

# Care Quality Commission

## Inspection Evidence Table

**Dr Deedar Singh Bhomra (1-484649687)**

Inspection date: **4 August 2022**

Date of data download: 04 August 2022

**Overall rating: Good**

**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.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• The practice had systems to safeguard children and vulnerable adults from abuse.</li> <li>• There was a nominated safeguarding lead for the practice.</li> <li>• All staff received up-to-date safeguarding and safety training appropriate to their role and knew how to identify and report concerns.</li> <li>• The practice had identified an increase in the number of patients presenting with Female Genital Mutilation (FGM). The practice clinical staff demonstrated a good understanding of the risks of FGM in their population and had taken action to safeguard those at risk.</li> <li>• The practice worked with other agencies to support patients and protect them from neglect and abuse. Practice staff carried out regular audits to ensure patients' records were appropriately coded. Patients were followed up and safety netting of all patients was in place. Regular planned meetings were held to discuss the safeguarding registers and the outcome of audits.</li> <li>• We saw that Disclosure and Barring Service (DBS) checks were undertaken for all staff, in line with the practice policy. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).</li> </ul>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• The provider carried out appropriate staff checks at the time of recruitment, which included checks for locum staff.</li> <li>• Staff files were organised so that relevant documents were readily and easily accessible in one place.</li> <li>• The practice manager had put systems in place to ensure that the current registration status for clinical staff was routinely checked online through the respective professional websites.</li> </ul>	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 27 July 2022	Yes
There was a fire procedure. Date of fire risk assessment: 9 April 2022	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• The practice staff ensured that health and safety risk assessments were carried out to maintain the safety of those who used the service.</li> <li>• The practice had appropriate safety policies, which were regularly reviewed and communicated to staff including temporary staff.</li> <li>• The practice had three named fire marshals who had completed the required training.</li> <li>• The maintenance, calibration and electrical safety checks of clinical equipment and portable appliances had been carried out annually to ensure they were safe to use.</li> <li>• Training records showed that staff had received training in health and safety which included fire safety training.</li> </ul>	

## Infection prevention and control

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

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 19 July 2022	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• There were systems to manage infection prevention and control (IPC) and these had been reviewed to include national and local guidance. For example, extra time was allocated for clinical staff to clean the consulting rooms and equipment used between patients.</li> <li>• Records were maintained to demonstrate that the routine cleaning of the premises was carried out.</li> <li>• The infection control lead had carried out hand hygiene audits with all staff.</li> <li>• An IPC audit was carried out in the last 12 months the outcome of this showed a score of 96%.</li> </ul>	

## Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• There were arrangements for planning and monitoring the number and mix of staff needed.</li> <li>• There was an induction process for locum staff working at the service on a temporary basis.</li> <li>• Training records we examined showed that staff had received training in basic life support and sepsis within the last 12 months.</li> </ul>	

## Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• Our clinical searches identified no concerns. We saw that individual care records were written and managed in a way that kept patients safe.</li> <li>• Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. The practice had an effective system in place to monitor its referral process.</li> <li>• Clinical staff were responsible for following up referrals made individually. The lead GP carried out quarterly audits of all referrals.</li> <li>• Our review of the practice workflow found that test results were managed in a timely way. Workflow was reviewed by the lead GP before being scanned and coded. Contacts with the out of hours services and attendances at A&amp;E planned or unplanned were reviewed and monitored.</li> <li>• During our discussions with the GPs we were informed that all results were processed in 48 hours. The outcome of test results following our searches were discussed with the GPs. Feedback was mostly positive and areas where any action was required were addressed immediately by the clinicians.</li> </ul>	

## Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHS Business Service Authority - NHSBSA)	1.78	0.79	0.79	Significant Variation (negative)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2021 to 31/03/2022) (NHSBSA)	13.7%	8.1%	8.8%	Variation (negative)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2021 to 31/03/2022) (NHSBSA)	6.10	5.19	5.29	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	205.0‰	113.4‰	128.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHSBSA)	1.26	0.62	0.60	Tending towards variation (negative)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	12.6‰	7.7‰	6.8‰	Tending towards variation (negative)

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.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes

