

Inspection Evidence Table

Eskdail Medical

(1-543067930)

Inspection Date: 9 November 2023

Date of data download: 19/10/2023

Overall rating: Good

Context

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the fifth decile (5 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 87% White, 6% Asian, 4% Black, 2% Mixed, and 1% Other.

The age distribution of the practice population closely mirrors the local and national averages.

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
<p>Explanation of any answers and additional evidence:</p> <p>There were lead GPs identified for safeguarding children and vulnerable adults. They were supported by a member of the administrative team who was a non-clinical lead for safeguarding.</p> <p>Staff were aware of who to go to for advice with any safeguarding concerns.</p> <p>Clinical staff were trained to safeguarding level 3 and non-clinical staff were trained to level 2.</p> <p>Safeguarding meetings were held once a month with community teams.</p> <p>There were flags on the patient records and those of their family members to identify safeguarding concerns.</p> <p>Information regarding patients who frequently attended A&E was discussed at monthly meetings with the local hospital to identify vulnerable patients who may be in need of additional support.</p>	

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
<p>Explanation of any answers and additional evidence:</p> <p>The provider was supported by the occupational health department at a local secondary care provider to ensure staff vaccinations had been maintained.</p>	

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: February 2023	Y
There was a fire procedure.	Y
Date of fire risk assessment: January 2023	Y
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Actions had been taken following the fire risk assessment. For example, fire exit doors were serviced and staff were reminded all fire doors should remain closed at all times. There had been a fire evacuation drill carried out in January 2023.</p>	

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: May 2023	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
<p>Explanation of any answers and additional evidence: We found the practice to be visibly clean and tidy. A member of the nursing team was the lead for infection prevention and control (IPC). They carried out an annual IPC audit. Additional audits of staff handwashing techniques were carried out. Actions had been taken following the IPC audit. For example, non-wipeable and damaged chairs were removed. Schedules were in place for the cleaning staff to carry out daily, weekly and monthly tasks. The IPC met with the cleaning staff once a week to address any concerns.</p>	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There were enough staff to provide appointments and prevent staff from working excessive hours.	Y
<p>Explanation of any answers and additional evidence: The reception staff had received training for emergencies and how to spot red flag symptoms for conditions such as sepsis. There was a duty GP available for support and to see patients urgently if required. The patient list size and workflow were regularly reviewed to ensure the practice had enough staff employed. Staff were flexible and worked additional hours to cover unplanned absences if required.</p>	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y

Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y

Appropriate and safe use of medicines

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

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

Indicator	Practice	SICBL average	England	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2022 to 30/06/2023) (NHSBSA)	0.98	0.93	0.91	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2022 to 30/06/2023) (NHSBSA)	5.8%	7.4%	7.8%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2023 to 30/06/2023) (NHSBSA)	4.78	5.14	5.24	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	135.4‰	134.6‰	129.5‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2022 to 30/06/2023) (NHSBSA)	0.72	0.55	0.54	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	10.4‰	7.6‰	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.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including medicines that require monitoring (for example, warfarin, 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.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	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>Non-medical prescribers were supported daily by the duty GP and had a monthly clinical supervision meeting with a GP partner. Prescribing audits were carried out and actions taken for any areas of concern identified. For example, the practice had identified they were prescribing higher levels of antimicrobials and worked with the medicines team at the local Integrated Care Board (ICB) to make reductions.</p> <p>We carried out a remote search of the clinical record system and reviewed 5 patients who had received a medicine review in the 3 months prior to the inspection. We identified that care records were managed in a way to protect patients.</p> <p>The review of patients who were prescribed medicines that require monitoring was generally well managed. A remote review of the patient record system showed that most patients receiving appropriate blood monitoring prior to medicines being prescribed. However, we found 25 patients who had been prescribed medicines that could cause gastric bleeding without medicine to reduce the event of this side effect. We reviewed 5 of these patients and found the preventative medicine was not regularly prescribed. During the inspection the practice informed us they had reviewed all 25 patients and found they had either refused the medicine or had experienced a reaction to it in the past.</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.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	30
Number of events that required action:	30
Explanation of any answers and additional evidence: There was a process in place significant events that was managed by the practice manager. Staff members knew how to report significant events and informed us that learning from events was shared with them. A log was kept of all significant events and reviewed to identify any trends.	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Clinical letters had not been filed or actioned by a GP registrar.	Once identified all the letters were reviewed and processed. The induction and training of the registrar was reviewed and they were informed of the correct process for managing all clinical work including letters received.
Results of an investigation were sent to the incorrect patient.	Both patients were contacted and provided with an explanation and an apology. The process for sending out results was reviewed and the practice found that it had been adapted during the COVID-19 pandemic. The correct process was put in place and staff informed of how to manage investigation results.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: Safety alerts were received into the practice by the practice manager and GPs. There was a lead GP supported by a prescribing advisor who reviewed the alerts and cascaded them to the necessary staff for action.	

