

Care Quality Commission

Inspection Evidence Table

C.B. Patel & Partners (1-551034159)

Inspection date: 10, 11 and 12 August 2021

Date of data download: 10 August 2021

Overall rating: Good

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

Safe

Rating: Requires improvement

At the previous inspection in October 2019, we rated the practice as requires improvement for providing safe services because:

- The practice could not demonstrate that they had an appropriate formal clinical supervision system in place to review and monitor the prescribing competence of non-medical prescribers.
- The practice did not have any formal monitoring system in place to assure themselves that blank prescription forms and handwritten pads were recorded correctly, and records were maintained as intended.
- The practice was unable to demonstrate that they had an appropriate system to monitor the registration of clinical staff on an ongoing basis.

At this inspection in August 2021, we found improvements had been made, however, we found additional concerns and the practice was required to make further improvements. We rated the practice as **requires improvement** for providing safe services because:

- Recruitment checks including Disclosure and Barring Service (DBS) were not always carried out in accordance with regulations or records were not kept in staff files.
- Some high risk medicines recommended monitoring requirements were not met and test results were not managed in a timely manner.

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse. However, some improvements were required.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies and procedures were monitored, reviewed and updated.	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.	Partial
Staff who acted as chaperones were trained for their role.	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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Adult and child safeguarding policies were up to date and included the name of the lead member of staff responsible for safeguarding processes and procedures. All staff had received up-to-date safeguarding and safety training appropriate to their role. Disclosure and Barring Service (DBS) checks were not always undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice was unable to provide a DBS documentary evidence for a practice nurse, a health care assistant and an administrative member of staff. The practice had carried out a risk assessment for an administrative member of staff, which referred to a DBS undertaken in 2015 but documentary evidence of this DBS was not available on the day of the inspection. This meant the provider could not be assured that they had up to date and the most relevant information about the individual they had employed to carry out regulated activities. Staff who acted as chaperones were trained for their role and had received a DBS check. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	N
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> At the previous inspection in October 2019, the practice was unable to demonstrate that they had an appropriate system to monitor the registration of clinical staff on ongoing basis. At this inspection in August 2021, we saw the practice had a system in place to monitor the registration of clinical staff on ongoing basis. We found all clinical staff were appropriately registered with the professional bodies. The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and an ongoing basis. However, the four staff files we reviewed showed that the practice was not following their own recruitment policy and satisfactory evidence of conduct in previous employment in terms of references were not available for three staff and a confidentiality agreement was not signed by one member of staff. We found that interview notes were not always kept in staff files. All clinical staff had appropriate medical indemnity insurance in place. 	

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: February 2021.	Y
There was a record of equipment calibration. Date of last calibration: February 2021.	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
A fire risk assessment had been completed. Date of completion: 4 May 2021	Y
Actions from fire risk assessment were identified and completed.	N/A
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> All staff had received fire safety training. Fire marshals had received enhanced fire safety training relevant to their role. Fire system was serviced regularly. Fire drills were carried out quarterly. Emergency lighting was inspected in December 2020. There was a documented fire evacuation plan specific to the service, which included how staff could support patients with limited mobility to vacate the premises. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 1 June 2021	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 1 June 2021	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Health and safety policy was in place. • Gas safety check was carried out in May 2021. • Security alarm and cameras were installed in communal areas and regularly maintained. • Electrical installation condition inspection was carried out on 26 January 2019. • The lift was serviced regularly. • An asbestos survey was carried out in December 2019. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: September 2020.	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	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"> • Clinical equipment was cleaned on a regular basis and records were maintained. • The practice had up to date legionella risk assessment in place and regular water temperature checks had been carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). 	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice operated a system to organise annual leave and cover for unexpected absences.• At the previous inspection in October 2019, some staff had raised dissatisfaction regarding the staffing levels at the practice. At this inspection in August 2021, we found the practice had recruited additional non-clinical staff and increased 75 hours per week for non-clinical staffing levels. The practice had recruited a new practice nurse and two new clinical pharmacists. Staff we spoke with informed us they were satisfied with the staffing levels.• All requests for home visits were triaged by the duty GP.• There was public awareness information on the practice's website.• All staff had received sepsis awareness training.	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• All test results and referrals were managed and checked on a regular basis to ensure all were appropriate and actioned. The practice informed us that any abnormal or concerning test results were actioned by one of the clinicians in a timely manner.• The practice had a failsafe system in place to manage and monitor cervical smear screening.	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimization. However, some improvements were required.