Medicines management	Y/N/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.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Partial
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>National prescribing data showed that the practice prescribing for some antibiotics, hypnotics and other medicines and medicines to manage a patient's behaviour, mood or thoughts was higher than other practices locally and nationally. The population served by the practice had an impact on this. The practice was aware of this and planned to review, monitor and address this with the support of its primary care network (PCN) pharmacist.</li> <li>Non-medical prescribers were allocated a clinical supervisor. We saw evidence that individual audits and supervision of the prescribing practices and clinical reviews of non-medical prescribers were carried out to ensure competency standards were maintained.</li> <li>At this inspection we found that the systems for the safe management of medicines had been reviewed. Our clinical searches showed that most patients had received appropriate medicine reviews.</li> <li>As part of our inspection we reviewed a sample of patients on Disease-modifying antirheumatic drugs (DMARDS) and high-risk medicines that required regular monitoring due to the risk of side effects.</li> <li>We looked at three different DMARDS and found that all had received the required monitoring. We found that seven patients prescribed the DMARD Methotrexate, had received the required monitoring however, as recommended by best practice guidance, the day of the week the medicine should be taken was not included on three prescriptions.</li> <li>Our review identified the number of patients prescribed high-risk medicines. One of the medicines we reviewed was Lithium, a medicine used to treat patients with a mood disorder. Our search showed that all patients prescribed this medicine had the required monitoring completed.</li> </ul>	

Medicines management	Y/N/Partial
<ul style="list-style-type: none"> <li>• Other high risk medicines we reviewed relating to medicine safety alerts were those used to treat high blood pressure (hypertension). Records showed that 287 patients had been prescribed these medicines. Our search identified two patients prescribed these medicines had not had the required monitoring. A further review of these records showed that although not carried out, monitoring had been requested prior to issuing a repeat prescription.</li> <li>• A further search looked at the practice compliance with MHRA guidance relating to the prescribing of Pregabalin, a medicine used to treat epilepsy and anxiety. The MHRA alert highlighted substantial risks if this medicine is taken while pregnant. We identified eleven patients of childbearing age had been prescribed this medicine. A review of five of these patients showed that all had been contacted and the risks discussed and alerts were attached to their records.</li> <li>• Our clinical searches also looked at the prescribing practices and management of patients prescribed medicines to help them to sleep however, have the potential for misuse. We identified 73 patients were prescribed these medicines and reviewed five patient records. We found that there were potential risks of overuse for two patients, which was evidenced by the pattern of medicine prescription requests. These were discussed with the GPs and action taken to review and provide counselling where required.</li> <li>• Where recommended emergency medicines were not routinely held, the practice had undertaken appropriate risk assessments.</li> <li>• There were appropriate arrangements in place for the management of vaccines and for maintaining the cold chain. We saw fridge temperatures were routinely monitored and vaccines reviewed at random were in date and stored appropriately.</li> </ul>	

### Track record on safety and lessons learned and improvements made

### The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	Six
Number of events that required action:	Six
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses.</li> <li>• We found that the format used to document significant events showed evidence of learning and dissemination of information to staff.</li> </ul>	

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

Event	Specific action taken
<p>The practice received a telephone request from a patient posing as another patient for a repeat prescription of a medicine.</p>	<p>The incident was investigated and it was noted that the person called from a different telephone number than that on the patients' records. The lead GP was also aware that the patient this person was posing as was pregnant and therefore should not be taking the medicine requested. The incident was discussed at practice level and changes made to the repeat prescription request policy. This included any change in a patients telephone number must be made in writing by the patient and in person. Practice staff were to check and confirm contact numbers with the patient when calling. The incident was escalated to the PCN and ICB for shared learning.</p>

Safety alerts	Y/N/Partial
<p>There was a system for recording and acting on safety alerts.</p>	<p>Yes</p>
<p>Staff understood how to deal with alerts.</p>	<p>Yes</p>
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li data-bbox="168 940 1474 1045">• We found that the practice had a system in place to act on alerts which may affect patient safety. All alerts received at the practice were organised and stored in the practice computerised information system.</li> <li data-bbox="168 1052 1474 1182">• We carried out a random review of patient records relating to medicine safety and MHRA alerts. Records showed that appropriate action and follow up had been taken to support safe prescribing practices. We saw examples of actions taken on recent alerts for example, regarding Pregabalin, to ensure appropriate discussion and follow up had been undertaken.</li> </ul>	

