

Care Quality Commission

Inspection Evidence Table

Westcotes GP Surgery (1-4056332034)

Inspection date: 9 December 2020

Date of data download: 02 December 2020

Overall rating: Good

The practice had previously received a comprehensive inspection in October 2019 when it received an overall rating of inadequate. The safe, effective and well-led domains were rated as inadequate, and the caring and responsive domains were rated good. All population groups were rated as inadequate. The practice was placed in special measures and two warning notices were issued against the provider.

We carried out a follow up inspection in February 2020 to check that the provider had addressed the concerns highlighted within the two warning notices, relating to safe care and treatment. We found that the provider had taken action and the warning notices had been complied with.

We undertook this comprehensive inspection in December 2020 to check that the provider had addressed the remaining concerns identified at the comprehensive inspection of October 2019 and to determine if they had made sufficient improvements to be taken out of special measures.

Following our inspection in December 2020, the practice is rated as good overall. The practice is rated good for providing safe, caring, responsive and well-led services and requires improvement for effective services.

Population groups were rated as requires improvement for families children and young people, working age people and good for people with long term conditions, people whose circumstances make them vulnerable, and people experiencing poor mental health (including people with dementia) in the effective domain. All population groups are rated as good in the responsive domain.

The practice has been taken out of special measures.

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

Safe

Rating: Good

At our previous comprehensive inspection of October 2019, the practice received a rating of inadequate for providing safe care. This was because:

- Systems and processes to assess, monitor and manage risks to patient safety such as monitoring of high-risk medicines did not provide assurance that safety was routinely maintained.

We carried out an announced focused inspection in February 2020. This inspection was undertaken to check that the provider had addressed the concerns highlighted within the two warning notices identified at our previous inspection in October 2019 in relation to safe care and treatment. This inspection showed the warning notices for safe and well led had been met.

At this inspection in December 2020, we found improvements had been sustained and the practice is therefore now rated as good for providing safe care.

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes

At the 2019 inspection we found the practice did not operate effective systems to enable staff to identify vulnerable patients. At this inspection we found the practice had established a system for coding patients on records where appropriate and all staff were aware that certain patients might need additional time or be prioritised to ensure safe care was provided. We saw that this included safeguarded patients and those at risk of female genital mutilation (FGM).

Safeguarding meetings were being held on video conferencing during the pandemic and included a multidisciplinary team external to the practice including health visitors and other key representatives. These meetings were minuted and available to attendees and those relevant staff if they were unable to attend.

Staff had undergone relevant training and there was both a clinical and non-clinical safeguarding lead

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
At the 2019 inspection we found the practice did not routinely include up to date information regarding staff immunisations and pre-employment health checks. At this inspection we found staff records were comprehensive and health checks and inductions were well managed.	
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: January 2020	Yes
There was a record of equipment calibration. Date of last calibration: June 2020	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: Completed in the last 12 months	Yes
There was a log of fire drills. Date of last drill: April 2020	Yes
There was a record of fire alarm checks. Date of last check: March 2020	Yes
There was a record of fire training for staff. Date of last training: Completed in the last 12 months	Yes
There were fire marshals.	Yes

A fire risk assessment had been completed. Date of completion: March 2020	Yes
Actions from fire risk assessment were identified and completed.	Yes

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: March 2020	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: March 2020	Yes
The practice were able to provide evidence showing improvements had been made as a result of risk assessments and changes as a result of COVID19 were regularly made when guidelines recommended change.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit:	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence:	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes

Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
Explanation of any answers and additional evidence:	
At the 2019 inspection we found staff were unable to demonstrate comprehensive medicines reviews took place. During this inspection we found a system was in place for medicine reviews which was supported by a CCG pharmacist and managed by the lead GP.	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
At the October 2019 inspection we found the systems for managing test results was not safe. At this inspection we were assured the systems put in place were safe and the GPs had oversight of results when they were scanned into the system and able to make changes to prescriptions and recall patients for further investigation when appropriate.	