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)	0.43	0.51	0.70	Variation (positive)
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)	10.6%	11.2%	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)	5.09	5.55	5.37	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2020 to 31/03/2021) (NHSBSA)	28.1‰	59.2‰	126.9‰	Significant Variation (positive)
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)	0.23	0.52	0.66	Variation (positive)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2020 to 31/12/2020) (NHSBSA)	2.9‰	4.8‰	6.7‰	Variation (positive)

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.	Y
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

Medicines management	Y/N/Partial
There was a process for the safe handling of requests for repeat medicines and evidence of structured 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 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).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England 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.	Y
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.	N/A
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 PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> During the inspection, our clinical records searches showed that the practice had 1010 patients being prescribed Angiotensin-converting enzyme (ACE) inhibitors/ Angiotensin receptor blockers (ARBs), which required patients to receive regular blood test monitoring. We found recommended monitoring requirements were not met for 43 patients on the register. At the previous inspection in October 2019, we found that blank prescription forms for use in printers and handwritten pads were not always recorded correctly and tracked through the practice. At this inspection in August 2021, we noted the practice had implemented a formal monitoring system and blank prescription forms were recorded correctly, and records were maintained as intended. All printers in the clinical rooms and administrative areas were locked. The practice informed us they had destroyed handwritten pads in line with the national guidance. At the previous inspection in October 2019, the practice could not demonstrate that they had appropriate formal clinical supervision arrangements in place to review their prescribing decisions and clinical performance. At this inspection in August 2021, we noted the practice had implemented a formal clinical supervision system to review and monitor the prescribing competence of non-medical prescribers and appropriate audit records were maintained. Staff we spoke with confirmed that they had received formal feedback from the GP regarding their clinical performance. 	

Medicines management	Y/N/Partial
<ul style="list-style-type: none"> • The practice had an effective system to support vulnerable patients with requesting and collecting prescriptions. This involved checking the prescription box regularly and contacting the patient to check if they still required the medication or if a new prescription was issued. • The practice had an effective system to identify and monitor who was collecting the repeat prescriptions for controlled drugs from the reception. • The practice worked closely with the local CCG medicines management team regarding safe prescribing of antibiotics, within national guidance, and medicines optimisation. • The practice had employed three clinical pharmacists. This had a positive impact to ensure effective management of long-term conditions and medicines safety. • The practice offered travel vaccination. • The practice was registered as a yellow fever vaccination centre. The practice had carried out an annual audit. The staff had completed the relevant training. 	

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:	11
Number of events that required action:	11
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw in staff meeting minutes significant events were discussed and documented. The staff we spoke with informed us that learning from significant events had been shared with them on a regular basis. 	

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

Event	Specific action taken
Document management error	The practice had investigated the incident, reviewed the document management protocol. The practice had implemented the relevant training and reminded the staff to double check documents before and after filing to make sure they belonged to the respective patient to prevent human error.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> There was an effective system in place to receive and share all safety alerts. If the action was required, this was assigned to an appropriate member of staff and it was recorded when this action was completed. 	

Effective

Rating: Good

At the previous inspection in October 2019, we found that this service was not providing effective care in accordance with the relevant regulations. This was because:

- The practice's performance on quality indicators related to patients with diabetes was below the local and the national averages.
- The practice's uptake of the national screening programme for cervical and bowel cancer screening and childhood immunisations rates was below the national averages.
- There were no failsafe systems to follow up women who were referred to as a result of abnormal results after the cervical screening.

At this inspection in October 2019, we found that the practice had demonstrated improvements and is rated as **good** for providing effective services.

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

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none">• The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.• The practice followed up on older patients discharged from the hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.• The practice carried out structured annual medicines reviews for older patients.• Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.• Health checks, including frailty assessments, were offered to patients over 75 years of age.