## Effective

**Rating: Good**

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

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Clinical staff told us that they accessed training and updates relevant to their roles to keep them up to date. They could access clinical guidance through the National Institute for Health and Care Excellence (NICE).</li> <li>• Our clinical system reviews found appropriate follow up, care and treatment was provided in the management of patients with or at risk of long-term conditions. For example: <ul style="list-style-type: none"> <li>○ Our clinical searches included a review of patients with the potential of a missed diagnosis of diabetes based on blood test results. Two patients were identified and a review of their records showed that they were actively being followed up and had been offered appointments for monitoring and review.</li> <li>○ We also identified sixteen patients with diabetic retinopathy (a complication of diabetes) whose latest blood test showed that their diabetes was not well controlled. We reviewed records for five of these patients. These showed that patients care and treatment were appropriately managed. Patients due an appointment were being followed up and recalled. We noted that one patient was not engaging in their treatment and failed to respond and attend appointments. The practice staff were actively trying to engage with the patient.</li> </ul> </li> </ul>	



- The records of five patients with asthma prescribed high numbers of short acting inhalers (which may indicate poor asthma control) showed that all had been followed up for an asthma review in the last year. Discussions were held with patients identified as having a high use of rescue packs.
  - We identified twenty two patients with a potential missed diagnosis of Chronic Kidney Disease (CKD). We reviewed records for five of these patients and found they were not clearly coded. Our discussions with the GPs and further review of patient records showed that monitoring was up to date or monitoring and follow up was being requested, which decreased the level of risk. We looked at the records for two additional patients with late stage CKD and noted that they were receiving shared care with the renal team at the local hospital.
  - Our searches identified six patients who had not had thyroid function tests monitoring for 18 months as recommended. We reviewed the records of five patients and found that monitoring was overdue for all patients. The records showed that clinical staff were aware of these patients and action had been put in place to address it. The patient system showed that patients had been offered an appointment and patients who failed to attend their appointment were followed up through the practice call and recall system.
- We randomly reviewed the care plans of five patients diagnosed with different medical conditions and taking multiple medicines. We found that appropriate medicine reviews had been completed with the patients. Four consultations were carried out by a GP and one by a senior nurse practitioner. There was evidence to demonstrate that the patient's current condition was discussed with them, a physical examination was carried out and the patient's wishes considered. The care plans had been shared with other organisations if appropriate and there was no evidence of potential harm to the patients.

## Effective care for the practice population

### Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- 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 a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in 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.
- Patients with asthma were offered an asthma management plan.

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) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	29	31	93.5%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	37	41	90.2%	Met 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) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	38	41	92.7%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	37	41	90.2%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	35	37	94.6%	Met 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 had exceeded the 90% minimum uptake target for childhood immunisations in all age groups. Data available showed that it was not far from achieving the WHO based target of 95% for children aged one (93.5%) and Children aged five years (94.6%). The WHO target is the recommended standard for achieving herd immunity.
- Verified data we examined showed the trend over time identified that the practice had maintained an uptake of over 90% in childhood immunisations over the past five years for children aged between one and two years. The practice had also maintained these levels during the COVID-19 pandemic.
- The practice was a small practice, which enabled the staff to ensure they worked closely with the community they served to provide and offer education and support where needed.

Cancer Indicators	Practice	CCG average	England average	England comparison
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). (Snapshot date: 31/03/2022) (UK Health and Security Agency)	89.5%	N/A	80% Target	Met 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	60.5%	52.8%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	54.6%	55.6%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	56.3%	52.9%	55.4%	No statistical variation

### Any additional evidence or comments

- The practice staff were proactive in promoting the uptake of cervical screening. This had supported them to maintain the uptake of cervical screening above the England 80% target for over five years. The data showed that this uptake had been maintained during the COVID-19 pandemic.
- The uptake of other national cancer screening programmes, which included breast cancer and bowel cancer screening was comparable to local and England averages.
- This was a small practice, which enabled the staff to ensure they worked closely with patients to provide and offer education and support where needed.

