

## Inspection Evidence Table

Buxton Medical Practice

(1-562389920)

**Inspection Date: 06/09/2023**

Date of data download: 17/08/2023

## Overall rating: Good

At our previous inspection in October 2015, we rated the practice as good in all 5 key questions, and good overall. At this inspection in September 2023, the practice retained these ratings and therefore remains rated as good overall.

## Context

The provider is registered with the Care Quality Commission (CQC) as a partnership to deliver the regulated activities; diagnostic and screening procedures, maternity and midwifery services, family planning, surgical procedures and treatment of disease, disorder or injury.

Buxton Medical Practice delivers services from one site near to the town centre. The practice is part of the High Peak and Buxton Primary Care Network (PCN), a wider network of 8 GP practices that work collaboratively to deliver primary care services.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the 7th decile (7 out of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is predominantly white at 97.9% of the registered patients, with estimates of 0.9% Asian, 0.3% Black, 1% mixed, and 0.1% other.

The percentage of older patients registered with the practice is 20.1% which is in line with the local average of 20.5%, but above the national average of 17.8%. The percentage of working age patients and young patients registered with the practice is in line with local and national averages.

There are 2 GP partners, 5 advanced nurse practitioners (ANPs), 3 practice nurses (2 of whom are nurse prescribers), and 1 healthcare assistant. The clinical staff are supported by a practice manager and assistant to the practice manager. An administration supervisor and reception supervisor manage a team of 14 reception and administrative staff.

At the time of our inspection, the practice was considering options for future sustainability acknowledging the national difficulties with GP recruitment. It was also experiencing pressures due to an influx of patients due to a local issue within primary care service provision.

# Safe

Rating: Good

## Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>The practice had comprehensive vulnerable adult and child safeguarding policies.</li><li>Alerts were placed on records to highlight patients with safeguarding concerns. The practice informed us that they were working on a solution to ensure links between known safeguarding concerns to family members, or other individuals residing in the same property, were embedded into their IT system.</li></ul>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>We found that safe recruitment checks had been completed. Risk assessments had been completed for information that was not available for those staff who had been in post for a number of years.</li><li>The practice had access to Additional Roles Reimbursement Scheme (ARRS) staff through their primary care network. We saw that all these staff had confirmation of successful pre-employment checks in place.</li></ul>	

- We saw evidence of staff vaccinations relevant to individual roles. Some staff were in the process of attending occupational health to obtain evidence of immunisations where this was not available. The practice had completed risk assessments to ensure safety whilst the assurances were being obtained.

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Y
Date of last assessment: 24 April 2023	Y
There was a fire procedure.	Y
Date of fire risk assessment: 1 September 2023	Y
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The practice organised an external health and safety contractor to undertake comprehensive and regular health and safety compliance checks. The most recent had been completed in April 2023, and the practice scored 99% compliance. The practice had developed an action plan in relation to 2 low risk issues that were identified; 1 had been resolved, and they were aware of the other minor issue and had a plan in place to address this in the future.</li> <li>• An Electrical Installation Condition Report (EICR) had been obtained for fixed wiring test. This was in date and due for review in 2027.</li> <li>• The practice was compliant with Controls of Substances Hazardous to Health (COSHH) Regulations to protect employees and other persons from the hazards of substances used in the workplace.</li> <li>• The premises had been assessed by a competent person to identify potential sources of Legionella growth and dissemination. This had most recently been completed in October 2022, and an action plan was in place to address those areas identified as needing attention. Systems were in place to monitor water temperatures and regular checks and sampling results were recorded.</li> <li>• The fire risk assessment was updated on an annual basis, we saw that the previous fire risk assessment had been completed in August 2022 and that actions had been addressed. We saw that fire equipment and fixtures were maintained and serviced on a regular basis.</li> <li>• Electrical and clinical equipment was regularly checked to ensure it was safe and worked accurately. Portable Appliance Testing (PAT) to ensure electrical equipment was safe was last completed on 30 August 2022, and was booked to be repeated in October 2023. Clinical equipment was last calibrated to ensure accurate readings in January 2023.</li> <li>• We saw that the use of risk assessments was embedded at the practice. We saw evidence of risk assessments covering a range of issues including manual handling; the handling of samples received from patients, and the use of display screen equipment. Controls had been identified to mitigate any risk.</li> </ul>	