- 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 long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in the hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- 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)	81.2%	76.9%	76.6%	No statistical variation
PCA* rate (number of PCAs).	5.8% (31)	7.6%	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)	93.7%	90.1%	89.4%	No statistical variation
PCA rate (number of PCAs).	2.5% (2)	9.4%	12.7%	N/A

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

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	87.3%	83.4%	82.0%	No statistical variation
PCA* rate (number of PCAs).	4.9% (9)	4.2%	5.2%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	73.4%	66.7%	66.9%	No statistical variation
PCA rate (number of PCAs).	29.3% (305)	12.9%	15.3%	N/A
The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	76.1%	73.8%	72.4%	No statistical variation
PCA rate (number of PCAs).	17.1% (218)	6.3%	7.1%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2019 to 31/03/2020) <small>(QOF)</small>	88.4%	90.5%	91.8%	No statistical variation
PCA rate (number of PCAs).	1.1% (1)	5.6%	4.9%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	80.3%	76.4%	75.9%	No statistical variation
PCA rate (number of PCAs).	12.9% (134)	8.6%	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

- At the previous inspection in October 2019, we found that the practice's performance on quality indicators related to patients with diabetes was below the local and national averages. At this inspection in August 2021, we noted the practice had taken steps to improve the outcomes for patients with diabetes and demonstrated improvements.
- We noted the practice had achieved 72 points out of 73 points in recent Quality Outcomes Framework (QOF) results in 2020/21. This was unverified and unpublished data.
- The practice informed us they had one of the highest number of patients (7% of the patient's list size) with diabetes in the locality.
- The practice was working with external specialist professionals and a diabetic nurse consultant visited the practice between February and August 2019 to undertake training sessions. The practice had provided relevant training to ensure they had staff trained to work with patients who have diabetes.

- The practice had two nurses with a specialist interest in diabetes and they were working closely with external specialist professionals.
- The practice had taken part in a project called The Productive General Practice Quick Start programme in January 2021 which had focused on improving the outcomes for patients with diabetes.
- The practice was in the process of starting a Health Wellbeing Coaching programme for patients with diabetes and the first session was planned for 16 August 2021. This programme involved an external coach visiting the practice and working with a group of 10 patients once a week and they would be reviewed after six and 12 weeks. This is a 12 weeks programme.

Findings

- Childhood immunisations were carried out in line with the national childhood vaccination programme. However, childhood immunisation uptake rates were below the World Health Organisation (WHO) targets for four out of five immunisations measured in 2019/20. The practice explained that this was due to the transient population and known cultural challenges within the practice population. The practice informed us that a number of patients were from a European background and they might have childhood immunisation carried out in their native European countries, but this information was not shared with the practice.
- The practice had taken steps to improve the childhood immunisation uptake and informed us they were working closely with the health visitors to overcome the barriers. The practice had conducted a thorough analysis of the data and identified targeted areas to improve performance. These areas included: management of data; staff knowledge and awareness; monitoring targets; immunisation history at registration; recall system; follow-up of nonattenders; educating families; access to appointments; and removal of patients who have moved out of the area.
- At this inspection, the practice had provided data held in Open Exeter for the quarter July 2020, which demonstrated improvement. The practice percentage had increased to 91% for immunisations and 91% for boosters. However, this data was not comparable to the data included in the table below.
- 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.
- 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)	213	231	92.2%	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)	189	225	84.0%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2019 to 31/03/2020) (NHS England)	196	225	87.1%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)	190	225	84.4%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)	173	214	80.8%	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>

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- 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 medication 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)	61.0%	62.1%	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)	44.1%	51.4%	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)	95.2%	93.5%	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)	32.4%	57.6%	54.2%	No statistical variation

Any additional evidence or comments

- The practice was aware of these results and explained that this was due to the transient population and known cultural challenges within the practice population, which had an impact on the cervical and bowel screening uptake.
- The practice had taken steps to encourage the uptake. For example, there was a policy to send reminder letters and text messages to patients who did not attend for their cervical screening test. The practice had shared information on their website and sent bulk messages to patients with information and support available in different languages.
- The practice had organised dedicated smear clinics targeting 40 patients per week and offered the appointments during weekdays and on Saturdays. The practice informed us the patients

were able to book cervical screening appointments on Saturdays, which were offered under the Primary Care Network (PCN) arrangement.