Appropriate and safe use of medicines

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

Clinical System one 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) (01/01/2020 to 31/12/2020) (NHS Business Service Authority - NHSBSA)	0.45	0.65	0.76	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). (01/01/2020 to 31/12/2020) (NHSBSA)	0.3%	9.5%	9.5%	Significant Variation (positive)
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 (01/07/2020 to 31/12/2020) (NHSBSA)	5.11	4.72	5.33	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (NHSBSA)	Not Available	Not Available	Not Available	Not Available
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU)(01/01/2020 to 31/12/2020) (NHSBSA)	0.41	0.87	0.67	No statistical variation

Clinical System two 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) (01/10/2019 to 30/09/2020) (NHS Business Service Authority - NHSBSA)	0.44	0.72	0.82	Significant 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). (01/10/2019 to 30/09/2020) (NHSBSA)	5.7%	8.8%	8.8%	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 (01/04/2020 to 30/09/2020) (NHSBSA)	3.36	4.77	5.34	Tending towards variation (positive)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/04/2020 to 30/09/2020) (NHSBSA)	105.7%	87.0%	124.1%	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2019 to 30/09/2020) (NHSBSA)	0.30	0.88	0.68	Variation (positive)

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes

Medicines management	Y/N/Partial
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At the October 2019 inspection we found that the practice was not ensuring changes made to authorize and prescribe medicines were completed by a qualified prescriber. During this inspection we found the practice had a system in place to ensure only GPs could amend prescriptions.</p> <p>At the 2019 inspection we found issues with the review of medicines and monitoring patients' health in relation to high risk medicines. At this inspection, we ran a pre-inspection audit of medicines which could cause potential harm if not monitored and prescribed within guidelines. This audit showed the practice had implemented systems which kept patients safe and regularly reviewed results in accordance to guidelines.</p> <p>At the 2019 inspection we found the practice did not stock emergency medicines recommended by national guidance instead relying on emergency ambulance to treat patients rather than the practice team being responsible for timely care. At this inspection we found the practice had stocked all required medicines and had a selection of emergency equipment such as oxygen, a defibrillator and other items to provide emergency treatment.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	Yes
Number of events that required action:	Yes
Explanation of any answers and additional evidence:	

At the 2019 inspection we found clinical staff were not always informed about significant events and didn't have access to significant event logs. At this inspection we found all staff we spoke to had an awareness of recent significant events and could access the log on the shared computer system. Significant events were also reviewed at clinical and non-clinical meetings.

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

Event	Specific action taken
Power Failure	The practice experienced power failure which meant certain systems no longer worked. The practice worked on paper where appropriate and transferred vaccines to the sister practice to ensure the cold chain was maintained.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
We saw actions taken from recent safety alerts and our audit prior to inspection revealed patients were treated in accordance to latest guidelines.	

Effective

Rating: Requires Improvement

At our previous comprehensive inspection in October 2019, the practice received a rating of inadequate for providing effective services. This was because:

- The practice was unable to demonstrate clinical oversight or effective processes in several areas; specifically, in the areas of medicines management and co-ordination of long-term conditions.

At this inspection in December 2020, we found improvements had been made and the practice is therefore now rated as requires improvement for providing effective services. This is because:

- Although systems and processes were now in place and the practice staff were allocated areas of specialty to ensure patients are appropriately managed, the data shows the practice is below the national average in the indicators for providing care, and changes will take time to show improvements in areas such as long term conditions management.

Effective needs assessment, care and treatment

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

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

Older people

Population group rating: Good

Findings

- There was monthly monitoring of the practice dashboard to ensure all admissions to secondary care had been reviewed and appropriate follow up care put in place. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- 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 carried out structured annual medication 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. The practice had carried out a campaign for the shingles immunisation to increase awareness.

People with long-term conditions

Population group rating: Requires Improvement

Findings

- Although systems and processes had been established and the practice staff were allocated areas of specialty to ensure patients were appropriately managed, verified data showed the practice was below the national average. The practice was able to show how their performance was improving via unverified data, although the changes would take time to show improvements and be reflected in published and verified data.
- We found patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. This was supported by local teams for those with complex needs to ensure coordinated care was delivered.
- The practice nurse and GPs, who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice shared clear information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice worked to identify patients with commonly undiagnosed conditions such as diabetes