## Infection prevention and control

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

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out.	Y
Date of last infection prevention and control audit: 15 April 2023	Y
The practice had acted on any issues identified in infection prevention and control audits.	Partial
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>A nurse was the identified infection prevention and control lead for the practice with the practice manager being the deputy lead. The practice told us they would source some additional training for the lead to support their role. We were not assured that the lead had sufficient capacity to do the role to full effect, but the practice manager supported as deputy lead.</li> <li>On the day of the inspection, we identified a small number of areas of non-compliance with infection control guidance which had not been identified through the in-house audit programme. However, the practice was receptive to our feedback and took immediate action to address the issues. For example, a longer term issue was the replacement of sinks with overflows. The practice told us they would consider this as part of a longer-term refurbishment strategy but in the interim, a risk assessment was put in place with control measures to minimise any associated risk.</li> <li>Following our inspection, the practice arranged for an external infection prevention and control audit to be undertaken by the infection control lead of a large local health provider. The practice used the outcomes from this to update their own action plan and provided us with evidence of how they would achieve longer-term full compliance with infection control standards.</li> </ul>	

## Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There were enough staff to provide appointments and prevent staff from working excessive hours.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice ensured there was sufficient cover to ensure access to urgent on-the-day appointments. Further to the departure of previous GP partners, the advanced nurse practitioners (ANPs) and GPs arranged cover to ensure there was normally only one of these 7 clinicians on leave at a time.</li> </ul>	

- Locums received an appropriate induction. The practice had a locum welcome pack containing relevant information to assist them with their work. Locums were invited into the practice before their start date to familiarise themselves with the practice in advance if they so wished, and also to spend time with the secretary to review the referrals process. The practice would mostly use regular locums unless cover was required at short notice and the usual locums were not available.
- Receptionists had access to a list of red flag symptoms to help identify any presenting potential medical emergencies. Receptionists knew how to respond to emergency presentations swiftly by instantly messaging appropriate clinicians.
- A clinician was identified as the sepsis lead for the practice.

## 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 clear 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"> <li>• Our remote access to the practice system demonstrated effective processes were in place to deal with incoming correspondence and test results. At the time of our inspection, we found no delays in actioning these.</li> <li>• The practice employed an ex-health professional to summarise patient paper records. Despite a large and ongoing increase in the number of new patients transferring to the service, we saw that this was being managed promptly and kept under control.</li> </ul>	

## Appropriate and safe use of medicines

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

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

Indicator	Practice	SICBL average	England	England comparison
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Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2022 to 31/03/2023) (NHSBSA)	0.97	0.89	0.91	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2022 to 31/03/2023) (NHSBSA)	6.3%	7.5%	7.8%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2022 to 31/03/2023) (NHSBSA)	5.21	5.07	5.23	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2022 to 31/03/2023) (NHSBSA)	186.2‰	157.0‰	129.9‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2022 to 31/03/2023) (NHSBSA)	0.45	0.49	0.55	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2022 to 31/03/2023) (NHSBSA)	7.0‰	7.4‰	6.8‰	No statistical variation

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	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
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	Partial
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including medicines that require monitoring (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 and Improvement Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <p>Our remote review of patients' clinical records undertaken by our GP specialist advisor showed that patients' prescribed medicines that required monitoring were mostly managed safely. However, we identified a small number of issues where medicines management needed strengthening. For example:</p> <ul style="list-style-type: none"> <li>• We reviewed patients who were being prescribed a potassium sparing diuretic and the searches identified that 3 of 35 patients prescribed this medicine were overdue monitoring. We looked into these records and found 1 of these could be dismissed as there was a valid explanation as to why they did not need the recommended 6 monthly monitoring. Of the other 2 patients, 1 was slightly overdue although we saw that a home visit had been requested to do this on the day prior to our searches. The other patient had started taking the medicine in mid-August 2023 and so should have had a baseline blood test done, but we saw that the practice had arranged to see the patient within the following week to resolve this.</li> <li>• The remote searches identified 28 potential missed diagnosis of chronic kidney disease stage 3, 4 or 5 and we selected 5 patients to review in more depth. We found 4 of these patients did not meet the criteria to have the diagnosis; however 1 patient did have a diagnosis that had not been recorded and coded in their record. However, any impact on them was deemed negligible as they were continuing to receive ongoing monitoring by regular blood checks.</li> <li>• We reviewed the quality of medication reviews in the last 3 months by looking into 5 records of the 861 patients who had received a review. These had been undertaken by both GPs and pharmacists. We found that 3 of the 5 reviews had limited information and mostly consisted of a single code entry without reference to any medication, nor had the reviews considered specific criteria such as the efficacy of the medication in treating the condition. The GP partners accepted our findings and assured us they would take actions to strengthen the issues that had been identified.</li> <li>• All other search parameters for medicines that required monitoring showed no concerns, for example, patients prescribed disease-modifying antirheumatic drugs, and patients aged over 70 prescribed an antiplatelet or Non-Steroidal Anti-Inflammatory Drug (NSAID).</li> <li>• Following our inspection, the GP partners provided us with updates to demonstrate that the anomalies identified as part of our remote searches had been reviewed and acted upon.</li> <li>• The Integrated Care Board (ICB) Medicines Management Team told us that the practice was well engaged with the ICB and regularly attended the prescribing leads meetings held every 3-4 months. A member of the medicines management team worked regularly with the practice.</li> </ul>	



- We identified a minor issue relating to Patient Specific Directions (PSD). Whilst the practice was able to demonstrate that they operated PSDs safely, they responded to our feedback and strengthened the process by improving the quality of documentation.