- We noted cervical cancer screening rates had increased from 54% in 2017/18 to 62% (Snapshot data for the quarter to 31 March 2021 provided by the Public Health England).
- The practice had shared recent Quality Outcomes Framework (QOF) results (2020/21) and informed us they had achieved 81% cervical cancer screening rates for patients aged 25-49 years and 81% screening rates for patients aged 50-64 years old. However, this unverified QOF data 2020/21 which was not comparable with the Public Health England published data (Snapshot date: 31/03/2021) included in this report. The cervical screening QOF indicator was used to calculate the payment the practice received, not the number of women screened. It included women who had been invited but who had not attended. In addition, it did not measure whether women had been screened at the appropriate time according to their age.
- The practice had a system to ensure results were received for all samples sent for the cervical screening programme. The practice had established failsafe systems to follow up women who were referred to as a result of abnormal results.
- The practice had taken part in a project called The Productive General Practice Quick Start programme in January 2021 which helped them to develop plans to improve cervical screening uptake.
- The practice had taken steps to encourage bowel cancer screening uptake. For example, all Do Not Attend (DNA) report was appropriately coded on the system and a letter was sent to the patient. In addition, a dedicated member of staff followed this up with a telephone call to encourage the uptake.
- The practice had recently joined a bowel screening uptake project with the local CCG and they would be making telephone calls to the practice's patients to encourage the uptake.
- Staff had attended a training session with the health improvement principal from St Marks bowel cancer screening in July 2021.
- We noted bowel cancer screening rates had increased from 36% in 2017/18 to 44% in 2019/20. (according to the Public Health England data).
- The practice informed us that a dedicated member of staff had been employed to deal with recalls.
- The practice had recruited one more nurse since the previous inspection to allow offering additional appointments.

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 the 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>	95.3%	85.3%	85.4%	No statistical variation
PCA* rate (number of PCAs).	0.0% (0)	10.0%	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>	87.2%	82.6%	81.4%	No statistical variation
PCA rate (number of PCAs).	0.0% (0)	5.5%	8.0%	N/A

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

Monitoring care and treatment

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

Indicator	Practice	England average
Overall QOF score (out of maximum 559)	556	533.9
Overall QOF score (as a percentage of maximum)	99.5%	95.5%
Overall QOF PCA reporting (all domains)	10.7%	5.9%

	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

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

<ul style="list-style-type: none">The practice had carried out repeat clinical audits to review the appropriateness of medicine used to treat bipolar disorder and severe depression. The practice had carried out repeat clinical audits, which demonstrated 100% of patients had the necessary monitoring tests carried out within recommended time frame.The practice had carried out repeated clinical audits to review the appropriateness of antibiotic medicine (used to treat urinary tract infections). The clinical audits demonstrated that antibiotic medicines were being prescribed appropriately in line with national guidance.
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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">The practice could have had appropriate formal clinical supervision arrangements in place to review and monitor their prescribing decisions and clinical performance.	

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.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y

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

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

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> For reasons of safety and infection prevention and control related to the COVID-19 pandemic, we did not commission patient feedback with CQC comment cards. 	

Source	Feedback
Interviews with patients	<ul style="list-style-type: none"> We did not speak with any patients due to infection prevention and control measures that were in place for patients and our inspection team during the COVID-19 pandemic.
Discussion with the Patient Participation Group (PPG)	<ul style="list-style-type: none"> Three members of the Patient Participation Group (PPG) we spoke with said they were listened to and treated with respect, dignity and kindness. They told us clinical staff were accessible and showed empathy. They told us the administrative staff were friendly and helpful.