## Monitoring care and treatment

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

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

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

The practice undertook an audit of patients with pre-diabetes. The audit set out to look at the outcome for pre-diabetic patients following diagnosis and referral to the NHS Diabetic Prevention Programme (NDPP) during the COVID 19 pandemic. Thirty nine patients were diagnosed with pre-diabetes over a three month period. The patients were all offered a telephone or face-to-face consultation. At this consultation their pre-diabetes diagnosis was explained and discussed with them and an explanation of NDPP. The patients were then offered a referral to the NHS programme. At this stage 29 patients accepted the offer of referral to the programme, eight patients declined and for two patients there was no record that a referral had been made to attend the programme. The practice identified that 27 patients attended all or part of the programme.

The outcome on completion of the programme based on blood tests results showed sixteen patients remained in the pre-diabetic range, thirteen patients had normal blood sugar results and were no longer pre-diabetic. Eight patients of the original 39 identified as pre-diabetic were diagnosed as diabetic and were started on treatment of these only three had attended the NHS Diabetic Prevention Programme.

The practice concluded that it was difficult to determine how effective the NDPP programme was. It was determined that making patients aware that they were pre-diabetic and providing education on the long term effects this could have was an effective trigger to act as a wakeup call for patients to change their lifestyle. The practice planned to continue with enrolling patients into the diabetic prevention programme.

## 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.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The practice management team had a structured approach to collating evidence and monitoring the training received by staff.</li> <li>• Training records we reviewed showed that staff had completed the provider's relevant mandatory training and training applicable to their role.</li> <li>• We saw that the lead GP was formally involved in the appraisal of the advanced nurse practitioner and practice nurse. The practice manager carried out the appraisal of non-clinical staff.</li> <li>• Annual appraisal records showed a two way conversation had taken place and that staff were able to discuss their learning and development needs. The practice appraisal process included assessing and updating staff competencies in their individual roles.</li> <li>• We saw that the advanced nurse practitioner and practice nurse took responsibility for their professional development. Staff confirmed that they were supported to meet the requirements of professional revalidation. The practice nurse was being supported by the management team to complete a non-medical prescribing course.</li> <li>• The advanced nurse practitioner told us that they had an allocated supervisor at the practice and had received supervision of their clinical and non-medical prescribing practices. Records we reviewed showed that this was a formal and structured process and records maintained evidenced the process and discussions that took place.</li> </ul>	

## Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Systems were in place to share information about patients electronically with other services.</li> <li>• The practice shared relevant information with out of hours services to support continuity of care.</li> <li>• We saw evidence of regular staff meetings to ensure staff were kept up to date with guidance and best practice during the COVID-19 pandemic.</li> <li>• The lead GP had been the Medical Director for a local Hospice for over 20 years. This experience supported the care of patients at the practice and allowed for regular contacts and the building of positive relationships with the palliative care teams at the Hospice as well as the local district nurse teams. Currently the teams of staff were looking at ways to reinstate the multidisciplinary team meetings in a more formal structured way.</li> </ul>	

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The organisation was part of a wider primary care network and was developing a diverse workforce of clinical support professionals and social prescribing support to meet the needs of the local population.</li> <li>• NHS health checks were carried out to identify patients at risk of developing long-term conditions, so that early interventions could be undertaken to improve the lives of patients.</li> <li>• The practice was taking part in the NHS diabetes prevention programme and had referred patients diagnosed with pre-diabetes to create awareness of the impact of their lifestyle on their health.</li> <li>• The practice manager and lead GP were actively involved in the local community. This involved arranging local events. For example, the practice manager arranged for children from the local school to visit the practice.</li> </ul>	

**Consent to care and treatment**

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• Practice staff were aware of legislation and guidance when considering consent and put this into practice when providing care and treatment to patients.</li><li>• The practice staff shared with us a copy of the assessment forms that were completed by the clinicians when assessing a patient's mental capacity to consent to care and treatment.</li><li>• Our clinical searches identified that DNACPR decisions made were appropriate and clearly recorded.</li></ul>	

# Caring

**Rating: Good**

## Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Staff understood patients' personal, cultural, social and religious needs. Feedback received indicated that staff displayed an understanding and non-judgmental attitude to patients.</li> </ul>	

Patient feedback	
Source	Feedback
Patient feedback	Comments received demonstrated that staff were positive and patients expressed that they were treated with kindness and respect.
Google Reviews	The overall google rating for the practice was 4 out of 5 stars based on 13 reviews. There were eight reviews completed over the past year. Six of these were comments on peoples experience of the care they received. These were all mostly positive and included that staff were very good, professional, caring and reassuring. There was one comment which indicated that staff could be more helpful.



