

Care Quality Commission

Inspection Evidence Table

Pennfields Health Centre (1-7114715096)

Inspection date: **24 June 2022**

Date of data download: 30 May 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">• The practice had safeguarding leads for both adults and children and policies in place to support staff in the event of a safeguarding concern. Staff we spoke with knew what to do if they had any concerns about a patient.• The practice held safeguarding registers and discussed their most vulnerable patients at regular safeguarding meetings.• Patient records we reviewed showed that they had been appropriately coded where safeguarding concerns had been identified.• Clinical system alerts were used to identify patients who were at risk of harm or abuse. The system also identified other close contacts so that staff were aware of other family members who could potentially be at risk.• Practice staff used a child safe trigger tool to support their assessment of children considered to be at risk of potential harm or abuse.• Training records showed most staff were trained to an appropriate level in child and adult safeguarding for their role. This included non-clinical staff completing the training at level two as recommended in the intercollegiate document on safeguarding training guidance. Chaperoning was usually undertaken by non-clinical staff when required. Records showed that staff had undertaken training in the role and had been DBS checked. A DBS check refers to the Disclosure and Barring Services. This check helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children		

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The organisation Health and Beyond Ltd. had a dedicated centralised Human Resources (HR) team in place to develop and implement their HR processes and procedures. The team worked across all the organisations' group of GP practices. We reviewed the recruitment files for five members of staff (both clinical and non-clinical). We noted there were gaps in the standard and completeness of recruitment documentation and information held. The practice requested and checked the vaccination status of staff as part of the recruitment process. We saw that the immunisation status of all staff, specifically non-clinical staff were not available to demonstrate any immunisation that was incomplete. We saw that the organisation was actively working to ensure information held was in place for all staff and up to date. Staff told us that they were auditing the files to ensure information held was accurate and the HR team would be following up any gaps. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Yes
Date of last assessment: Varied across practice sites	Yes
There was a fire procedure.	Yes
Date of fire risk assessment: Varied across practice sites	Yes
Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> There was a Health and Safety Policy in place for the whole organisation and risk assessments had been carried out at the practice. The Health and safety of the premises was managed by a central team. The team had undertaken a comprehensive Health and Safety Compliance Audit to check that Health and Safety systems and processes were in place and in safe working order. Staff were alert to undertaking premises and safety checks daily. This formed part of a formal health and safety weekly walkabout. The outcome of the health and safety audits were escalated to the central team. Any issues were assessed for priority of action through a risk assessment process and reported to the Health and Beyond Ltd. leadership team. Urgent concerns identified as requiring immediate action were acted on immediately. Records seen showed regular servicing and safety reports for electrical installations, gas safety, alarm systems and water sample checks for legionella. Records available showed up to date servicing of fire equipment, weekly alarm checks and evidence that fire drills had been carried out. Fire wardens had been identified and trained to undertake the role. Training records showed fire safety training had been completed by all staff. Control of Substances Hazardous to Health (COSHH) risk assessments and safety information was in place. Calibration checks for clinical equipment and electrical safety testing for portable appliances had been undertaken to ensure equipment was safe and in good working order. 	

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.	Yes
Date of last infection prevention and control audit:	
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"> • There was an infection prevention and control lead for the service. • Training records seen showed that staff had completed infection prevention and control (IPC) training. • IPC audits had been undertaken. Cleaning check sheets were completed for each room. • Cleaning at each site was undertaken by external contractors, we saw cleaning schedules were available at each practice site and signed by cleaning staff. • During our site visit we found the premises visually clean and tidy and that staff had access to appropriate personal protective equipment. • We saw records which demonstrated there were appropriate arrangements for the removal of clinical waste. • Staff we spoke with told us about the systems and processes in place to ensure clinical specimens were handled safely. 	

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"> • The provider was aware of the shortage of staff particularly in the roles of reception and administration and were actively in the process of recruiting additional staff to help improve the working environment for staff and increase access to services for patients. • Staff worked flexibly and had opportunities for overtime to cover absences. • The provider used a rota system for managing the allocation of staff. This was centrally managed and included guidance for example, on GP staff leave to ensure there was always sufficient doctors available. • The practice had a locum pack to support staff working at the practice on a temporary basis. This included information about the IT systems, health and safety and relevant contact numbers. 	