Clinical System one 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	69.6%	76.9%	76.6%	No statistical variation

includes an assessment of asthma control using the 3 RCP questions.(01/04/2019 to 31/03/2020) (QOF)				
PCA* rate (number of PCAs).	0.0% (0)	5.7%	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)	88.9%	89.7%	89.4%	No statistical variation
PCA* rate (number of PCAs).	0.0% (0)	9.3%	12.7%	N/A

The percentage of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) (QOF)	63.2%	82.5%	82%	Tending towards variation (negative)
PCA* rate (number of PCAs).	5% (1)	3.7%	5.2%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months (01/04/2019 to 31/03/2020) (QOF)	62%	67.7%	66.9%	No statistical variation
PCA* rate (number of PCAs).	12.3% (7)	10.4%	15.3%	N/A
The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) (QOF)	57%	73.2%	72.4%	Tending towards variation (negative)
PCA* rate (number of PCAs).	6.6% (9)	4.6%	7.1%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2019 to 31/03/2020) (QOF)	87.5%	93.6%	91.8%	No statistical variation
PCA* rate (number of PCAs).	0.0% (0)	3.4%	4.9%	N/A

Clinical System two 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)	78.3%	76.9%	76.6%	No statistical variation

PCA* rate (number of PCAs).	6.1% (3)	5.7%	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)	85.2%	89.7%	89.4%	No statistical variation
PCA rate (number of PCAs).	0.0% (0)	9.3%	12.7%	N/A
The percentage of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) (QOF)	16.7%	82.5%	82.0%	Significant Variation (negative)
PCA rate (number of PCAs).	0.0% (0.0)	3.7%	5.2%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months (01/04/2019 to 31/03/2020) (QOF)	55.4%	67.7%	66.9%	No statistical variation
PCA rate (number of PCAs).	4.4% (3.0)	10.4%	15.3%	N/A
The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) (QOF)	46.4%	73.2%	72.4%	Significant Variation (negative)
PCA rate (number of PCAs).	5.1% (6.0)	4.6%	7.1%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2019 to 31/03/2020) (QOF)	100.0%	93.6%	91.8%	No statistical variation
PCA rate (number of PCAs).	12.5% (1)	3.4%	4.9%	N/A

Any additional evidence or comments

We have showed separate data in our evidence table for the two clinical systems operated by Westcotes GP surgery. The data reflects the provider's two separate patient lists for patients registered at Westcotes GP surgery one and Westcotes GP surgery two (WC one and WC two).

During this inspection we found the unverified QOF data had improved for this year with two months still to run. At our previous inspection, the practice told us it had lost significant nursing time during the previous QOF period which was reflected in the data. However, changes made to improve on this, such as additional nursing time and structured reviews, were yet to be verified or embedded.

Families, children and young people

Population group rating: Requires Improvement

Findings

- The practice had not met the minimum 90% for two of four childhood immunisation uptake indicators.
- The practice contacted the parents or guardians of children due to have childhood immunisations. They also had a process in place for children who failed to attend for immunisations and would work through a system to ensure every opportunity was made available, in conjunction with the health visiting team when necessary.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care.
- 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.

Clinical System one Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
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) <small>NHS England</small> <small>England</small>)	21	25	84.0%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster)(01/04/2019 to 31/03/2020) <small>(NHS England)</small> <small>England</small>)	15	18	83.3%	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	16	18	88.9%	Below 90% minimum

Hib/MenC booster)(01/04/2019 to 31/03/2020) (NHS England)England)				
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)	16	18	88.9%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR)	Not Available	Not Available	Not Available	Not Available

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>

Clinical System two 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) (01/04/2018 to 31/03/2019) (NHS England)	15	18	83.3%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	22	23	95.7%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	22	23	95.7%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	21	23	91.3%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2018 to 31/03/2019) (NHS England)	7	9	77.8%	Below 80% uptake

Any additional evidence or comments

We have showed separate data in our evidence table for the two clinical systems operated by Westcotes GP surgery. The data reflects the provider's two separate patient lists for patients registered at Westcotes GP surgery one and Westcotes GP surgery two.

Following our inspection, the provider shared with us details of how they were encouraging uptake and submitted recent, unverified childhood vaccinations data, which has indicated some ongoing improvement.