## 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.	Partial
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	13
Number of events that required action:	13
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• One member of the practice team said they were not aware of how to report an incident as part of our staff questionnaire responses.</li> </ul>	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
The practice had received an influx of patients who had been registered elsewhere and found a number of concerns about the previous management of their health conditions.	The practice implemented a prescribing quality system for this cohort of patients. The practice records summariser was advised to be mindful of concerns when reviewing transferred records, and the summarising was done in conjunction with a medicines review by the prescribing pharmacists attached to the practice.
Four patients stated they had felt upset during consultations with a locum.	The GP partners reviewed consultation notes and found no concerns, but in response to patient feedback, they decided to stop using the locum in question.
A case was identified that the hospital had not prescribed an essential medicine for a patient following the procedure they had received.	The practice raised this as a significant event and sent an urgent letter for them to re-assess the patient.

Safety alerts	Y/N/Partial
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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"> <li>As part of the remote review of patient records, we reviewed a safety alert regarding a specific medicine used to lower blood sugar in adults with type 2 diabetes, which can cause a very rare complication of serious infection. The search identified 80 patients were prescribed this medicine and we analysed 5 of these in more depth. We found that all 5 had been provided with evidence of the potential risks, and what to do if they suspected anything was amiss.</li> </ul>	

## Effective

## Rating: Good

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

### Effective needs assessment, care and treatment

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

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

#### Explanation of any answers and additional evidence:

- Clinical staff told us they regularly discussed patients to obtain advice when this was needed. There was time to discuss clinical issues at a scheduled monthly meeting.
- Nurses had occasional meetings but these were generally informal. The nurses and advanced nurse practitioners did not meet as a professional group, but the monthly clinical meeting was used as the forum to discuss any concerns or interpretation of guidance.

## Effective care for the practice population

### Findings

- Patients received a full assessment of their physical, mental and social needs.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients..
- 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. However, the practice acknowledged that they had not delivered as many checks as required due to the health care assistant undertaking additional training. They were looking to seek additional health care assistant support to address this.
- All patients with a learning disability were offered an annual health check. We saw that 69% of the practice's 39 patients on the learning disability register had received a review in the last 12 months. We reviewed positive findings in a report from an external organisation which looked at the quality of the annual health checks.
- 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. One of the partners had previously helped to deliver a local service and therefore held expertise in this area.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.
- Patients with poor mental health, including dementia, were referred to appropriate services. Dementia support workers supported patients and their carers in their own homes, and signposted them to additional support services.
- A monthly menopause clinic had recently been set up by one of the advanced nurse practitioners.

## Management of people with long term conditions

### Findings

- Patients with long-term conditions were offered an annual review to check their health and medicines needs were being met. The system had recently been changed to ensure recalls could be completed earlier within the financial year in order to free up capacity to meet winter pressures. More pharmacy input was provided to the review process to assess prescribed medicines.
- Our remote clinical review of patient records identified that 41 of 350 patients with a diagnosis of asthma had received 2 or more courses of rescue steroids in the last 12 months. We reviewed 5 randomly selected patients of the 41 and saw that patients had mostly received an adequate assessment at the

time of prescribing rescue steroids. However, we found that 4 of the 5 patients had not been followed up to check on their response to treatment within a week of the acute asthma exacerbation in line with guidance. In addition, 3 of these patients were overdue an annual review. The partners provided us with a revised approach to asthma management further to our feedback. A practice protocol had been updated to both follow up the assessment and to review the inhaler technique of patients following oral steroids being prescribed. The importance of attending for an annual review would continue to be highlighted to this cohort of patients.

- Our searches identified 2 out of 23 patients with chronic kidney disease stages 4 or 5 who had not received the recommended blood monitoring within the last 9 months. The practice was in the process of trying to recall these patients for a blood test, and we saw that progress was achieved to complete this after our inspection.
- Only 3 of 309 patients with hypothyroidism had not had thyroid function test monitoring for 18 months. Two of these patients had only registered with the practice in the previous month and therefore would be picked up in due course. The practice had tried to engage the remaining patient to attend for a review without success. The partners told us they would address this by reducing the length of the repeat prescription to encourage greater compliance.
- We saw that the monitoring of patients with diabetic retinopathy (a complication of diabetes causing eye damage) with raised blood glucose levels was effective, with just 1 patient observed as being slightly overdue an annual review. Following our inspection, the practice confirmed that a medicine review had been completed but were waiting for the diabetes nurse specialist to complete the annual review.
- For patients with the most complex needs, clinicians 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.
- 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 chronic obstructive pulmonary disease were offered rescue packs.