- Emergency equipment and medicines were held and accessible on site.
- Risk assessments were completed on what emergency medicines would be held with some standardisation where appropriate.
- Training records showed that staff were up to date with their basic life support training.
- Reception and administration staff who handled calls to the practice and arranged appointments with the clinical team were aware of potential red flag symptoms. Staff knew to notify a GP or other clinician such as advanced nurse practitioners, paramedics and clinical pharmacists of concerns.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Our clinical searches found that clinical records were well maintained and test results were managed appropriately and in a timely manner. • The practice was aware of issues with the coding of patient records and were actively taking action to manage the backlog created by the mergers and impact of the COVID pandemic. • The provider had identified systems for managing information coming into the practice. Staff were allocated workflow tasks and the aim was for staff to complete this work during their shift. Staff were aware of the process to follow to manage any workflow that could not be completed. These would be tasked to their colleagues. The GPs and reception supervisors had oversight of this work to ensure appropriate levels of competence was maintained. 	

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)	0.49	0.81	0.79	Variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2021 to 31/03/2022) (NHSBSA)	4.8%	6.2%	8.8%	Tending towards variation (positive)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2021 to 31/03/2022) (NHSBSA)	4.83	5.21	5.29	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	59.0‰	138.1‰	128.2‰	Tending towards variation (positive)
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)	0.12	0.66	0.60	Significant Variation (positive)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	6.6‰	8.7‰	6.8‰	No statistical variation

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	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.	Partial
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.	Yes
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"> National prescribing data showed that the practice prescribing for four of the indicators above was better than other practices both locally and nationally. The two remaining indicators were in line with other practices. The practice regularly reviewed its prescribing practice as a clinical team with the support of the practice pharmacists' medicines management team. 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. Our clinical searches showed that most patients had received appropriate medicine reviews. 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. We identified seven patients prescribed three different DMARDs and all patients had the required monitoring carried out. One of the high risk medicines we reviewed was Novel Oral Anticoagulants (NOACs) an anticoagulant medicine which makes the blood take longer to clot. Our clinical searches identified 52 patients prescribed this medicine of which 34 had not had the required monitoring completed. We examined five of these records and found that two patients had tests carried out but calculations had not been completed and tests were overdue for one patient. The absence of full monitoring meant that calculations could not be completed to ensure that patients were prescribed the correct dose of medicine. The practice took action to follow up these patients. Other medicines we reviewed related to safety alerts about some combination of medicines We looked at the prescribing of Omeprazole, a medicine used to treat heart burn and indigestion, which reduces the effect of Clopidogrel, a medicine used to prevent blood clots if taken together. Our searches identified four patients prescribed this combination. There was 	

Medicines management**Y/N/Partial**

no evidence in patient records that the patients had been informed of the risks associated with taking these medicines together.

- We reviewed the records of five patients who had consultations to review repeat medicines and found that appropriate reviews had been completed for all patients. The patient's records were randomly selected, patients had varied medical conditions and reviews had been completed by different clinicians, which included a pharmacist, nurse practitioners and GPs.
- Where recommended emergency medicines were not routinely held, the practice had undertaken appropriate risk assessments.
- 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.

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:	6
Number of events that required action:	6
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • There were systems in place for reporting and managing incidents and significant events. • We saw minutes from meetings where learning from incidents and events were discussed. 	

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

Event	Specific action taken
Episode of vandalism and abuse from patients.	Following an investigation, the provider identified that ongoing concerns about patient aggression, presented a risk to staff when working out of hours. The provider's investigation showed that the practice staff had taken appropriate action to protect themselves. The action taken by the provider was to ensure all staff had access to the security number for the building.
There was a failure to act on test results relating to prescribed medicines.	The practice identified that there was a potential risk to a patient due to practice staff failing to act on blood test results in a timely manner. The provider took action to review its policies and procedures. Discussions were held with staff to ensure timely action would be taken to review blood tests particularly for patients prescribed medicines that could cause adverse effects or reactions.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Medicine safety alerts were managed by the organisation pharmacy team. • We saw examples where relevant safety alerts were shared with staff and a tracking system used to ensure they had been read and acknowledged. • The practice ran regular audits to ensure actions taken against medicine safety alerts such as those from the Medicines and Healthcare products Regulatory Agency (MHRA) were maintained. Our clinical searches confirmed these checks were in place. • We looked at five records of patients taking a combination of medicines, where one of the medicines could reduce the effect of the other. Records showed ongoing work was being carried out to ensure appropriate discussion and follow up had been undertaken. • We saw examples of actions taken on recent alerts for example, regarding sodium valproate. 	