## National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2021 to 31/03/2021)	95.7%	86.6%	89.4%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2021 to 31/03/2021)	95.7%	85.3%	88.4%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	99.8%	94.4%	95.6%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	92.0%	78.3%	83%	Significant Variation (positive)

### Any additional evidence or comments

The outcome of the GP National patient survey showed that overall patient's felt their experience with the practice staff was positive.

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

### Any additional evidence

- The practice received, feedback from patients on an ongoing basis. There was active Patient Participation Group (PPG) and community involvement. The GP National patient survey data showed that patient responses were significantly higher than the CCG and England averages. The practice management team reviewed the outcome of their national patient survey results each year. This involved noting any improvements on the previous year, any trends, areas where they were doing well and areas for improvement. These findings were shared with staff and an action plan developed to support improvement.

## Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice had access to interpretation services if needed. In the absence of an interpreter some of the staff at the practice were able to speak with patients in their first language.</li> <li>Feedback received indicated that patients were happy with their involvement in decisions about their care and treatment.</li> <li>Sufficient time was given during consultations to enable patients to make an informed decision about the choice of treatment available to them.</li> </ul>	

## National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2022 to 30/04/2022)	97.3%	89.9%	92.9%	Variation (positive)

### Any additional evidence or comments

The outcomes of the National GP Patient Survey results were positive about patient's involvement in decisions about their care and treatment.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified.	At the time of the inspection the practice provided a service to a population of 2,856 patients. There were 70 patients registered as carers at the practice. This represented approximately 2.5% of the practice population. Carers were encouraged to register as a carer with the practice. A carers information pack was available in the reception area. This contained details on the support and services available to carers.
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> <li>• Carers were offered an annual health check.</li> <li>• Carers were offered an annual flu vaccine.</li> <li>• All carers, which included young carers were sent text messages through the practice digital communication system.</li> <li>• The practice staff called all the carers on the register during the peak of the pandemic to check on their wellbeing.</li> </ul>
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> <li>• The practice maintained a register of patients who received end of life care.</li> <li>• The practice staff sent a condolence card to recently bereaved patients and a letter detailing the support services available to them.</li> <li>• Patients were signposted to support services in the community.</li> </ul>

### Privacy and dignity

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

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Staff recognised the importance of and took measures to ensure people's dignity and respect when using the service.</li> <li>• Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There was information at reception alerting patients to this.</li> <li>• Confidentiality was covered as part of new staff induction and staff signed a confidentiality agreement as part of their employment.</li> </ul>	

# Responsive

**Rating: Good**

## Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes

### Explanation of any answers and additional evidence:

- The provider understood the needs of their patients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered and were well maintained and equipped to support timely diagnosis and treatment of patients.
- Systems were in place to check, maintain and calibrate equipment used to support patient care and treatment at the practice. For example, Portable Appliance Testing (PAT) was carried out in July 2022 on electrical appliances and equipment to ensure they were safe to use.
- Reasonable adjustments had been made to the premises and building so that people in vulnerable circumstances could access and use services on an equal basis to others. There were disabled toilet facilities and nappy changing facilities. There was onsite parking and the clinical consulting rooms were located on the ground and first floor of the building. Access was available to the first floor for all patients by a purpose built lift.
- There was a hearing loop available for those with a hearing impairment.