We carried out a remote review of the clinical record system and found appropriate actions had been taken in response to safety alerts received. For example,

- There were 49 patients of child-bearing age prescribed medicines that could potentially cause birth defects. We reviewed 5 of these patients and found they had all been advised of the potential side effects and had pregnancy prevention plans in place.

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: The practice had systems in place to keep all clinical staff up to date. Staff had access to clinical templates and National Institute for Health and Care Excellence (NICE) best practice guidelines. They used this information to deliver care and treatment that met patients' needs.	

Effective care for the practice population

Findings

- Health checks, including frailty assessments, were offered to patients over 75 years of age. The practice met with the Primary Care Network age well team weekly to discuss patients identified as frail.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

A remote review of the patient record system showed that patients generally received appropriate long-term condition reviews. However, we found there were 567 patients diagnosed with hypothyroidism. Of these there were potentially 9 who had not received appropriate blood monitoring. We reviewed 5 patients and found 4 had not received monitoring and the dose of their medicine needed a review. We were informed all patients overdue a review had been contacted and invited for an appointment.

Patients with long-term conditions were offered an effective annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

Staff who were responsible for reviews of patients with long-term conditions had received specific training.

GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Adults with newly diagnosed cardio-vascular disease were offered statins.

Patients with suspected hypertension were offered ambulatory blood pressure monitoring.

Patients with COPD were offered rescue packs.

Child Immunisation	Numerator	Denominator	Practice	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	134	140	95.7%	Met 95% WHO based target

The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	139	156	89.1%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	138	156	88.5%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	141	156	90.4%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	146	168	86.9%	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 were aware they were slightly below the 90% minimum uptake for 3 of the 5 childhood immunisations and had measures in place to increase this.
Regular searches were run of the clinical system to identify children who had not been brought in for their immunisations. The parents or guardians were contacted to arrange appointments. Text messaging was used if there was no response to telephone calls.
If a parent or guardian did not want immunisations for their child a telephone consultation was arranged to discuss the benefits and answer any questions.
The health visiting team were informed of any children who were not brought in for immunisations.

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)	65.6%	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)	67.7%	N/A	70.3%	N/A
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (3/31/2023 to 3/31/2023) (UKHSA)	71.2%	N/A	80.0%	Below 80% target

Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (4/1/2021 to 3/31/2022) (UKHSA)	56.0%	56.5%	54.9%	No statistical variation
--	-------	-------	-------	--------------------------

Any additional evidence or comments

The practice were aware they were below the 80% target set by the UK Health and Security Agency for the uptake of cervical screening.

They sent a text message every month to patients who were due screening and had not opted out of having the test. If patients failed to respond the nursing team sent a letter advising of the benefits of cervical screening.

Appointments were available one evening a week at the practice and on Saturdays at the extended access hub for patients who could not attend during usual opening hours.

The nursing teams appointments were regularly monitored to ensure enough appointments were made available.

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

Any additional evidence or comments

The practice had a programme of both clinical and non-clinical audits that were used to monitor quality and make improvement when actions were identified.

