event	Specific action taken
A vaccination was given to patient that was past its expiry date by a few days.	Patient informed immediately in line with duty of candour. Risk assessment carried out, which identified the patient was unlikely to have been harmed and would have benefited from the vaccination. Action taken with staff member and training was updated for all staff. The fridges were all audited to ensure there were no other out of date vaccinations in stock. Processes for checking fridges updated and learning was shared with all staff.
Stepfather impersonated a patient to obtain a supply of controlled drugs and threatened staff.	Incident was identified because of reviewing the call conversation. Incident reported to police and NHS counter fraud team. Learning shared in practice about the importance of checking patient ID and taking extra care dealing with controlled drug prescriptions.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y

## Effective

## Rating: Good

Although we rated effective as good there were the following areas where the practice should continue to make improvements:

- While the practice has a process in place to manage where children had missed appointments for immunisations. The practice should ensure where these appointments were missed, they continue to take action to ensure these appointments are attended.

*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 delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.**

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

## Effective care for the practice population

### Findings

- Those identified received a full assessment of their physical, mental and social needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group. Home visits were also available for patients who were housebound and unable to attend the surgery for vaccination.
- During periods of lock down vulnerable and socially isolated patients were contacted proactively for a welfare check.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.
- Patients with poor mental health, including dementia, were referred to appropriate services.

## Management of people with long term conditions

### Findings

- Patients with long-term conditions were offered 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.
- 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 could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.



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)	58	60	96.7%	Met 95% WHO based target
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)	65	72	90.3%	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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	64	72	88.9%	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)	64	72	88.9%	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)	59	68	86.8%	Below 90% minimum

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

#### Any additional evidence or comments

- The practice had a policy in place to manage where appointments were missed. They were able to explain the actions they were taking to meet the minimum standards work with patients where children had not attended appointments for Immunisations, (Haemophilus influenza type b, Meningitis C, measles, mumps or rebella) and any required boosters.

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)	56.5%	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)	72.3%	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). (3/31/2023 to 3/31/2023) (UKHSA)	74.9%	N/A	80.0%	Below 80% target
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)	63.0%	48.3%	54.9%	No statistical variation

#### Any additional evidence or comments

- The practice was able to evidence the actions they were taking to improve the cervical cancer screening rates. The practice nurse worked closely with patients and could explain the work they did to ensure patients attended their smear tests, this included reminder telephone calls and speaking with patients when they were in the surgery for a different appointment.
- We were provided with evidence from the provider to show that the cervical cancer screening percentage figures above were not the most recent. The percentages for the practice for persons aged 25-49 = 81% not the 74.9% above. The England comparison target of 80% was met and the practice percentage was 83%.

#### Monitoring care and treatment

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

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y
<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 lead GP meets regularly with the chair of the PPG and uses the info gathered to make improvements to the quality of the care provided. The practice also uses the info gathered from their in-house patient surveys and other NHS surveys carried out to inform the effectiveness and appropriateness of the care provided to patients.</li> </ul>	

### Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• The provider was able to demonstrate how they ensured all staff including clinical staff had the skills to perform their duties and ensure patient care.</li><li>• We found a program of training in place to ensure staff had access to training which was required to be completed on an annual basis along with training to offer staff further development in their roles.</li><li>• Staff were given the opportunity to be up skilled as part of their development, to take on new job roles. Staff we spoke with confirmed this.</li><li>• Where staff were unable to perform the provider had the appropriate management process in place to manage staff performance.</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.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• We found that the practice worked closely with their local Primary Care Network (PCN), voluntary organisations and other health care colleagues to offer effective care and treatment to patients.</li></ul>	

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### Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice provided us with evidence to show the work they did to support patients with a range of help by way of accessing support through other agencies or the PCN. For example: social prescribers, clinical pharmacist, baby clinics, mental health nursing support, health visitors, Palliative nursing care and support to care homes etc.</li> <li>We saw in the practice reception area a range of leaflets on display also giving advice and support to patients. For example: Non-smoking support groups, maternity support to young mums, financial support etc.</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.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Y

Explanation of any answers and additional evidence:

- We saw evidence as to how patient consent was noted. To ensure patients were consulted as part of being involved in the care they received.
- Where patients lacked capacity, this was also being noted on care records.

# 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.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y

Patient feedback	
Source	Feedback
NHS.UK reviews	There were 2 reviews over the last 12 months, and both gave the practice 5 stars. Both reviews mentioned the supportive staff that worked within the practice.

## 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 30/04/2023)	94.3%	78.8%	85.0%	Tending towards variation (positive)
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 30/04/2023)	89.0%	77.2%	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 30/04/2023)	94.4%	89.5%	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 30/04/2023)	87.6%	61.1%	71.3%	Tending towards variation (positive)
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	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Y

Any additional evidence
We found from the last patient survey carried out by the practice that 100% of patients were happy with the practice, 99% of patients would recommend the practice to friends and family and 95% of patients were able to get an appointment with a GP of their choice. One of the comments from a patient were "Carry on giving the same amazing 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.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y

Source	Feedback
Interviews with patients.	<p>We spoke with six patients who told us the practice was good and that they were always able to access a GP when they needed one. Patients had no concerns about the practice.</p> <ul style="list-style-type: none"> <li>The practice staff worked as a team and this was demonstrated in what we saw.</li> <li>The lead GP worked in a supportive way and had patients at the heart of how the practice worked.</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 30/04/2023)	91.5%	85.3%	90.3%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• The practice had access to interpreting services and easy read material to support patients whose first language was not English.</li> <li>• We saw access to some of materials displayed in the reception area.</li> <li>• The provider had the loop system in place to support patients who had a hearing impairment.</li> </ul>	