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)	75.0%	87.7%	89.4%	Variation (negative)
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)	74.0%	86.0%	88.4%	Variation (negative)
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)	88.0%	94.2%	95.6%	Variation (negative)
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)	74.4%	80.9%	83.0%	No statistical variation

Any additional evidence or comments

- Feedback we had received from the Patient Participation Group (PPG) members during this inspection was positive about the way staff treated people. PPG members said they were treated with care and concern and had confidence and trust in the healthcare professional they saw or spoke to.

The practice had carried out two internal surveys in December 2019 (8 responses received) and August 2021 (27 responses received).

According to December 2019 survey the practice had achieved excellent or good scores:

- 88% for the indicator relevant to the healthcare professional was good or very good at treating patients with care and concern.
- 88% for the indicator relevant to the last GP appointment had confidence and trust in the healthcare professional they saw or spoke to.
- 100% for the indicator relevant to the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them.

According to August 2021 survey the practice had achieved excellent or good scores:

- 77% for the indicator relevant to the healthcare professional was good or very good at treating patients with care and concern.
- 77% for the indicator relevant to the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them.

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

Any additional evidence
<ul style="list-style-type: none"> • The practice had carried out two internal surveys in December 2019 and August 2021 respectively. • The practice informed us they had not carried out the NHS friends and family test (FFT) survey due to the ongoing pandemic.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Easy read and pictorial materials were available. 	

Source	Feedback
Discussion with the patient participation group (PPG) members.	<ul style="list-style-type: none"> • Feedback from PPG members demonstrated they felt involved and that their personal decisions were taken into account. • PPG) members told us they felt listened to and supported by their doctor and had sufficient time during consultations.

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)	83.9%	90.4%	92.9%	Variation (negative)

Any additional evidence or comments

- PPG members we spoke with informed us they felt involved as much as they wanted to be in decisions about their care and treatment.

	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.	N/A
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"> The practice had multi-lingual staff who might be able to support patients when required. Written information was available for carers on the practice website to ensure they understood the various avenues of support available to them. Primary medical services had been advised to declutter and remove leaflets from practice premises at the start of the COVID-19 pandemic in March 2020. This was in line with current infection prevention and control national guidance during the pandemic. 	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 172 patients as carers (1% of the practice patient list size) compared to 57 patients during the previous inspection.
How the practice supported carers (including young carers).	The practice's computer system alerted GPs if a patient was also a carer. They were being supported by offering health checks and referral for social services support.
How the practice supported recently bereaved patients.	Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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.	Y
Consultation and treatment room doors were closed during consultations.	Y
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff recognised the importance of patients' dignity and respect. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none">• The practice understood the needs of its population and tailored services in response to those needs. For example, the practice was proactive in offering online services, which included online appointment booking; an electronic prescription service and online registration.• Due to the COVID-19 pandemic, the practice made structural changes in the premises. They had installed three new doors to facilitate the entry directly into the consultation rooms from the rear car park. They had built a temporary outdoor waiting area in the rear car park. They had built a new porch at the front of the building and introduced one way system on the premises.• The practice made reasonable adjustments when patients found it hard to access services. For example, there were accessible facilities, which included a hearing loop, a disabled toilet and a baby changing facility. The premises were accessible to those with limited mobility and had an automatic door activation system installed to assist patients with mobility issues.• The practice website was well designed, clear and simple to use featuring regularly updated information. The practice website included a translation facility.• The practice sent text message reminders of appointments.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am-6.30pm
Tuesday	8am-6.30pm
Wednesday	8am-6.30pm
Thursday	8am-6.30pm
Friday	8am-6.30pm
Appointments available:	
Monday	8am-6pm
Tuesday	8am-6pm
Wednesday	8am-6pm
Thursday	8am-6pm
Friday	8am-6pm
Extended hours opening:	
Saturday [at the practice under the Primary Care Network (PCN) arrangement]	8.30am-3.30pm (Nurse only)
Monday and Friday (at local GP hub)	6.30pm-8pm
Saturday to Sunday (at local GP hub)	8am-8pm

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- An in-house phlebotomy service was offered onsite, resulting in patients who required this service not having to travel to local hospitals. Patients from other local practices were also able to book an appointment for the phlebotomy service at the practice.