Child Immunisation	Numerator	Denominator	Practice	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	62	68	91.2%	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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	90	94	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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	89	94	94.7%	Met 90% minimum

The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	90	94	95.7%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	75	88	85.2%	Below 90% minimum

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

#### Any additional evidence or comments

- The practice told us that the above target which fell short of the minimum target was largely due to a family who had declined to engage with the immunisation schedule. Attempts had been made to engage with them but they had not been successful. Non-engagers were raised through the safeguarding route for monitoring. Any child that was overdue immunisations had an alert placed on their record so that if they were seen for any reason, the clinician would be mindful to promote the vaccination programme to them.

Cancer Indicators	Practice	SICBL average	England	England comparison
Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	67.8%	N/A	62.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	72.8%	N/A	70.3%	N/A
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (31/03/2023 to 31/03/2023) (UKHSA)	69.4%	N/A	80.0%	Below 70% uptake
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2021 to 31/03/2022) (UKHSA)	52.9%	51.6%	54.9%	No statistical variation

#### Any additional evidence or comments

- Unverified data provided by the practice indicated that they were performing more highly on cervical screening uptake rates.
- Women due cervical screening were sent 2 text messages/letters as well as an additional letter after 2-month intervals. A telephone call was also made to the patient to confirm if they wished to decline.
- Alerts were placed on patients' records who were due cervical screening to enable effective opportunities for clinicians to promote and offer the uptake of smears.

- The practice sent information on the screening programme with the invitation letter. Notices were displayed in the premises to highlight the programme.
- Attempts had been made to raise awareness of the importance of the cervical cytology programme via a letter from the partners explaining the importance of cervical screening, but this did not improve the rate of screening performed.
- The practice offered the screening at any time during working hours to be flexible in accommodating patients' needs. The practice's evening extended hours access programme with the primary care network (PCN) included sessions for the cervical screening.
- Two of the practice nurses undertook the screening and the third nurse was completing their cytology screening training, ensuring good access to this service for patients.

## Monitoring care and treatment

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

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y
<p>Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years:</p> <ul style="list-style-type: none"> <li>• There was a comprehensive quality improvement plan in place. This largely focused on the future development of the practice as part of a longer-term sustainability strategy.</li> <li>• Audits were undertaken as part of the practice's quality improvement plan. Audits were both clinical and process driven targeted at new systems introduced into the practice. We saw that some audits had been repeated as a second cycle (or more) to assess improvements in outcomes.</li> <li>• An example of a clinical audit provided was 1 to review patients prescribed medicines used to help strengthen bones and reduce the risk of fractures in line with guidance. This identified that 47% (43) of the 91 patients prescribed a named medicine were due for a treatment monitoring review with a risk assessment and consideration for a bone (DEXA) scan; and 19% (8 patients) were clinically indicated for a DEXA scan treatment review. Some additional actions were taken for other patients and also areas where monitoring and review of this type of medicine could be improved were identified. A second cycle audit was planned in 12 months.</li> <li>• Process audits included an audit of scanned letters to ensure the quality of data coding, this had been undertaken over 4 cycles. This had led to the creation of many protocols to support the coding process. This demonstrated high quality coding and if any inaccuracies were identified, these could be corrected and learning was applied to improve accuracy and efficiencies.</li> </ul>	

- The practice had also developed their own medicines safety audits to complement those used by the CQC and available via searches. There were 9 proposed topics planned for medication safety audits including medicines used for mental health, heart failure, hormone replacement therapy and chronic kidney disease.

## 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.	Partial
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics and pharmacists.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The practice had previously had more GP partners but this had reduced to 2. This had been addressed by utilising more Advanced Nurse Practitioners, 5 were in post at the time of our inspection. This ensured patients had good access to on-the-day consultations.</li> <li>• Pharmacy support was available through the local Primary Care Network (PCN), and additional pharmacy input was also being provided by Derbyshire Healthcare United. The pharmacy teams assisted with routine medicine reviews, patient searches (for example, in relation to medicines alerts), switches to alternative medicines, and achievement of indicators within the quality and outcomes framework. In addition, they worked to support a recent influx of patients locally who required more extensive work on reviews of their prescribed medicines.</li> <li>• Other PCN staff supported the practice including dementia support workers, first contact physiotherapists, community psychiatric nurses, a care co-ordinator and a social prescriber. There was also access to a local home visiting service through the PCN.</li> <li>• Staff development was supported and encouraged. For example, the health care assistant was undertaking a nurse associate degree, and the practice manager was completing a managerial course with the Institute of Leadership and Management. An advanced nurse practitioner was mentoring the health care assistant on their course. Other staff informed us that the practice had supported them both financially and with time to attend courses that were appropriate to enhance their role.</li> </ul>	



