

Inspection Evidence Table

The Pines Surgery

(1-571635690)

Inspection Date: 11 January 2024

Date of data download: 18/12/2023

Overall rating: Requires improvement

We rated the practice as requires improvement overall as

- Patients' needs were not always assessed fully and current guidance was not always followed.
- National GP patient survey data relating to patient satisfaction with the service was below local and national averages in some areas. The practice had taken actions to make improvements. However, the impact of these changes had not been assessed.

Context

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the 7th decile (7 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 85% White, 6% Asian, 5% Black, 3% Mixed, and 1% Other.

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

The practice informed us that they had been experiencing high levels of sickness amongst the GPs in the practice since the COVID-19 pandemic. Other GPs had worked extensive extra hours to prioritise acute patient care.

Safe

Rating: Requires improvement

We rated the practice requires improvement for providing safe services because:

- Some patients who were prescribed medicines that required monitoring were overdue a review.
- Relevant safety alerts had not always been responded to.

Safety systems and processes

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

Safeguarding	Y/N/Partial
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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 the safeguarding care co-ordinator from the Primary Care Network (PCN).</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>	

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 practice was supported by a local hospital's occupational health department to ensure staff vaccinations were 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: April 2023	Y
There was a fire procedure.	Y
Date of fire risk assessment: April 2023	Y
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There was a fire evacuation plan with identified meeting points to be used in the event of an evacuation. The practice had held a fire drill in December 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: November 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
Explanation of any answers and additional evidence: At the provider's previous inspection in July 2016, it was identified that infection prevention and control (IPC) audits were not routinely carried out and staff only received IPC training as part of their induction when they started work at the practice. Since then the provider has implemented annual IPC audits and training for staff. The lead nurse and the practice manager were IPC leads and attended annual face to face training to ensure current guidance was used for IPC measures. Hand washing audits were carried out for all staff. Schedules were in place for the cleaning staff to carry out daily, weekly and monthly tasks. We observed the practice to be visibly clean and tidy.	

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
Explanation of any answers and additional evidence: Locum packs were available for temporary staff that contained information on local knowledge, policies and procedures to support them in their role. 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 receptionists were trained as care navigators to direct patients to the most appropriate health care professional.	

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. However, they were not always implemented.

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) (01/10/2022 to 30/09/2023) (NHSBSA)	0.99	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). (01/10/2022 to 30/09/2023) (NHSBSA)	6.9%	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 (01/04/2023 to 30/09/2023) (NHSBSA)	5.49	5.11	5.19	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/04/2023 to 30/09/2023) (NHSBSA)	150.5‰	136.1‰	130.7‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2022 to 30/09/2023) (NHSBSA)	0.71	0.54	0.53	No statistical variation

Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/04/2023 to 30/09/2023) (NHSBSA)	7.8‰	7.6‰	6.8‰	No statistical variation
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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.	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>There were gaps in the review of patients who were prescribed medicines that required monitoring. For example,</p> <ul style="list-style-type: none"> There were potentially 131 patients out of 271 patients who were prescribed direct oral anticoagulants (DOAC), a high-risk medicine used as an alternative warfarin, who despite having had appropriate blood tests, had not had a creatinine clearance calculated which is necessary to determine safe dosing of the 	

medicine. We reviewed 5 of these patients and found 3 were overdue monitoring. During the inspection, we were informed the practice had contacted these patients and reviewed them appropriately. An action plan was put in place to review all patients prescribed DOACs to ensure they had a creatinine clearance calculated.

- There were potentially 42 patients out of 178 who were prescribed gabapentinoids, a medicine to treat epilepsy and is also used for nerve pain, who potentially had not received appropriate monitoring. We reviewed 5 of these and found 3 were overdue a medicines review to ensure they were prescribed the most appropriate dose. During the inspection, we were informed that 1 of these patients had already booked an appointment for a review. An action plan was in place for the clinical pharmacist to review all patients overdue a review of their gabapentinoid medicine use and dose.

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:	17
Number of events that required action:	17
Explanation of any answers and additional evidence: The practice had a process for managing significant events which was overseen by the practice manager. A log of all events was kept to identify any trends. Staff members knew how to report significant events. Learning from events was shared at practice meetings.	

Example of significant events recorded and actions by the practice.

Event	Specific action taken
A staff member had difficulty obtaining sufficient blood for all requested samples so transferred blood from one sample tube to another.	<p>The laboratory identified that the blood sample was unusable. The patient attended the practice for a further blood sample and it was identified what had occurred and that the blood samples were contaminated.</p> <p>An apology was given to the patient.</p> <p>The staff member received additional training on the difference in blood sample bottles and how they can affect the results of blood samples leading to incorrect treatment. Supervision was put in place for the staff member until assessed as competent.</p>

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence: Safety alerts were received into the practice by the practice manager and clinical staff. Actions were allocated to the appropriate staff members. A remote review of the clinical system showed the provider was unable to demonstrate that all relevant safety alerts had been responded to. For example, there were 39 patients on a combination of medicines used to treat high blood pressure that may affect renal function and electrolyte balance, and, in combination, these effects are magnified. Our remote review of the patient record system found there were potentially 14 patients overdue monitoring. We reviewed 5 patients and found 3 had not received monitoring in the previous 6 months as recommended. During the inspection the practice reviewed all 14 patients; 4 of these had received blood monitoring by the hospital, the practice downloaded their results to the clinical system. The remaining patients had blood tests arranged.</p>	