One of the GP partners was the lead for quality improvement and had an audit plan in place. This identified the audits to be carried out and the nominated person to complete them. The trainee GPs were involved in undertaking clinical audits as part of their training.

Regular searches of the patient clinical system were made to ensure patient care and monitoring was completed in line with current guidelines.

The practice worked with other practices in their Primary Care Network (PCN) on quality improvement initiatives. For example, they recruited physio therapists and social navigators that patients could access without a referral from a GP.

The nursing team carried out infection prevention and control audits and cervical screening quality of sample audits.

--

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence: The practice had identified mandatory training for staff and provided this either online or face to face. All staff received an annual appraisal where performance and developmental needs were reviewed.	

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: Multi-disciplinary team meetings were held monthly with community staff to agree the care of patients with complex needs.	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Y
Explanation of any answers and additional evidence: Social prescribing link workers were available via the Primary Care Network (PCN) to offer patients additional support and signposting to external organisations. There were links to health information advice on the practice website. Referrals were available to external organisations for healthy lifestyle support.	

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Y
Explanation of any answers and additional evidence: Our clinical review of notes where a DNACPR decision had been recorded identified where possible patients views had been sought and respected. We saw that information had been shared with relevant agencies.	

Responsive

Rating: Good

The practice has been rated good for providing responsive services. Results from the National GP Patient Survey indicated patients were not always satisfied with how easy it was to access the practice and make an appointment. However, feedback gathered from patients as part of the inspection was more positive. The practice have taken measures to make improvements. They will need to continue to embed and sustain these.

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: The practice worked as part of a Primary Care Network (PCN). PCNs are groups of GP practices collaborating with community, mental health, social care, pharmacy, hospital, and voluntary services in their areas to provide local services. Dedicated parking spaces and access enabled toilets were available for patients with a disability. There was level access and automatic doors at the entrance. Baby changing facilities and a private area for breast feeding were available. Lifts were available to all levels. The practice had access to interpretation services that included British Sign Language interpreters. Patients with hearing difficulties could access the practice via email or online services. Large print communications were used for patients with visual impairments. The practice had a community of Polish patients and we were informed they used a social media group to provide communications and links to information in Polish.	

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

Thursday	8am – 6.30pm
Friday	8am – 6.30pm
<p>Appointments were available throughout these times. The nursing team provided some pre-bookable appointments on a Tuesday evening according to demand.</p> <p>Home visits were available for housebound patients.</p> <p>Extended access was provided locally by the Kettering Hub GP - Extended Access Service, where evening appointments were available from 4pm to 8pm Monday to Friday and from 8.30am to 12.30pm on Saturdays and Bank Holidays. Video consultations were available from 1pm to 5pm on Sundays.</p>	

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

Patients had a named GP who supported them in whatever setting they lived.

The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.

The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.

Appointments were available outside of school hours for children.

All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.

People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.

The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	Partial
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.	Partial
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> <p>Results from the National GP Patient Survey indicated patients were not always satisfied with how easy it was to access the practice and make an appointment.</p> <p>Patients could book appointments by telephone or via online services.</p> <p>Reception staff were trained care navigators so they could direct patients to the most appropriate health care professional to meet their needs.</p>	

There were protected appointments for patients that had accessed healthcare via the NHS 111 service. Appointments were available either face to face, online or by telephone. Flexible appointment booking and longer appointments were available for patients with multiple conditions or complex needs.

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)	53.3%	N/A	49.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 30/04/2023)	58.5%	50.8%	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)	59.0%	50.1%	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)	70.3%	71.4%	72.0%	No statistical variation

Any additional evidence or comments

The practice were aware of the National GP Patient survey scores. They had changed to a digital telephone system 2 years previously and were in discussions with the local Integrated Care Board to update to a cloud based system to further improve access and enable additional call queue management.

For two of the indicators there had been an increase in patient satisfaction from the previous year. For example,

- 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 was 45% in 2022.
- The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment was 50% in 2022.

The provider used an online platform for patients to access and receive an online consultation to reduce calls into the practice. Patients were contacted by a receptionist if a face to face appointment was indicated.