- A GP partner was about to undertake the GP trainer's course to enable the practice to re-establish itself as a training practice. This would enable GP registrars to work at the practice and to further promote the learning environment in place.
- Staff told us that they had allocated time to complete their mandatory training. When this was not possible during normal working hours, staff could do the training in their own time and either take this in lieu or be paid. We observed that most staff were up to date with the practice's mandatory training schedule. Some gaps in training had been attributed to the fact that staff had completed the training elsewhere (for example, some staff also worked for other providers or had only recently taken up employment with the practice), and were in the process of providing evidence of having completed a particular module.
- Most staff members had received an appraisal in the last 12 months, although we saw a few were overdue but had dates arranged to complete this. One clinical staff member said they had not had an appraisal for over 2 years in their returned staff questionnaire. The practice were reviewing their appraisal process to ensure it aligned with training and linked with personal and practice objectives.
- A GP partner had undertaken a random sample audit of non-medical prescribers. We were told that a more formal monitoring process was being arranged for oversight and monitoring of all non-medical prescribers.

## Coordinating care and treatment

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

	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• Monthly meetings were held where practice clinicians would meet with a range of health and social care professionals to discuss the practice's most vulnerable patients. This included those patients at the end of their life, and those with active vulnerable adult and child safeguarding concerns. Attendees including representatives from the district nursing team, hospice/Macmillan nurses, and a health visitor. This demonstrated an effective approach to support holistic patient care.</li> </ul>	

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The service provided NHS Health checks but were mindful that numbers were low due to the HCA undertaking training to become a nurse associate. The practice was trying to recruit some additional HCA hours to try and address this.</li> <li>The practice was an advocate for nature prescriptions as part of the social prescribing agenda. A nature prescription can be offered by a trained healthcare professional and includes a leaflet and month-by-month calendar of ideas, which has been compiled with input from the Royal Society for the Protection of Birds (RSPB), national park staff and local primary care networks. Following a pilot in Scotland, this was the first scheme to be instigated in England.</li> <li>Patients were appropriately signposted to services such as smoking cessation, and weight management/healthier lifestyles.</li> </ul>	

## Consent to care and treatment

### The practice 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.	Partial
<p>Explanation of any answers and additional evidence</p> <ul style="list-style-type: none"> <li>We identified a selection of patients with a DNACPR in place and randomly selected 5 of these for review. We saw evidence that patients had received an assessment of their capacity, and if they did not have capacity, appropriate family members had been consulted regarding the decision. Of the 5 records we looked at, 1 did not have a signature and most did not have a specific review date although we saw that some patients were being reviewed informally through ongoing consultations. The practice told us they would discuss this with appropriate colleagues at their next multi-disciplinary meeting forms and make sure all DNACPR forms were signed and review dates added as appropriate. They also told us they planned a periodic audit of forms to ensure that they were being accurately completed and reviewed.</li> </ul>	

**Caring**

**Rating: Good**

## Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	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

## National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2023 to 30/04/2023)	91.6%	86.2%	85.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2023 to 30/04/2023)	92.2%	85.3%	83.8%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2023 to 30/04/2023)	99.4%	93.7%	93.0%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2023 to 30/04/2023)	87.6%	71.4%	71.3%	Tending towards variation (positive)

## Any additional evidence or comments

- The practice performed above local and national average percentages in respect of questions related to a caring approach.

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

### Any additional evidence

- The practice told us that they undertook patient surveys prior to the pandemic.
- The practice had recently discussed planning a patient survey with assistance from their Patient Participation Group (PPG). The PPG were keen on helping with this.
- There was a comments/suggestions box in the waiting room along with the friends and family test (which was also available on the practice website).
- A patient survey had been undertaken across the PCN to review the extended hours service. This showed that patients generally had a preference to be seen in an evening, rather than early morning. Consequently, the practice stopped their early appointments on a Friday morning and put on more clinical support on a Tuesday evening.
- There were plans to undertake a survey on patient access for practice appointments later in the year.

### 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"> <li>• Easy read and pictorial materials were available. For example, an easy read invitation letter was available to send to patients requiring a learning disability annual review. Easy read health action plans were used as required.</li> </ul>	

### National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2023 to 30/04/2023)	93.7%	91.3%	90.3%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y

Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Some information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified.	305 (4% of the practice population)
How the practice supported carers (including young carers).	Carers were signposted to support services as appropriate. Carers of patients with dementia received information and support from dementia support workers, and carers of patients at the end of life received support from the hospice and community health team. The practice had arranged for carers packs to be available in the practice to give to newly identified carers.
How the practice supported recently bereaved patients.	The practice website included some information on bereavement support. When a patient death occurred, one of the GPs would usually contact family/carers to offer condolences and enquire if they required any bereavement support, either from the practice or via signposting to other support services.