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

Explanation of any answers and additional evidence:

- 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).
- In line with guidance during the pandemic the provider had focused on their high-risk patients. They had developed a recovery plan to help safely manage their patients with long term conditions and additional needs.
- 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:
 - Our clinical searches included a review of patients with the potential of a missed diagnosis of diabetes based on blood test results. We identified nine patients with a potential missed diagnosis. We looked at the records for five patients and found two patients had appointments booked to discuss results and the remaining three patients had not been coded, which could result in potential harm if not followed up.
 - Our clinical searches identified 13 patients with diabetic retinopathy (a complication of diabetes) whose latest blood test showed that their diabetes was not well controlled. We reviewed records for four of these patients. These showed that patients care and treatment were appropriately managed.
 - The provider was aware of the backlog in coding of patient records and the problems this presented. A risk assessment had been carried out to identify the extent of the problem and provider had rated this as a high priority. A plan of action included

identifying and training a team of staff to address this. If necessary the provider planned to recruit additional staff.

- The change over from one practice patient management system to another together with prioritising guidance related to care, treatment and the operation of GP practices during the COVID-19 pandemic had also had an impact on the practice plans to manage its coding backlog.
- The nurse practitioner diabetic lead and their team were actively following up patients diagnosed with diabetes.
- The patient records we reviewed showed evidence of shared care with hospitals and community clinics.
- We found that appropriate follow up of patients with asthma prescribed high numbers of short acting inhalers (which may indicate poor asthma control) had taken place.
- Patients with later stage Chronic Kidney Disease had been actively followed up by practice staff.
- We randomly reviewed the records of five patients with hypothyroidism. We found that monitoring was overdue for three patients. Two patients were considered at lower risk because their last test results were within normal range. The remaining patient record did not evidence a previous test result. Three patient records did not have a diagnosis coded.
- We randomly reviewed the care plans of five patients diagnosed with different medical conditions and found that appropriate reviews had completed with the patient four face to face and one through a telephone consultation. There was evidence to demonstrate that 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 social care professionals to deliver a coordinated package of care.
- Staff responsible for reviews of patients with long-term conditions had received specific training.
- Patients with asthma were offered an asthma management plan. GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins. Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	86	100	86.0%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	69	86	80.2%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	70	86	81.4%	Below 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)	73	86	84.9%	Below 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)	57	80	71.3%	Below 80% uptake

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 was not meeting the WHO based target of 95% uptake for childhood immunisations for all age groups. This is the recommended standard for achieving herd immunity. The practice was also not meeting the 90% minimum uptake target for childhood immunisations in all age groups.
- Verified data showed that the uptake of children aged one who had completed a primary course of immunisation was 86%. The uptake of children aged 5 who had received immunisation for measles, mumps and rubella was 71.3%. The uptake of immunisations for children aged two was just above 80% in all three immunisation categories as shown in the table above.
- The practice were proactively working to return childhood immunisation levels back to its pre COVID-19 levels. Verified data we examined showed that there had been a decline in the uptake of childhood immunisations since the COVID pandemic period. Prior to this the practice had achieved either the WHO target of 95% or above the minimum target of 90% over a four year period for children aged one and two.
- Staff told us about the action they were taking to improve the uptake of childhood immunisations. The practice nursing teams who administered childhood vaccines worked closely together to educate parents and guardians on the importance of the immunisation programme. The team worked with reception and administration staff on the call and recall system for children not brought to appointments. Any parents/guardians that failed to bring children to an appointment were contacted at the time and rebooked. Children were also discussed with the health visitor and at multidisciplinary team (MDT) meetings.
- The practice had a diverse and transient population. There were approximately 70 different languages spoken by patients. The practice staff found that it could be difficult to obtain an up to date history of a child's immunisation status from parents.