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- The recent data for cancer screening uptake was not in line with national or local averages. Although unverified data we saw during the inspection showed improvement in this area, due to increased nursing time and a more systematic approach to patient care, the changes made by the practice require more time to show an embedded improvement in the data.
- 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.

Clinical System one 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: 01/07/2020 to 30/09/2020) (Public Health England)	53.9%	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)	69.2%	62.2%	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)	51.5%	Not Available	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. (to) (PHE)	Not Available	Not Available	Not Available	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)	42.9%	53.4%	54.2%	No statistical variation

Clinical System two 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: 30/06/2020) (Public Health England)	53.9%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	57.6%	63.3%	71.6%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2018 to 31/03/2019) (PHE)	30.0%	43.7%	58.0%	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)	0.0%	92.1%	92.7%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) (PHE)	20.0%	50.3%	53.8%	No statistical variation

Any additional evidence or comments

We have showed separate data in our evidence table for the two clinical systems operated by Westcotes GP surgery. The data reflects the provider's two separate patient lists for patients registered at Westcotes GP surgery one and Westcotes GP surgery two (WC one and WC two).

Cervical cancer screening had been affected when there was a drop in practice nurse availability. At the time of this inspection, the practice had a new practice nurse who was prioritising cervical cancer screening and childhood immunisations, both of which the practice recognised were below than the CCG average. Unverified data we saw during this inspection showed the practice had achieved 77% for their cervical cancer screening. However, this still remained below the national target uptake of 80%. The practice was working with the CCG to catch up from the patients who did not undergo cancer screening and this was likely to be through a dedicated site for local practices to refer into.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice had same day appointments and longer appointments to be 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. Regular meetings using the gold standard framework took place to ensure coordinated care.
- 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 reviewed young patients at local residential homes.

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.
- During the pandemic the practice had ensured same day and longer appointments continued to be offered when required.
- There was a system for following up patients who failed to attend for administration of longterm medication.
- 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 awareness training in the last 12 months.

- Patients with poor mental health, including dementia, were referred to appropriate services

Clinical System one 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) (QOF)	61.5%	84.3%	85.4%	No statistical variation
PCA* rate (number of PCAs).	0.0% (0)	11.3%	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) (QOF)	75.0%	83.8%	81.4%	No statistical variation
PCA* rate (number of PCAs).	11.1% (1)	8.1%	8.0%	N/A

Clinical System two 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) (QOF)	70.0%	84.3%	85.4%	No statistical variation
PCA rate (number of PCAs).	23.1% (3)	11.3%	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) (QOF)	86.7%	83.8%	81.4%	No statistical variation
PCA rate (number of PCAs).	6.3% (1)	8.1%	8.0%	N/A

Any additional evidence or comments

At this inspection we saw unverified data which show improvement in the QOF scores in most areas. This was due to increased nursing availability and a more systematic approach to the review of patients with long term conditions. However, these changes were yet to be verified or embedded.

Monitoring care and treatment

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

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes
Quality improvement activity was targeted at the areas where there were concerns.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

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

There was an audit ensuring patients were being treated for cellulitis in accordance to local guidance. The initial audit showed that although the correct medicine was being prescribed but the recommended dose was not always in accordance with the guidance. Staff underwent a review of the local guidance together to ensure this was complied with. The audit will run again in March 2021 to assess the effectiveness of the changes.

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. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence:	

Coordinating care and treatment

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

Indicator	Y/N/Partial
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes

Consent to care and treatment

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

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

Policies for any online services offered were in line with national guidance.	Yes
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Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

National GP Survey results

Clinical System one 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(01/01/2020 to 31/03/2020) (GPPS)	83.1%	83.5%	88.5%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern(01/01/2020 to 31/03/2020) (GPPS)	70.5%	82.3%	87.0%	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 (01/01/2020 to 31/03/2020) (GPPS)	85.0%	91.8%	95.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice(01/01/2020 to 31/03/2020) (GPPS)	55.1%	72.3%	81.8%	Tending towards variation (negative)

Clinical System two 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 (01/01/2020 to 31/03/2020)	85.6%	83.5%	88.5%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2020 to 31/03/2020)	82.7%	82.3%	87.0%	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 (01/01/2020 to 31/03/2020)	84.8%	91.8%	95.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2020 to 31/03/2020)	69.0%	72.3%	81.8%	No statistical variation

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

Any additional evidence

We have showed separate data in our evidence table for the two clinical systems operated by Westcotes GP surgery. The data reflects the provider's two separate patient lists for patients registered at Westcotes GP surgery one and Westcotes GP surgery two (WC one and WC two).