Carers	Narrative
Percentage and number of carers identified.	The practice had 147 patients who were carers, which represented 2% of the practice population.
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> <li>• The practice manager ensured their website was up to date and offered support by way of information to carers.</li> <li>• Sign posting carers to resources that could offer help/support.</li> <li>• Sign posting to social prescribers and hospices where required.</li> </ul>
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> <li>• The practices accesses specialist nurse services via PCN.</li> <li>• Practice has a process in place to offer bereaved services when required.</li> <li>• Practice regularly checks on bereaved patients to ensure they got all the support available.</li> </ul>

### 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.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y



## Responsive

**Rating: Good**

### Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y

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
Appointments available:	
Monday	8:30am-11:30am and 2:30pm- 5:30pm
Tuesday	8:30am-11:30am and 2:30pm- 5:30pm
Wednesday	8:30am-11:30am and 2:30pm- 5:30pm
Thursday	8:30am-11:30am and 2:30pm- 5:30pm
Friday	8:30am-11:30am and 2:30pm- 5:30pm

### Further information about how the practice is responding to the needs of their population

- Patients had a named GP who supported them in whatever setting they lived.
  - The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
  - 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.
  - There was a medicines delivery service for housebound patients available with the support from the local pharmacy
  - The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues including regular multidisciplinary meetings.
  - All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
  - The practice was open until 6pm. Pre-bookable extended hours appointments were also available to all patients at additional locations within the area, as the practice was a member of a Primary Care Network. Appointments were available Saturday and Sunday 8am until 1pm.
  - The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
  - People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

### Access to the service

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

	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.	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y
Patients were able to make appointments in a way which met their needs.	Y
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Y
Patients with most urgent needs had their care and treatment prioritised.	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y

## 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 30/04/2023)	73.5%	N/A	49.6%	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 30/04/2023)	69.4%	44.4%	54.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2023 to 30/04/2023)	61.2%	46.5%	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 30/04/2023)	83.0%	65.9%	72.0%	No statistical variation

### Any additional evidence or comments

While the above indicators did not identify any areas which fell below the expected percentage for patients accessing their GP Practice via Sub Integrated Care Board Locations (SICBL) and England. The practice worked closely with their PCN as follows:

- The practice had in place a Primary Care Access Proforma Plan, which they used to inform the PCN as to the actions they were taking to manage any potential barriers there may be to patient's accessing a GP in a timely manner.
- We saw from this evidence that the practice also had to identify in an Access activity plan, the actions and timelines for making improvements so any barriers could be reduced to patients accessing a GP in a timely manner. This plan also identified the person responsible for leading on any particular actions within the plan.
- Some examples of actions taken are as follows: Improve telephone capacity so more patients can get through on the telephone and advises patients where they are in the queue. Increased the amount of online bookable appointments. New patients were being encouraged to use NHS app to book appointments. The practice is also looking to improve the availability of online service (for example: repeat sick notes) to reduce patients ringing in and allow more access to patients wanting to see a GP.
- The practice continues to improve staff training around patient access as part of the key targets within the Primary Care Access Proforma Plan along with working closely with the PCN around out of hours access for patients.

Source	Feedback
NHS.uk website (formerly NHS Choices)	There were 2 reviews over the last 12 months, and both gave the practice 5 stars. Both reviews mentioned the supportive staff that worked within the practice.

**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.	15
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	Nil

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient attended the surgery and cut their finger while putting post through letterbox and raised a complaint.	Patient examined by GP and advised to attend A & E. Letterbox was immediately taken out of use, and while no sharp areas were found, letterbox was replaced with a new one. Patient was contacted and situation discussed with actions taken by practice. Patient was happy with outcome.

## 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.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>The evidence we saw showed that the leaders understood the importance of being visible and approachable to their staff.</li><li>Staff told us that managers were approachable and the culture where they worked was one of openness.</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.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y

### Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y

There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y

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

Source	Feedback
Staff feedback questionnaire survey provided by CQC	<ul style="list-style-type: none"> <li>• Great place to work.</li> <li>• Staff felt they were supported and working culture was friendly.</li> <li>• Excellent team values and all work collaboratively.</li> <li>• Teamwork and the support of fantastic management. We offer excellent service to patients.</li> </ul>

#### Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Y

### Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y

### Appropriate and accurate information

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

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

### Governance and oversight of remote services

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

Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y
Staff are supported to work remotely where applicable.	Y

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

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y

Feedback from Patient Participation Group.

Feedback
We found that the practice had Patient Participation Group which met approximately every three months. At these meetings the patients discussed with the lead GP all aspects of the practice and gave feedback about the practice both positive and negative. We were told that the practice was good, the lead GP always made themselves available and listened to the views of patients and between the lead GP and practice manager they were always open to resolving any concerns.

### Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y

### Examples of continuous learning and improvement

The practice was always open to improving the quality of care to their patients and always trying to improve the access arrangements for patients. For example: patients could access a GP through the practice online system, speaking with reception staff, a range of out of hours appointments on an evening and at weekends etc. Staff who work within the practice were able to develop their skills and knowledge which was then used as part of how patient care was delivered.