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 not always assessed, and care and treatment was not always 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.	Partial
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>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.</p> <p>We carried out a remote review of the clinical system and found there were 42 patients diagnosed with asthma who had been prescribed more than 12 short acting inhalers in the previous 12 months. We reviewed 5 patients and found they had received an adequate consultation, which included an examination, review, and assessment when they reported worsening symptoms or presented with exacerbations. However, they had not received a follow up within 48 hours to check they had responded to treatment as recommended in current guidelines.</p> <p>We reviewed 5 patients who had a potential missed diagnosis of chronic kidney disease. We found 2 of these patients had not been diagnosed as having chronic kidney disease stage 3 when blood tests had previously confirmed the diagnosis.</p>	

Effective care for the practice population

Findings

- Health checks, including frailty assessments, were offered to patients over 75 years of age and to those patients who were carers.
- 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. This was carried out in conjunction with the Primary Care Network care coordinator who ensured any actions as a result of the health check were carried out.
- 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

- Patients with long-term conditions were offered an 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.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- At the flu clinics practice staff routinely checked patients' pulses to detect abnormal heart rates. These patients were then immediately offered extra investigations.
- 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)	115	119	96.6%	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)	102	107	95.3%	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)	101	107	94.4%	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)	100	107	93.5%	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)	108	113	95.6%	Met 95% WHO based target

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

Any additional evidence or comments

The practice had met the minimum level for the uptake for all five of the childhood immunisations. They held a weekly immunisation clinic and offered ad hoc appointments and Saturday appointments for those who could not attend.

Parents or guardians were contacted the day before the immunisation appointment to remind them to attend. Children who were not brought for appointments despite repeated contact from the practice were referred to the health visitor.

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)	72.2%	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)	74.3%	N/A	70.3%	N/A
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)	58.7%	56.5%	54.9%	No statistical variation
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). (6/30/2023 to 6/30/2023) (UKHSA)	74.7%	N/A	80.0%	Below 80% target

Any additional evidence or comments

The practice were below the 80% target set by the UK Health and Security Agency for the uptake of cervical screening. They offered flexible appointment booking with early, late and Saturday appointments available. The practice contacted patients by letter and text message to encourage cervical screening. The letters contained information on the importance of cervical screening.

The practice were training an additional nurse to carry out cervical screening so more appointments could be offered.

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 clinical and audits that were used to monitor quality and make improvement when actions were identified. For example,

- The practice carried out a 2 cycle audit of patients who had been prescribed Lithium to ensure they had been appropriately monitored. The first cycle showed the practice were not meeting the standard for monitoring for all patients. All tests and investigations required were not consistent in line with guidelines. The practice put actions in place to provide blood tests and monitoring for all patients. They provided education for the clinicians with regards to Lithium and the importance of monitoring for adverse effects. Reminders were added to the patient record system to ensure patients were advised when monitoring was due. The second cycle of the audit showed an improvement with 92% of patients receiving appropriate monitoring.

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.

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had identified mandatory training for staff and provided this either online or face to face. Staff were supported with annual appraisals where they could identify their learning and development needs. Weekly clinical supervision meetings were in place for the nursing team. There was a duty GP working every day who staff could go to for immediate clinical support.</p>	

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: The practice had regular meetings, with community staff to discuss patients with complex needs or those who were receiving palliative care.	

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: The practice had easy read health information leaflets that had been developed with the Primary Care Network. Links to health information was available on the practice website and could be sent to patients electronically if requested. Patients were signposted to healthy living and smoking cessation support organisations.	

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 the patients views had been sought and respected. We saw that information had been shared with relevant agencies.	

Responsive

Rating: Requires improvement

We rated the practice as requires improvement for providing responsive services because:

- Feedback from patients via the National GP Patient survey was negative regarding telephone access and appointment booking.
- The practice had taken some actions to improve telephone access and appointment booking. However, it was too soon to assess the impact of these measures.

We recognise the pressure that practices are currently working under, and the efforts staff are making to maintain levels of access for their patients. At the same time, our strategy makes a commitment to deliver regulation driven by people's needs and experiences of care. Although we saw the practice was attempting to improve access, this was not yet reflected in the GP patient survey data or other sources of patient feedback. Therefore, the rating is requires improvement, as ratings depend on evidence of impact and must reflect the lived experience that people were reporting at the time of inspection.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs/ Services did not 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. The practice was a single storey building. There was level access and automatic doors at the entrance. Baby changing facilities were available. Interpretation services were available. Patients with visual impairments were identified and given extra assistance when in the practice. There was a hearing loop for patients with hearing difficulties.	