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. Records we looked at confirmed this.
- 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.
- The practice was open until 6.30pm Monday to Friday. Pre-bookable appointments were also available to all patients at additional hub locations within the area. Appointments were available Monday to Friday from 6.30pm to 8pm, Saturday and Sunday from 8am to 8pm at hub locations. This extended hours service was funded by the local CCG. In addition, the practice nurse appointments were available at the premises on Saturday from 8.30am to 3.30pm, under the Primary Care Network (PCN) arrangement.

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 provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

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

Population group rating: Good

Findings

- 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.

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).	Y
Patients were able to make appointments in a way which met their needs.	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y
There were systems in place to support patients who face communication barriers to access treatment.	Y
Patients with urgent needs had their care prioritised.	Y
The practice had systems to ensure patients were directed to the most appropriate person to respond to their immediate needs.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none">• Due to the COVID-19 pandemic, appointments were offered and undertaken by telephone, video consultation and on a face to face basis when necessary. Staff notified patients of these access changes via text message, notices on the front door and when patients telephoned the practice.• The practice utilised an online triage system which was accessible via their website. The aim of using online triage was to provide a more convenient way for patients to communicate with the practice, as well as empowering and educating the patient on self-care options. The system allowed patients to submit information about their symptoms, request doctors' letters, ask about test results, or review information on common problems. The practice responded to these requests the next working day. If queries were clinical in nature, they were allocated to a GP for review. The GP would provide feedback via the portal, or request the patient book an appointment.• The practice informed us they supported access for people with different communication needs. For example, telephone or face to face appointments for patients who did not have access to a smartphone or computer, and the use of interpretation services during telephone and video consultations.• Patients attending the practice were informed to attend appointments alone (when possible) and wear a face covering.	

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)	56.6%	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)	61.7%	71.4%	70.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	55.5%	68.2%	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)	70.7%	78.4%	81.7%	Tending towards variation (negative)

Any additional evidence or comments

- Results from the annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below the local and national averages in all indicators.
- The practice informed us they had taken steps to improve the access to care and treatment since our last inspection. For example:
- The practice had 16,220 patients registered with the practice. On the day of the inspection, we found the practice had added three additional clinical sessions with a GP and offered 55 GP clinical sessions per week on average.
- The practice had recruited a new practice nurse (10 hours per week) and a new clinical pharmacist (10 hours per week). In addition, a clinical pharmacist (employed by the primary care network) was offering 40 hours per week at the practice. Two Advanced nurse practitioners (ANPs) and two clinical pharmacists were prescribers.
- Clinical pharmacists were involved in carrying out structured medical reviews of patients with long term conditions and prescribing audits for the practice.
- Pre-bookable appointments with a GP could be booked up to one week in advance, same day urgent appointments were also available for patients that needed them. The practice informed us they had introduced this arrangement to reduce the high rate of 'do not attend' (DNA) appointments. Pre-bookable appointments with a nurse could be booked up to four weeks in advance.
- Out of hours (111) service was able to book the appointments directly into the practice's appointment booking system and on average 20 appointments per day were reserved for them.
- The practice had recruited additional non-clinical staff (additional 75 hours per week) to focus on the calls and recalls system. The practice informed us this had also helped in reducing telephone waiting times.
- Staff members we spoke with informed us that the new telephone system (installed in 2019) had helped in reducing telephone waiting times. The practice manager was carrying out mystery calls to monitor how long it was taking to answer the telephone calls.

Source	Feedback
Discussion with the patient participation group (PPG) members	<ul style="list-style-type: none"> Three members of the patient participation group (PPG) we spoke with praised for efficiently adapting the service in line with the evolving pandemic, whilst maintaining an accessible and supportive service. They informed us that the practice had tried to improve the access to the service, but further improvement was required. Two of the PPG members had said that the availability of appointments and waiting times could be improved further to ensure continuity of care. They were satisfied with the online access provided by 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.	25
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from the analysis of trends. It acted as a result to improve the quality of care. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
Communication at the practice	The practice had revised the communication pathway and tasks were delegated to ensure effective communication with in the practice and a timely response to the patients.