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: 31/12/2021) (UK Health and Security Agency)	60.6%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	31.4%	55.7%	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)	42.8%	57.0%	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)	70.0%	50.3%	55.4%	No statistical variation

Any additional evidence or comments

- The uptake of cervical screening was below the 70% uptake and the England average of 80%. The data showed that there had been a rapid decline in uptake since the start of the pandemic.
- The practice told us that they had been proactively contacting patients that were overdue cervical cancer screening by phone or letters. Practice nurses told us that they would take time to speak to patients who were nervous about attending to provide reassurance. Opportunistic cervical screening was offered when patients attended for other appointments. Patients were able to attend the extended access hub for cervical cancer screening in the evenings or at weekends. Verified data we reviewed showed there had been a steady increase in the uptake of cervical screening since June 2020 from 51% to 62%.
- The uptake of other national cancer screening programmes, which included breast cancer and bowel cancer screening was below the local and England averages. Active education with the support of community groups and interpreter services was provided to patients to encourage and stress the importance of attending these screening procedures.
- Information provided showed that the practice's diverse population group, with approximately 70 languages spoken by patients had impacted on the practice performance in the cancer related indicators in the table above. Areas of concern addressed by the practice include for example, the education of patients and additional support where needed to maintain patients compliance, with their care treatment.

Monitoring care and treatment

The practice had a 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

<p>The provider shared with us various quality improvement activities that they had been involved in, this included:</p> <ul style="list-style-type: none">• The provider had a clinical audit programme in place. A review of the findings and actions to be taken was overseen and supported by the clinical leadership group.• The pharmacy team had set up routine audits run to help support the safe management of medicines.• Audits were carried out to monitor and review medicine prescribing at the practice in response to safety alert notifications. The practice participated in local antibiotic prescribing audits and were able to show improvements in prescribing.
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Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

<p>The partnership shared with us various quality improvement activities that they had been involved in, this included:</p> <ul style="list-style-type: none">• One of the audits carried out over the past two was a re-audit of the number of patients that were converted following referral to gynaecology. This was the second cycle of an initial audit undertaken in 2018 following a report by the then local Clinical Commissioning Group stating that many of the referrals to the local trust from all primary care providers across Wolverhampton were not justified resulting in a less than satisfactory conversion rate. It was reported that there were clear initial primary care management steps that could have been taken prior to the referral. The audit was undertaken by the provider to assess each referral and follow up the conversion rate. There was no national set standard from which to measure the justification for referral to secondary care. The practice set its own conversion rate standard of 100% that the referral was clinical reasonable.<ul style="list-style-type: none">○ The second audit cycle was carried out between January and June 2021. A search of the providers patient information system identified a total of 33 referrals for this period. Twenty five patients (75.7%) showed definite conversion, this was a slight decrease on the conversion rate (77%) reported in 2018. A breakdown of the reasons for non-conversion of the remaining eight patients (80.6%) showed that these were outside of the control of the referrer for example, patient referred by previous GP or a change in clinical status. The outcome of the audit also showed a decrease in the non-conversion rate 80.6% compared to the rate of 89% following the audit in 2018.○ The provider determined that the number of referrals when compared to the practice population of approximately 5667 at the time of the audit was relatively small and the reason for non-conversions were outside of their control and for these reasons that its approach to gynaecology referrals were justified. The practice planned to repeat the audit.

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"> • Staff had access to and completed training identified as mandatory by the provider. • Staff with new and extended roles had a designated supervisor who undertook annual audits of their clinical work to ensure their competence. • Clinical staff had opportunities to attend local networks and online events to help maintain skills and development. • Training records seen demonstrated that staff in extended roles had received appropriate role specific training for the work they performed. • We saw from staff records that a three month induction process was in place. However, the contents and completion of the documents we reviewed did not include sufficient and appropriate information to clearly demonstrate staff competency. For example, there was an absence of information on the topics covered, discussions held, outcomes and feedback to support decisions made when extending the induction period, offering a permanent position or reason for unsuitability. The provider, specifically the lead for human resources and their team took immediate action to address this. The provider shared updated copies of the induction and competence documents, which they had reviewed, redesigned for clarity on how to complete and implemented. • Staff had received appraisals. Information from the outcome of appraisals was used to support the restructuring process where staff had expressed a wish to undertake new roles. In some cases, staff had been promoted into new roles. The restructuring process had introduced a new internal career progression organisation structure. The changes also offered staff the opportunity to take up new roles. 	

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">• The practice was developing a multidisciplinary workforce that could best meet the needs of patients. We spoke with staff from across the organisation, including clinical pharmacists, advanced nurse practitioners, practice nurses, musculoskeletal physiotherapists, and health care assistants. All the staff understood how they fitted in within the organisation when supporting patients.• The practice held regular multi-disciplinary team meetings with community health care staff and community teams to discuss the care and support needs of all patients.	