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. Home visits were available for housebound patients. Extended access was provided locally by Northampton GP Enhanced Access Service, where evening appointments were available from 6.30pm to 9.30pm Monday to Friday and weekend appointments were available from 9am to 5pm on Saturday and Sunday.</p>	

Further information about how the practice is responding to the needs of their population
<ul style="list-style-type: none"> • 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. • Seasonal immunisations were offered via a home visit for housebound patients. • There was disabled access at the practice. • 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. • Appointments could be booked by telephone or online. Prescription requests were available online. • The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers, and those with a learning disability. • The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. • The practice identified patients who were also carers and directed them to support organisations. • Weekly ward rounds were carried out at 2 local care homes.

Access to the service

People were not always 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 they could access the practice and appointment booking.</p> <p>Patients could book appointments by telephone or via online services.</p> <p>There were protected appointments for patients that had accessed healthcare via the NHS 111 service.</p> <p>Appointments were available either face to face, online or by telephone.</p> <p>Longer appointments were available for patients with multiple conditions or complex needs.</p>	

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)	44.1%	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)	40.2%	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)	34.3%	50.1%	52.8%	Tending towards variation (negative)
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)	68.8%	71.4%	72.0%	No statistical variation

Any additional evidence or comments

The National GP Patient survey results published in July 2023 that indicated patients were not always satisfied with how easy it was to access the practice and make an appointment. The practice had scored lower than local and national averages for these 4 indicators. The provider was aware of the results and had already taken steps to make improvements.

In response to patient feedback the practice changed to a cloud based telephone system in 2021. This enabled them to monitor the amount of calls they received and the amount they did not answer. They could view how many calls were incoming and adjust staff accordingly to answer calls at peak times. Patients had the option of having a call back when they had reached their place at the top of the queue rather than wait on the telephone.

Data was used from the telephone system and clinical system to assess demand and capacity for appointments and staffing levels were adjusted accordingly. This data was reviewed with the local Primary Care Network (PCN) to review the need for additional staff roles. The PCN had recruited clinical pharmacists and physiotherapists to work across the 4 practices they covered to provide additional appointments. Appointments were available to book up to 2 weeks in advance and up to 4 weeks in advance for practice nurses. Text messaging was used to remind patients they had an appointment. The practice had started work with a neighbouring pharmacy to direct patients with minor illnesses such as, simple urinary tract infections, eczema, insect bites and blood pressure checks. Online appointment booking was available for cervical screening, pneumococcal and shingles vaccines and phlebotomy appointments.

Source	Feedback
NHS.uk website (formerly NHS Choices)	In the 12 months prior to the inspection there had been 2 positive 5 star reviews left about the practice. Both reviews commented on how easy it was to contact the practice and make an appointment. The reception staff were described as polite, caring and efficient.

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.	10
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

Examples of learning from complaints.

Complaint	Specific action taken
Patient was unable to book an appointment and was asked to call back.	Capacity and access was assessed and staff were reminded they should not advise patients to call back and to offer an appointment with first contact.
Complaint re tone of voice used by GP during a telephone consultation.	The call was listened to and staff reminded of the potential for information to be misheard or misinterpreted when patients are unwell. They were advised care should be taken when communicating over the telephone. An apology was issued to the patient.

Well-led

Rating: Good

Put explanation here or right click and delete row

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 was aware of the challenges they faced and the increased demand for access to GP services. They were aware of the GP Patient Survey scores and taken actions to increase patient satisfaction. Additional staff with the right skills had been recruited to support and replace staff planning retirement. The practice informed us that they had been experiencing high levels of sickness amongst the GPs in the practice since the COVID-19 pandemic. Other GPs had worked extensive extra hours to prioritise acute patient care.	

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had business plans in place to become a training practice and to increase their capacity to treat patients with minor illnesses.</p> <p>We were informed the practice had a vision to continue to offer a good service and look at ways to achieve and improve more.</p>	

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice used an external company for human resources support.</p> <p>An employee assistance programme was available to offer independent support for staff.</p>	

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

Source	Feedback
Feedback forms	<p>Feedback from staff was positive about working in the practice. They described a supportive environment and how they worked as a team. We were informed the GPs and the practice manager were all approachable and they felt their wellbeing was valued.</p> <p>Staff they were kept informed of any changes and learning from significant events and complaints.</p>

Governance arrangements

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

	Y/N/Partial
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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
Explanation of any answers and additional evidence: Policies and procedures were in place to govern the practice that all staff had access to. All staff had job descriptions.	

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
Explanation of any answers and additional evidence: The practice had a business continuity plan in place that was developed in conjunction with other practices in their Primary Care Network so they could accommodate each other in different practices if needed.	

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.	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 practice Patient Participation Group was disbanded during the COVID-19 pandemic and did not restart again.</p> <p>The practice used the NHS Friends and Family Test (FFT) to gather feedback from patients. The FFT was created to help providers understand whether patients were happy with the service provided or where improvements were needed.</p>	

Continuous improvement and innovation

There were 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

The practice had developed how they supported patients with a learning disability. They worked with a care coordinator to ensure the patients' needs were met and actions from annual reviews were carried out.

The practice supported 2 local care homes and had spent time with them carrying out regular meetings to improve their relationships and develop care plans for the residents. They had created a document to record the residents care wishes.

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.