Any additional evidence
<p>The practice demonstrated how it worked with their local community to promote health and support local residents. Examples included:</p> <ul style="list-style-type: none"> <li>• Donating a surplus defibrillator to the local cub and scout group.</li> <li>• Supporting staff activities in charity events and sponsorships.</li> <li>• Local promotions on social media and press including mental health and depression</li> <li>• Links established with a local food bank.</li> </ul>

## Privacy and dignity

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

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

# Responsive

Rating: Good

## Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>All patient services were provided on the ground floor of the building. The site was accessible to wheelchairs and scooters with good access from a large car park, which had designated parking spaces for patients with a disability. There was a disabled toilet.</li> <li>Hearing loops were available for those who were hard of hearing and access to a British Sign Language (BSL) interpreter was available if required.</li> <li>Patients had access to translators, and we saw that attempts had been made to forge links with the local Ukrainian community.</li> <li>The practice was aware of the needs of their local population. As well as serving a relatively affluent population, they also had patients living in the second most deprived ward in Derbyshire which brought distinct challenges for the practice to address.</li> <li>The practice had a social responsibility strategy which included supporting good causes and lessening environmental impact.</li> </ul>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 8pm*
Wednesday	8am – 6.30pm

Thursday	8am – 6.30pm
Friday	8am – 6.30pm
<ul style="list-style-type: none"> <li>The practice opened until 8pm on a Tuesday evening. This was part of the Primary Care Network's extended hours in which 7 practices in the High Peak offered extended hour appointments on a rotational basis for patients.</li> <li>Access to extended hours appointments were also available with an advanced nurse practitioner over the weekend (including Friday evening) at the nearby Buxton Cottage Hospital and the New Mills walk in centre.</li> </ul>	

Further information about how the practice is responding to the needs of their population	
<ul style="list-style-type: none"> <li>Patients had a named (usual) GP who supported them in whatever setting they lived.</li> <li>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.</li> <li>The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.</li> <li>Early and late nurse appointments were available for school age children so that they did not need to miss school.</li> <li>All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.</li> <li>A wound management clinic had been set up recently in recognition of long waits to access the local community based service.</li> <li>People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people.</li> <li>The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.</li> <li>The practice was aware that following the departure of previous partners, no female GP was available. However, 2 female locum GPs did provide some input at the practice meaning that there were occasions when patients could express a preference to see a female. There was always the option to see a female ANP on all days.</li> <li>The practice had acted as the vaccination hub for Buxton throughout the pandemic staffed by GPs and practice nursing teams from all the local practices and volunteers. This had been recognised as a responsive and high quality service that delivered vaccinations promptly to the local population. The practice was awarded a 'Hidden Heroes' award for this work.</li> <li>The practice hosted C-R-Y screening for the cardiac risk in the young charity. The service periodically used the building at the weekends to help identify those younger people at risk of undiagnosed cardiac problems.</li> </ul>	

## Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y
Patients were able to make appointments in a way which met their needs.	Y

There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Y
Patients with most urgent needs had their care and treatment prioritised.	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>A GP partner acted as the on-call GP whilst the other partner undertook a clinic. A triage model operated led by the advanced nurse practitioners and patients who needed to be seen could be given a face-to face appointment with a GP or ANP, or directed to a pharmacist for medicine queries, or to another professional such as the first contact physiotherapist.</li> <li>Information provided by the Integrated Care Board (ICB) demonstrated that the practice offered higher appointment rates compared with Derbyshire and England but these were lower with a GP. The practice had striven to support good on-the-day access by utilising 5 ANPs. However, the partners were mindful of longer-term sustainability and were actively considering future models to deliver care.</li> <li>We reviewed the appointment system on the day of the inspection and we saw this supported excellent same day access. We were informed that patients who needed to be seen on the day would be given an appointment and we found this to be the case. However, the system did not support advanced pre-bookable appointments so well.</li> </ul>	

### National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2023 to 30/04/2023)	75.9%	N/A	49.6%	Significant variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 30/04/2023)	61.9%	52.4%	54.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2023 to 30/04/2023)	55.9%	51.5%	52.8%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2023 to 30/04/2023)	70.5%	72.9%	72.0%	No statistical variation



### Any additional evidence or comments

- Results from the latest GP patient survey demonstrated that the practice achieved a patient satisfaction level significantly higher than the national result, in respect of ease of getting through to the practice on the telephone. We saw this was reinforced by patient comments on the NHS website and via patient feedback mechanisms within the practice.
- The practice had performed above the local and national averages in three of the areas measured over a period of time, demonstrating ongoing good performance.
- The practice explained how this had been achieved with close oversight by the Reception Supervisor. Incoming calls were dealt with as a priority, and staff were always conscious of those waiting on hold, and tried to deal with all calls swiftly. When the supervisor noted that staff may be struggling with handling calls efficiently, advice and additional training was offered.
- The practice had a cloud-based telephone system which monitored the number of incoming calls and waiting times. However, this information was not visible to the Reception Supervisor and their team during the working day.