Helping patients to live healthier lives

Staff were 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"> • The provider was part of a wider primary care network and was developing a diverse workforce of clinical support professionals, health and wellbeing staff team and social prescribing support to meet the needs of the local population. • 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. • One of the developments within the organisation was the implementation of a team of nursing staff to lead on the management and support of patients with diabetes or at risk of diabetes. • Staff we spoke with were aware of services they could refer and signpost patients to, which could support them to live healthier lives. For example, wellbeing and exercise, counselling and substance misuse support services. • The organisation was involved in two National Health Service England (NHSE) inequalities and improvement programme projects. The programme involved integrated working between primary and secondary care. The aim was to educate and include patients in their care and treatment. The two projects the practice was involved with related to the management of patients diagnosed with chronic kidney disease (CKD) and diabetes. • Health and Beyond Ltd. had employed health and wellbeing professionals to develop a local Wellbeing hub at one of the APMS practices to provide health checks and lifestyle support to patients across the organisation. • Work was underway through the newly appointed patient engagement lead to raise patient awareness of the new team roles and work alongside the health lifestyle team to promote patient wellbeing. 	

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">• Training records showed that clinical staff completed training relating to the Mental Capacity Act and Deprivation of Liberty Safeguards.• Staff we spoke with had an understanding of relevant legislations and guidance when obtaining consent and decision making and had access to policies and procedures to support them.• Our clinical searches identified that DNACPR decisions made were appropriate and clearly recorded.	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was mixed 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.	Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We spoke with PPG members both via an online team call and in person from across the organisation, Health and Beyond Ltd. Overall, the members were positive about the practice and the services they received. Patients told us that they had initial concerns when the new organisation took over however, now felt that things were improving. The practice held meetings with the PPG, online where possible or telephone conversations. The practice had plans to re-commence face to face meetings for those who felt comfortable for this to be reintroduced. We found that some patients had concerns about staff attitude. The practice was aware of the concerns raised by patients and had attributed some of the frustrations to staff shortages due to vacancies and absences. Staff had undertaken training in customer care and conflict resolution to help improve the patient experience. The practice employed a patient engagement lead to help improve communication with patients. There was a formal agenda of planned activity to encourage patient engagement. 	

Patient feedback	
Source	Feedback
NHS UK	There were two reviews posted over the last 12 months on the NHS website. Both gave low ratings of one star. Both comments were negative and referenced concerns about access to the practice and services and staff attitude. The practice had responded to the comments, apologised to patients and offered them the opportunity to discuss their concerns with the practice manager.
Google Reviews	The google rating for Pennfields Medical Centre was 2.4 out of 5 stars based on 25 reviews, posted in the last 12 months. Eighteen of the 25 comments were negative and include concerns about access, delays in answering the phone, not being able to see a GP, no specific or indication of a time to expect a telephone consultation call and staff attitude. However, the remaining seven reviews were positive about the patient experience of the service, comments made state that staff were polite and no problems getting appointments. The accuracy of this feedback has not been verified however, similar feedback can be found on the NHS UK website and will influence patients views.
Patient feedback	We received feedback from patients and a member of the PPG, they were positive about the service received and found the staff polite and respectful. They expressed concerns about access but felt the practice was receptive to feedback from patients and were making improvements.

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)	89.1%	86.3%	89.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2021 to 31/03/2021)	88.6%	85.0%	88.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	93.1%	93.8%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	84.8%	76.8%	83.0%	No statistical variation

Any additional evidence or comments

- Results from the latest GP national patient survey published in July 2021 were in line with other practices locally and nationally in the responses received to questions relating to patient experience.
- The practice had reviewed its national patient survey results. The review looked at where patients had scored their experience as positive and where improvements were needed. The practice planned to undertake a short survey, using the national patient survey questions, which focused on the patient experience related to caring.
- The practice used the outcome of all surveys carried out, and other sources of feedback for example, patient participation group (PPG) meetings to develop an action plan to improve the patient experience.

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

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"> Staff we spoke with gave us examples as to how they supported patients to understand their care for example, through the use of health education, translation services and working with a patient's carer. 	

Source	Feedback
Interviews with patients.	Patient representatives we spoke with told us how positive attempts had been made to improve communications between the practice and patients. Some patients were aware of the patient engagement lead employed to improve communications and support preventative health education for patients.

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 (01/01/2021 to 31/03/2021)	92.3%	90.3%	92.9%	No statistical variation

Any additional evidence or comments

<ul style="list-style-type: none"> Results from the GP National patient survey identified comparable results with the local and national averages for the question relating to their involvement in decisions about their care and treatment. The practice had started making changes to improve staffing.
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	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had a diverse population who spoke approximately 70 different languages. This meant that when compared to other practices locally there was a high use of interpreters. 	