There was a lead GP for appointments. The appointment system was reviewed regularly to ensure there was sufficient capacity to meet demand.

The practice informed us they did not receive many complaints with regard to access and appointments. We reviewed the complaints log and found there had been only 1 in the previous year.

Source	Feedback
NHS.uk website (formerly NHS Choices)	There had been 8 reviews left on the NHS.UK website in the 2 years prior to the inspection. All of these reviews were positive about the care received and how they had been able to access the practice and receive prompt care. There was 1 review that stated they found the online access easier than telephoning the practice. Another patient had received a prompt response to a query via email.
CQC website Give Feedback on Care	We received feedback from 22 patients that was entirely positive about the practice. All levels of staff were complimented and described as helpful and attentive and care was delivered with kindness and compassion. Patients said they felt supported and listened to in particular those with mental health conditions. Patients commented they could obtain appointments and when appointments were not available, they received an online consultation. Feedback was given about how the practice responded during the COVID-19 pandemic and how patients could still access care and receive COVID-19 immunisations.

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.	8
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

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

Example of learning from complaints.

Complaint	Specific action taken
Care received and referral process to A&E.	An apology and detailed response was given to the complainant. The GP reflected on their communication and how it could be clearer in future. The practice explored how they could better communicate with A&E when a referral was made and informed staff, they could contact A&E staff via telephone or email in addition to a referral letter to indicate the urgency of the referral. A significant event was logged.

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: The practice were aware of the challenges they faced and the increased demand for access to GP services. The practice was aware of the GP Patient Survey scores and had business plans in place to address the challenges. They had made changes to the telephone system and were working with the Northamptonshire Integrated Care Board to make further updates. An online platform had been introduced as a way for patients to contact the practice and reduce incoming telephone calls. Succession planning was in place for the future considering retirement plans of a GP partner and the practice manager. The deputy practice manager was undergoing training in practice management to fulfil the role if required.	

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: The practice mission statement was displayed on the walls in the practice. The provider informed us they prided themselves on being a friendly practice and staff had access to GPs and management. This was concurred in the feedback we received from staff.	

In addition to monthly partner meetings the practice held an annual strategy meeting to review business plans, staffing, premises issues and future planning for the next year.

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: Staff were supported with annual appraisals. We were informed they had regular social and charity fund raising events that all staff were welcome to be involved with. The senior GP partner from a neighbouring practice was the Freedom to Speak Up Guardian and staff were aware of who this was. The practice used an external company for support with human resources policies and procedures.	

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

Source	Feedback
Staff interviews and questionnaires	Feedback from staff was pre-dominantly positive. They commented they felt supported by the GP partners and practice management and felt there was an ethos of team working. Staff stated they felt valued and patients were at the centre of what they did. The practice was described as a good place to work. There were comments that some of the reception staff felt under pressure from the increasing demand from patients and the staffing levels if there was sickness absence within the team.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y

Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Y

Managing risks, issues and performance

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

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

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y
Explanation of any answers and additional evidence: The practice used the Quality and Outcomes Framework (QOF) to manage performance. Data from the telephone system and the online platform used to access the practice was monitored and used to assess capacity and demand.	

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.	N
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
<p>Explanation of any answers and additional evidence:</p> <p>The Patient Participation Group (PPG) was not active at the time of the inspection. The practice had tried to recruit patients to join a group but had very little response. There was information on the practice website and in the patient waiting area advising what a PPG was, how they could work with the practice and how patients could join.</p> <p>They had a virtual PPG who were contacted via email to provide practice updates and ask for feedback.</p>	

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice used significant events and complaints to identify areas of learning and improvement. Regular team meetings were in place to share learning.</p>	

Examples of continuous learning and improvement

Clinical meetings were used to discuss current guidance. This was often reviewed by the GP registrars as part of their learning and feedback to the clinical staff. A journal club was held once a month, where external

speakers were invited to provide education for the clinicians. A recent discussion was held regarding loneliness in the elderly population. The practice made staff aware of referring patients to the social prescriber for befriending services.

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 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.