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8.30am – 1.30pm
Thursday	8.30am – 7.30pm
Friday	8.30am – 6.30pm
Appointments available:	
Monday	8am – 12.30pm & 4.30pm – 6.30pm
Tuesday	8am – 12.30pm & 4.30pm – 6.30pm
Wednesday	8.30am – 1.30pm
Thursday	8am – 12.30pm & 4.30pm – 7.30pm
Friday	8am – 12.30pm & 4.30pm – 6.30pm

### 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.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice was open until 7.30pm on a Thursday. When the practice closes on Wednesday afternoon calls are diverted to the principal GP.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice.
- The strong focus on involvement in the local community continued at the practice. As seen at the last inspection the practice was actively involved with residents and local community groups to organise activities and events in the local community. This included funding and being involved in providing a cooked meal monthly at the local church hall to people in the local community. This reflected positively in encouraging community relationships and engagement. The practice staff told us that the number of people attending this event had increased.
- Children from the local school continued to enjoy their visits to the practice. This gave them an insight in what they could expect if they needed to visit the GP.

## Access to the service

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

The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England and Improvement to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes
Patients were able to make appointments in a way which met their needs	Yes
There were systems in place to support patients who face communication barriers to access treatment	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Patients had timely access to initial assessment, test results, diagnosis and treatment.</li> <li>Feedback we received from patients told us that they were able to be seen in a timely manner for their needs.</li> <li>A detailed process was in place for making informed decisions on undertaking home visits.</li> </ul>	

### National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2021 to 31/03/2021)	81.9%	N/A	67.6%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	76.1%	62.5%	70.6%	Variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	87.4%	61.6%	67.0%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	73.8%	76.8%	81.7%	No statistical variation

### Any additional evidence or comments

Patient responses in the national patient survey were positive about their access to the practice. The results were higher than both the CCG and England averages.

Source	Feedback
Reviews	There was a review on the NHS UK website, and one on google which both indirectly mentioned access to the practice as both expressed concerns about delays in registering at the practice.

### Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	Three
Number of complaints we examined.	Three
Number of complaints we examined that were satisfactorily handled in a timely way.	Three
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	None

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>Information about how to make a complaint or raise concerns was available to patients.</li> <li>The practice informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.</li> <li>The practice had a complaint policy and procedures in place which were available and easily accessible to staff.</li> <li>Complaints were discussed at the practice meetings and any learning identified.</li> </ul>	

#### Example(s) of learning from complaints.

Complaint	Specific action taken
Patient concerned that the practice had shared their personal identification details with another NHS organisation without permission.	The practice manager investigated the patients concerns. The outcome showed that the patient's information had been randomly selected by NHS digital. It was explained to the patient that NHS digital holds all information relating to patients. The patient accepted the explanation. The contact details of NHS digital were shared with the patient to support them to raise their concerns with them should they wish to.
Patient concerned about not being able to get an appointment.	The patient's concerns were investigated and a face to face meeting took place. An apology was provided and a consultation appointment offered and accepted by the patient. Patient was satisfied with the outcome.

## 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.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• The practice spoke about the challenges to the practice. These included ensuring the practice was safe for patients and staff during the pandemic.</li> <li>• To support and overcome these challenges the practice was part of a local Primary Care Network (PCN) known as GOSK (Great Barr, Oscott, Stockland Green &amp; Kingstanding) PCN.</li> <li>• Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.</li> <li>• The provider had effective processes to develop leadership capacity and skills.</li> <li>• We found the practice well organised and managed.</li> </ul>	

### 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.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• The vision and values for the practice were clearly set out. The provider told us how they aimed to provide high quality patient centred health care. For example, the practice worked with local colleagues and services to ensure patients had continuous access to care and treatment during the COVID-19 pandemic.</li> <li>• Practice staff were able to share with us the vision and values of the practice. This included the provision of patient focused quality care in a supported and professional environment.</li> <li>• The general practice worked with other healthcare professionals which enabled them to provide a comprehensive range of services to meet patient needs.</li> <li>• The practice had a realistic strategy and supporting business plans to achieve priorities. The business plan considered succession planning and how the skill mix of staff could change to meet the changing patient population for example, the recruitment of a female GP.</li> </ul>	



## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• There were positive relationships between staff and teams. Staff felt respected, supported and valued.</li> <li>• The practice focused on the needs of patients and provided personalised care and treatment.</li> <li>• The provider encouraged a culture of openness and honesty. Staff were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.</li> <li>• There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where appropriate.</li> <li>• The practice actively promoted equality and diversity. Staff had received equality and diversity training.</li> </ul>	

## Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• Structures, processes and systems to support good governance and management were clearly set out.</li> <li>• The provider held meetings to support the governance of the service. Information was shared with the administrative and management team.</li> <li>• Staff were clear on their roles and accountabilities.</li> <li>• Leaders had established relevant policies, procedures and activities to ensure safety. However, some systems and processes such as medicine management and the completeness of clinical records was not consistently reviewed and monitored to reassure themselves of completeness.</li> </ul>	

## Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice had processes to manage current and future performance. Performance of clinical staff could be demonstrated through appraisals and ongoing supervision and support.</li> <li>Clinical audit supported quality improvement.</li> <li>The practice management team had oversight of safety alerts, incidents, and complaints which were discussed at the practice meetings as standing agenda items.</li> <li>The provider had plans in place and had trained staff for major incidents.</li> <li>The provider had a business continuity plan in the event of service disruption which was reviewed annually. The plan included relevant contact details for various services that might be needed.</li> </ul>	

### The practice had systems in place to continue to deliver services, respond to risk and meet patients' needs during the pandemic

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes
The practice actively monitored the quality of access and made improvements in response to findings.	Yes
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>There were arrangements in place for staff to work remotely to support the continuity of services, if needed.</li> <li>There was a strong emphasis on the safety and well-being of all staff. During the pandemic staff were supported to work from home if they needed to.</li> </ul>	

- Patients that were potentially digitally excluded could still contact the practice using the telephone and were assessed by a clinical member of staff. A face to face appointment was provided if needed.
- Home visits were available to the practice's most vulnerable patients.
- Results from the latest published GP national patient survey showed high levels of patient satisfaction with access.
- Infection prevention and control measures had been put in place to maintain staff and patient safety during the pandemic.

### 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.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• Our remote searches of the practice clinical system identified no concerns relating to the use of data and information to support decisions specific to patient care and treatment.</li> <li>• The information used to monitor performance and the delivery of quality care was accurate and useful.</li> <li>• There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.</li> <li>• Records were stored electronically using secure systems and the practice had a named data protection officer.</li> </ul>	

### 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.	Yes
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• The practice used NHS approved software when consulting with patients remotely.</li> <li>• Staff had received training and had access to guidance when undertaking remote consultations. Training included related legislation and guidance that needed to be followed in respect of privacy and confidentiality.</li> </ul>	

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

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Staff were able to raise suggestions through the practice meetings.</li> <li>• Staff were able to provide feedback on an informal basis and through appraisals.</li> <li>• Patients were encouraged to provide feedback, when visiting the practice, through the practice website and through the practice Patient Participation Group (PPG).</li> <li>• The provider produced a quarterly newsletter for patients. Topics covered included issues related to mental health and the importance of cancer screening.</li> <li>• The practice also actively followed up on the outcome of the GP patient national survey and developed an action plan to support improvements where needed.</li> <li>• The provider worked with stakeholders and GP practices both within and external to their PCN. This allowed for sharing and learning to promote improvement in patient care.</li> </ul>	

## 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.	Yes
Learning was shared effectively and used to make improvements.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Records we examined showed shared learning with staff and changes implemented and monitored to support improvement.</li> <li>• Practice staff were encouraged and supported to develop their skills to maintain competences and professional development was supported.</li> <li>• Staff received regular appraisals to discuss learning and development needs and their performance.</li> <li>• The lead GP was looking at ways to involve other small practices in palliative care meetings to make the meetings efficient, beneficial and support learning for a wider group.</li> </ul>	

## Examples of continuous learning and improvement

<ul style="list-style-type: none"> <li>• Practice staff were encouraged and supported to develop their skills to maintain competences and professional development was supported.</li> <li>• The practice worked with other practices within GOSK (Great Barr, Oscott, Stockland Green &amp; Kingstanding) PCN. This provided peer support and opportunities for learning and improvement.</li> <li>• The practice was approved as an accredited training practice for GP trainees.</li> <li>• The practice was recently provided with the support of a paramedic through the PCN one day per week. The paramedic would also be undertaking home visits and was undergoing training to support them in this role.</li> </ul>
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## 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 practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

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

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

The following language is used for showing variation:

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

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

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

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

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

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

## Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **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.