Carers	Narrative
Percentage and number of carers identified.	At the time of the inspection the practice provided a service to a population of 5,852 patients. There were 55 patients registered as carers at the practice. This represented approximately 1% of the practice population. This was under the suggested minimum of 2%. Carers were encouraged to register as a carer with the practice. There was a dedicated carers notice board and an information pack available in the reception area. These contained details on the support and services available to carers.
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> • Carers were offered an annual health check. • Carers were offered an annual flu vaccine. • The practice made every effort to identify young carers. • The practice staff called all the carers on the register during the peak of the pandemic to check on their wellbeing.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> • The practice maintained a register of patients who received end of life care. • Families who had a bereavement were contacted and offered an open invitation to attend the practice, if they wanted to advise or to discuss anything further. • The practice had bereavement packs which included information and details of support services available for the family.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
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"> • Staff recognised the importance of and took measures to ensure people's dignity and respect when using the service. • 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. • Confidentiality was covered as part of new staff induction and staff signed a confidentiality agreement as part of their employment. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none">• Pennfields was one of two Alternative Provider Medical Services (APMS) practice sites. APMS contracts allows the practice to enter into contracts with any non-NHS individual or organisation to meet local needs in addition to its NHS primary medical services (PMS) contract.• The practice had received some negative feedback from patients in relation to access during and following the pandemic. The practice was aware of these concerns and had identified areas that were having the greatest impact these included staffing numbers, recruitment and staff skill mix. Plans were developed to make improvements in these areas.• Patients had complained that they had struggled to access services through the telephone lines. The practice had recently set up specialist teams of staff with advanced clinical qualifications to provide care and treatment to patients with long term conditions. The teams of staff were proactive in calling their specific group of patients to arrange appointments for condition reviews and medicine reviews to reduce the need for patients to contact the practice. The practice was aware that there was a shortage of reception and administration staff and were in the process of recruiting additional staff.• Extended access appointments were available in the evenings and at the weekends to provide a wider range of additional appointments at one of the organisations APMS practice sites.• We saw copies of the minutes of a PPG meeting held in February 2022. One of the topics discussed were the extended opening hours available at the weekend, which had changed to 8am to 4pm, Saturday and Sunday.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 8pm
Tuesday	8am – 8pm
Wednesday	8am – 8pm
Thursday	8am – 8pm
Friday	8am – 8pm
Appointments available:	
Monday	8am – 8pm
Tuesday	8am – 8pm
Wednesday	8am – 8pm
Thursday	8am – 8pm
Friday	8am – 8pm
Weekends	
Saturday	8am – 4pm
Sunday	8am – 4pm

- Further information about how the practice is responding to the needs of their population**
- 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.
 - Accessible appointments were available for school age children so that they did not need to miss school.
 - All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
 - The practice was open until 8pm Monday to Friday. Appointments were available Saturday and Sunday 8am until 4pm.
 - The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
 - People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
 - The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

Access to the service

People were mostly 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	Partial
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Patients had access to an initial assessment, test results, diagnosis and treatment. • Information we received from patients told us that they were not always able to be seen in a timely manner to meet their needs. The reasons they gave for this was due to not being able to access the practice for an appointment and it was difficult to get through to the practice by telephone. Plans to manage and improve the patient experience was part of the practice post covid recovery plans. • The GPs offered home visits for patients who were housebound (the frail, elderly or vulnerable patients). Patients or their carer were asked to contact the practice before. A detailed process was in place for making informed decisions on undertaking home visits. Decisions on whether a home visit was needed was made by the GP. • The practice offered a variety of clinics, which included, asthma and diabetes. • Discussions held at PPG meetings made patients aware that the practice doors were re-opening as part of the COVID recovery plan. Patients were made aware that COVID infection prevention measures remain in place and re-enforced that face to face appointments were available. 	

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)	78.8%	N/A	67.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	83.8%	62.7%	70.6%	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 (01/01/2021 to 31/03/2021)	78.6%	62.2%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	88.3%	76.3%	81.7%	No statistical variation

Any additional evidence or comments

- Results from the latest GP national patient survey published in July 2021 found the outcomes were more positive and scored higher when compared to local and national averages for questions about access.
- We found the practice had undertaken some work to improve access and had worked to develop an action plan.