The practice used the text messaging survey to monitor satisfaction with the care they deliver, this showed patients were positive about the care they received. However, the latest responses were reduced due the pandemic and less people being seen face to face.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

National GP Survey results

Clinical System one 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 (01/01/2020 to 31/03/2020) (GPPS)	83.9%	88.7%	93.0%	No statistical variation

Clinical System two 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 (01/01/2020 to 31/03/2020)	83.9%	88.7%	93.0%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: The practice had identified 72% of the patients spoke English as a first language. As a result, they had a process in place which utilised several of the multilingual staff. Patients were allocated clinical staff	

who spoke their first language when patients needed a consultation and used a language translation service when this option was not available.

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 61 carers which equates to 2% of the patient list.
How the practice supported carers (including young carers).	The practice had a carers lead who signposted patients to local groups and services. There was a practice pack available to new carers and this was available in different languages and was accessible to younger people.
How the practice supported recently bereaved patients.	If families had suffered bereavement, their usual GP contacted them, and they were invited in to speak with the GPs or if unable to attend the practice were sent a sympathy card. 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. The practice had bereavement packs which included information and details of support services available for the family.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

If the practice offered online services:

	Y/N/Partial
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
The practice recorded the consent from patients being referred into the local social prescribing lead.	

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.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence:	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
	8.30am to 12.00pm
Appointments available:	
Monday	8.30am to 6pm
Tuesday	8.30am to 6pm
Wednesday	8.30am to 6pm
Thursday	8.30am to 6pm
Friday	8.30am to 6pm
	8.30am to 12.00pm through a PCN hub

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice held slots for older patients who might not be able to access the telephone system in the morning, these were then utilised through the day for patients who required an appointment.
- There was a direct line for care homes to bypass the telephone system which meant residents at risk of admission were able to be seen as a priority.
- 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 held an open day for flu vaccines which Age UK attended to increase the uptake of the flu vaccine.
- The practice provided effective care coordination to enable older patients to access appropriate services

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment. This was coordinated by a GP as this ensured continuity and worked with local teams and the practice nurse to ensure monitoring was care was delivered appropriately.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services. This included specialist nurse services including stroke, COPD and diabetes.
- The practice held regular multidisciplinary team meetings to ensure patients at risk of admission or deterioration received coordinated care. 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

- Appointments were available until 6pm weekdays for school age children so that they did not need to miss school.
- We found there was joint working with health visitors, school nurses, midwives to share information for children at risk. 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.
- There was active enrollment for children into a local obesity programme.
- All parents or guardians calling with concerns about a child, as well as pregnant women 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. For example; the practice opened on a Saturday to allow access for those working in the week.
- Telephone and video consultations were available for those unable to attend clinics.
- There was online services to book appointments and for repeat dispensing.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travelers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travelers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice held meetings to the gold standards framework to ensure those on palliative care received coordinated care.
- During the pandemic the practice had audited the patient list for patients eligible to shield and ensured they received up to date guidance and care when required.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. For example; the practice had literature in easy to read formats and held health checks for those 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. There was a telephone protocol to flag patients in a state of crisis so clinicians could have additional time.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- There was an inhouse Improving Access to Psychological Therapies (IAPT) lead and follow up services were coordinated by the lead GP.

- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
There were Hub arrangements in place which enabled the practice to offer extended access appointments between 8am and 8pm Monday to Sunday and Saturday mornings at a neighboring practice. Home visiting was also supported by the DHU home visiting team when appropriate.	