Source	Feedback
NHS.UK website (formerly NHS Choices)	<p>Twenty-four patient comments had been posted on the NHS website, 19 of which were within the last 12 months.</p> <p>Sixteen of the 19 comments made over the last 12 months were very positive, 1 was mixed (the patient was happy with the service, but would prefer an option to see either a male or female GP, and the same GP for continuity). There were 2 negative comments – one relating to a perceived delay in reviewing notes, and the other was in relation to the check-in screen not working leading to a missed appointment.</p>
Patient feedback received by CQC	<p>Since the practice had registered with the CQC in December 2012, only 2 patients had contacted the CQC to raise a concern. One of these related to a request for a home visit which was not accepted as the patient was mobile; the other related to a delay in obtaining an urgent appointment. The number of concerns reported to the CQC were significantly lower in comparison to other practices, which indicated that patients were happy with the care received from the practice.</p>
Healthwatch	<p>Healthwatch told us that the last time they had been contacted by a patient from the practice was in September 2021 regarding access to travel vaccinations. The practice were not offering travel vaccinations at this time due to the pandemic, although the practice website had not been updated to reflect this. The patient was signposted to other locations where they could access the required vaccinations.</p>

### Listening and learning from concerns and complaints

**Complaints were listened and responded to and used to improve the quality of care.**

Complaints	
Number of complaints received in the last year.	20
Number of complaints we examined.	5

Number of complaints we examined that were satisfactorily handled in a timely way.	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0
<ul style="list-style-type: none"> <li>The practice kept a log of all complaints, including verbal complaints that were resolved at the point of contact. This enabled all sources of reported dissatisfaction to be used for learning and to identify any trends/themes occurring.</li> </ul>	

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

Example of learning from complaints.

Complaint	Specific action taken
Delays were reported in accessing care	Staff were reminded of specific symptoms which should be prioritised for consultation/triage.

## Well-led

## Rating: Good

### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership at all levels.**

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Partners and managers demonstrated a passionate, enthusiastic, innovative, and patient-focused approach to the leadership of the practice.</li> <li>There had been some changes in the management of the practice as the partnership had gradually reduced from 5 partners to 2. The remaining partners acknowledged the ongoing difficulties with GP recruitment but had restructured their skill mix with 5 ANPs which was ensuring good access to on-the-day care for patients. Locum GP input was also used when this was required to ensure the service was adequately staffed.</li> </ul>	

- Partners were mindful of longer-term sustainability and were pursuing options for the future stability of the practice, including succession planning. We saw that a long-term plan was in place for this, and care had been taken to ensure that any changes were undertaken in line with practice values and the strategic direction, with a focus upon quality of care.
- The practice manager was undertaking additional managerial training to further enhance their skills within the changing primary care environment.
- The practice responded well to challenges. For example, an influx of patients due to local issues had increased pressure on the practice, but they had adapted to meet this challenge. Between April 2022 to April 2023, the list size had increased by 4.6% and continued to increase at the time of the inspection.

## Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Partial
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• The practice told us that values were updated with the team in October 2022. However, feedback received from staff questionnaires indicated that the majority of employees who responded were not aware, or were unsure, that the practice had a clear vision for the future.</li> </ul>	

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence:	

- The practice had a detailed whistleblowing/freedom to speak up policy. There was a named Freedom-to-Speak-Up Guardian who was external to the practice.