Well-led

Rating: Good

At the previous inspection in October 2019, we rated the practice as requires improvement for providing well-led services because:

- The practice had failed to address some concerns highlighted during the previous inspection in a timely manner which included monitoring the prescribing competence of non-medical prescribers and the management of blank prescriptions.

At this inspection in August 2021, we found that the practice had demonstrated improvements and is rated as **good** for providing well-led services.

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">Staff we spoke to were complimentary about the leadership at the practice. We were told that the leaders were approachable, supportive and inclusive.	

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.	Y
There was a realistic strategy to achieve their priorities.	Y
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice statement of purpose included the practice's aims and objectives. This included to provide a dedicated, efficient and patient orientated approach to health care. This included to provide the highest quality NHS healthcare services, which was monitored, audited and continually improving.	

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's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	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	<p>We spoke with a mix of staff during the inspection:</p> <ul style="list-style-type: none"> • All the staff interviewed reported a positive experience of working at the practice. • Staff described a positive learning environment where they were supported and encouraged to complete training and professional development. • Staff felt they were treated equally. • We were informed that the practice culture was one of being open and supportive of one another. • Clinical staff said they had prompt access to the senior GP when they needed clinical advice.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice had demonstrated significant improvements in governance arrangements compared to the previous inspection.• The practice had established proper policies and procedures.• The practice had implemented a formal monitoring system to ensure effective monitoring of blank prescription forms and the management of legionella in the premises.• Infection control procedures were implemented and monitored effectively.	

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance. However, some improvements were required.

	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.	Partial
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice had developed and implemented action plans to address the issues identified during the previous inspection.• There were processes to ensure risks to patients were assessed and well managed in most areas, with the exception of those relating to the recruitment checks.	

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.	Y
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Y
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Y
The practice actively monitored the quality of access and made improvements in response to findings.	Y
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Changes had been made to infection control arrangements to protect staff and patients using the service.	Y
Staff were supported to work remotely where applicable.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had undertaken internal risk assessments in response to the Coronavirus pandemic. This included reviewing on-site activity, protecting people at high risk, handwashing, social distancing, and managing transmission risk. The practice had made significant structural changes in the premises to mitigate the infection transmission risk. Due to the COVID-19 pandemic, appointments were offered and undertaken by telephone, video consultation and on a face to face basis when necessary. 	

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
There were effective arrangements for identifying, managing and mitigating risks.	Partial
Staff whose responsibilities included making statutory notifications understood what this entails.	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

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Patients had a variety of means of engaging with the practice all of which were effective: text messages, emails and complaints/comments.• Staff feedback highlighted a strong team with a positive supporting ethos.• Staff said the leadership team asked for their feedback and suggestions about the way the service was delivered. Staff meetings were held regularly.• The practice worked closely with their Primary Care Network (PCN). This was particularly evident at the onset of the pandemic, when communication with the PCN was regular.	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none">• We spoke with three Patient Participation Group (PPG) members and they were positive about the care and treatment offered by the practice, which met their needs.• Feedback from the PPG members about the service and staff was positive. They said things had improved since the previous inspection.• They said the staff were caring and receptionists were friendly and helpful.• There was evidence that the practice engaged with the PPG and involved them in discussions relating to the service. We saw PPG meeting minutes.• They told us that their views and ideas were listened to and accommodated as much as possible.

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 could demonstrate a clear focus on improving the service. We saw action plans in response to areas that needed improving, such as cancer screening uptake and patient feedback.
- We were told about training and development opportunities for staff to progress within their careers.
- We saw the clinical staff was supported to develop as an advanced nurse practitioner and supported to complete the prescribing course.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- All staff received individualised training opportunities which were discussed at their appraisals. The practice used this information to inform its overall training plan.
- The practice had taken part in a project called The Productive General Practice Quick Start programme in January 2021 which had focused on improving the outcomes for patients with diabetes and helped in developing plans to improve cervical screening uptake.
- The practice was in the process of starting a Health Wellbeing Coaching programme for patients with diabetes.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **PHE:** Public Health England.
- **QOF:** Quality and Outcomes Framework.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
- ***PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#)). Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.
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- % = per thousand.