National GP Survey results

Clinical System one 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(01/01/2020 to 31/03/2020) (GPPS)	55.4%	N/A	65.2%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment(01/01/2020 to 31/03/2020) (GPPS)	43.5%	55.2%	65.5%	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(01/01/2020 to 31/03/2020) (GPPS)	52.9%	57.2%	63.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered(01/01/2020 to 31/03/2020) (GPPS)	43.4%	65.8%	72.7%	Variation (negative)

Clinical System two 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 (01/01/2020 to 31/03/2020)	61.0%	N/A	65.2%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2020 to 31/03/2020)	49.8%	55.2%	65.5%	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 (01/01/2020 to 31/03/2020)	62.4%	57.2%	63.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2020 to 31/03/2020)	52.9%	65.8%	72.7%	No statistical variation

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.	Six
Number of complaints we examined.	Six
Number of complaints we examined that were satisfactorily handled in a timely way.	Six
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	None

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence:	

Example(s) of learning from complaints.

Complaint	Specific action taken
Access to national screening such as cervical screening.	Patient contacted and offered an apology. The practice commenced a recruitment campaign to increase the number of practice nurses. Staff were reminded to be more vigilant when monitoring the uptake of cervical screening.

Well-led

Rating: Good

At our previous comprehensive inspection in October 2019, the practice received a rating of inadequate for providing well-led services. This was because:

- The delivery of high-quality care was not assured by the leadership, governance or culture in place.

We carried out an announced focused inspection in February 2020. This inspection was undertaken to check that the provider had addressed the concerns highlighted within the two warning notices identified at our previous inspection in October 2019 in relation to good governance. We found that the governance process had improved and was now effective.

- At this inspection in December 2020, we found improvements had been sustained and the practice is therefore now 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.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Westcotes GP surgery was provided by a partnership comprising two GPs who held responsibility for the overarching leadership and management of the practice. The provider told us, for business continuity, one GP acted as a silent partner and they were not directly involved in the day to day running of the service. However, in the event of the principle GP being unable to work, the silent partner would be appointed as clinical lead.	
There had been a significant change to the leadership in June 2020. This initiated the lead GP moving into an increasingly managerial role in conjunction with support from the Primary Care Network who seconded a member of staff to act as the Practice Manager in the interim until the role was filled. At this inspection we found the practice had benefited from the greater involvement of the lead GP and the interim practice manager. Staff told us the working culture had become more open, supportive and this had led to increased patient care.	
When we talked to staff they told us the management would always consult them on ways to solve problems and they were always consulted on changes.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
At the October 2019 inspection a long term strategy for the practice was not in place and staff told us they were not sure what the values and vision were. At this inspection we found there was a long term plan for the practice which involved moving to a new building and combining with the sister practice. This was in conjunction with developing the leadership and adding nursing time by employing an additional nurse to support the patients. Staff also told us of the vales and vision of the practice which was to deliver good quality care in a personable way.	

Culture

The practice had a culture which drove high quality sustainable care

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<p>At the previous inspection staff told us they were not consulted on change, felt overt pressure from management and this had a negative impact on the way care was delivered.</p> <p>At this inspection staff told us, since the changes to leadership in June 2020, the practice had been very much more inclusive and a positive workplace in which to deliver patient care. There was a 'bottom up' line of management and regular meetings to ensure all staff were aware of the performance and objectives of the practice.</p>	

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
At this inspection we found protocols and systems had been implemented to ensure there was governance and oversight of the patient care and the way in which it was delivered.	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
During the pandemic the practice had reviewed guidance and local advice and made changes to the layout, Infection Prevention and control and the way patients were triaged and seen within the practice. There had been support from the CCG and PCN and management had made changes in a supportive way involving all staff.	

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 adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Any unusual access was identified and followed up.	Yes

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
There was an active Patient Reference Group (PRG) who meet every three months. However, this had been paused due to the pandemic and the practice was working with them to become virtual for the time being. The PRG members have received calls throughout the lockdown to get feedback on things they should be prioritising and the any issues the practice might not have considered.	

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.	Yes
Learning was shared effectively and used to make improvements.	Yes
The practice had undergone significant change in management whilst also dealing with the changes brought on from the pandemic. Staff told us that throughout this time, improvements and changes they had gone through were implemented sensitively and with thought for the way in which it effected patients and staff. The practice protected time for learning and development and ensured staff who wanted to develop were given the training and opportunity.	

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](#)).
- ‰ = per thousand.