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

Source	Feedback
We undertook remote interviews with 6 members of the practice team prior to the interview and spoke with 5 other members of the practice team on the day of the inspection. The GP partners were interviewed by our GP specialist advisor. In addition, we received 14 questionnaires completed by staff. Responses from staff interviews and questionnaires were not always consistent.	
Staff interviews	Staff told us that the team worked together extremely well, and always supported each other. They said that GP partners and managers were approachable and responded to any queries. They said there was a good morale amongst team members and despite the pressures of working in a busy primary care environment, they were positive and proud about working for the practice. Communication was deemed to be an issue at times. As a fairly small team, messages were often passed directly to the team but individuals felt that sometimes this could be inconsistent or not fully inclusive, and that a more formalised approach would be appreciated.
Staff questionnaires	<p>We received 14 staff responses to our questionnaire, 9 from non-clinical staff members and 5 from clinical staff.</p> <p>There were mixed responses relating to whether there were sufficient arrangements in place to manage staffing levels and to provide safe high-quality care. Most answered that there were times when a significant backlog would occur. Several individuals mentioned that they felt that the practice did not have enough doctors.</p> <p>There were mixed responses to the question relating to opportunities to attend meetings. Some staff had attended a whole practice team meeting, but most had not and stated that these were not held. There were also differing responses concerning whether meetings were documented, and if meeting minutes were available to staff if they missed a meeting.</p> <p>Most felt that they did not have time within their working day to complete training other than on the job training. In terms of renewal and refresher dates there were mixed responses with some stating that they relied only on their own records and were not alerted via their manager/system. Several staff stated that they completed training in their own time, although the practice reimbursed their time for this. Some staff said they were not encouraged to identify training and development needs.</p> <p>A clinical member of staff said they were unsure where to source bin liners, sharps bins, and spillage clean-up equipment, and was not sure how to report an incident or significant event.</p> <p>Clear communication seemed to be an issue based on the responses received. Most answered that there was not an effective communication process within the practice that kept them informed of changes relevant to their role.</p>

	<p>Only 1 staff member responded that they were involved in developing any future planning and development of the practice; all others answered no. Most answered that they were not asked for their opinion before decisions were made that affected their work. This also applied to being communicated with effectively about incidents or changes that may affect the way they work.</p> <p>Most did not agree with the statement that their line manager communicated with them effectively about incidents or changes that may affect the way they work. Many disagreed with the statement about their line manager encouraging them at work and could be counted on to help with a difficult task.</p> <p>Staff were asked what they felt proud of, and there was a consensus that the team worked together well and focused care on patients' needs. There were other comments that the triage service worked well and delivered good same day access for patients.</p> <p>We are also asked what could be done better, and communication was suggested as an area for development, particularly in terms of being inclusive of the whole team. More face to face meetings were suggested as a means to achieve this, and also more formalised supervision processes to ensure ringfenced time was available to support clinicians.</p> <p>One person indicated a team building event would be beneficial.</p> <p>There were some genuine concerns for the GP partners welfare in terms of the additional hours they were working.</p> <p>Some staff highlighted pay as a source of contention.</p>
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## Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>There were a range of policies, procedures and protocols in place to define how things operated within the practice. These were available to all staff. We saw that these were periodically updated.</li> </ul>	

## Managing risks, issues and performance

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

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

## Appropriate and accurate information

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

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

## Governance and oversight of remote services

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

The practice advised patients on how to protect their online information.	Y
Staff are supported to work remotely where applicable.	Y

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

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

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

Feedback from Patient Participation Group (PPG).

Feedback
<ul style="list-style-type: none"> <li>We spoke with the chair of the PPG who informed us that the group met face-to-face quarterly. The membership consisted of approximately 7 core members who attended meetings, but new members were always welcome to join.</li> <li>Practice representatives attended the meetings and the PPG told us that they listened to their views, treated them respectfully, and were very receptive to their ideas.</li> <li>At the time of our inspection, the PPG were reviewing their role and discussing a mission statement to define their purpose.</li> <li>They had several areas to focus upon including what patient information might be useful to add to the practice website (for example, defining staff roles, so patients understood the role of the ANP more fully); helping with patient surveys on site to help inform the practice about what patients liked but also what areas might be useful to review; and also to define their own lead roles in the PPG to help take these planned actions forward.</li> </ul>

### Continuous improvement and innovation

**There were clear 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

- Complaints and significant events were used to reflect and improve services where appropriate.
- The practice worked collaboratively with their PCN to instigate new processes to improve patient care and experience. In addition, the practice was working with another provider on a range of initiatives which would impact positively for patients. For example, discussions about the piloting of an intelligent automation platform to improve efficiencies in delivering efficient triage were in progress. The practice embraced the benefits of such partnerships, recognising the opportunities this afforded for the future.
- The practice utilised a system which assisted with the automated transfer of new patient notes delivering efficiencies and quality. The practice was also part of a pilot group on the same system for the automation of blood test results; blood test form generation as part of recall lists; and the generation of test forms at the point of registration.
- The practice had written an in-house version of the software to allow automated generation of forms as part of long-term condition management to reduce the workload on the practice administration team.
- New services to meet patients' needs were developed, for example, a recently introduced menopause service.

### Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

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

#### **Glossary of terms used in the data.**

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **UKHSA:** UK Health and Security Agency.
- **QOF:** Quality and Outcomes Framework.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
- ‰ = per thousand.