Source	Feedback
NHS UK	There were 2 reviews posted over the last 12 months on the NHS website. The comments were negative and highlighted concerns about access to the practice.
Patient Feedback	Patient feedback continued to raise concerns about access. The practice was unable to evidence that the action plan was having a positive impact and improving access for patients.

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.	3
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Information about how to make a complaint or raise concerns was available to patients. 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. The practice had a complaint policy and procedures in place which were available and easily accessible to staff. Complaints were discussed at the practice meetings and any trends and learning identified. The practice had received two written complaints in the last year. Both were received in the last few months and were in the process of being investigated. Both complaints expressed being unhappy with their GP consultation and their health concerns not been taken seriously. 	

Example(s) of learning from complaints

Complaint	Specific action taken
Patient had difficulties obtaining medicine prescription through a nominated chemist using the electronic prescription service.	The complaint was received via NHS England. The practice investigated, reviewed its system for issuing medicine prescriptions using the electronic prescription service. The outcome and action to be taken was discussed at separate meetings held with administration and clinical staff.

Well-led

Rating: Requires Improvement

The practice was rated as requires improvement for providing well led services because at this inspection we found that:

- Leadership arrangements did not consistently demonstrate an open culture in which staff felt engaged and enabled to raise concerns.
- The continued negative feedback from patients about access did not demonstrate effective management oversight of the impact if any of the action taken by the provider to address the concerns

Leadership capacity and capability

Leaders had the skills to deliver high quality care. However, staff concerns highlights issues about capacity and the visibility of leaders, which could impact their ability to consistently provide high quality sustainable care.

	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.	Partial
There was a leadership development programme, including a succession plan.	Yes

Explanation of any answers and additional evidence:

- To support its group of practices Health and Beyond Ltd. had developed a centralised clinical and managerial leadership team, that had been working hard to develop a resilient and sustainable service.
- The organisation told us that it had faced a challenging time, since taking over the practice, in addition to the pandemic there were complaints from patients about access. The organisation spoke about the challenges of the COVID-19 pandemic and how they had adapted their practices in order to continue to deliver services to their population.
- We saw evidence of an identified leadership structure. However, anonymous whistleblowing concerns received by the care quality commission (CQC) prior to the inspection suggested that not all staff had confidence in the leadership team and plans for how the practices would operate. Concerns raised for example, included staff capacity, movement of staff and poor communication.
- The provider had been made aware of the initial concerns received by CQC, which they were asked to investigate. However, despite the continued efforts by Health and Beyond Ltd. to make improvements, CQC continued to receive whistle blowing concerns. Further anonymous concerns were received at the time of this inspection. A decision was made to extend the inspection so that further evidence could be gathered and the issues raised explored further. This involved giving all staff the opportunity for their voice to be heard and or complete a questionnaire and return it directly to the CQC.

Vision and strategy

The practice had a 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.	Partial
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">• Health and Beyond had a mission statement which was accessible on its website. Their aim was to provide better health and social care which was patient friendly and family centred.• The vision across all practices was to develop a partnership between patients and their clinicians that allowed them to work with patients to deliver high quality health and social care services and meet the needs of their registered population in Wolverhampton.• The provider had worked on a 'Values Framework' to be finalised and implemented with all staff across the practices.• Some of the staff we spoke with were aware of the practice's vision and values and told us that this was discussed at a staff presentation event held following an external review of staff and patient views. However, staff told us that they had not been involved in the development of the practice vision, values and strategy.• The provider had developed plans for recovery from the pandemic, managing sustainability and improving patient satisfaction.	

Culture

The practice culture did not effectively support 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.	Partial
There was a strong emphasis on the safety and well-being of staff.	Partial
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.	Partial
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Staff we spoke with from across the organisation were not all positive about the way in which the organisation wanted to make changes to the practice. Staff felt they had not been involved in the changes and that they were not working in a supportive working environment. The whistle blowing concerns we received expressed concerns about communication, lack of staff and management style. Staff also felt that they would not feel comfortable with raising any issues. Due to the rapid changes, re-organisation and working across sites staff found that there were difficulties in working as a cohesive team. This was further impacted by the pandemic. The provider had provided staff with access to a nominated Freedom to Speak Up Guardian to help them feel safe to voice any concerns and develop effective engagement and communication with the leadership team. The practice had whistleblowing and duty of candour policies in place. 	

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

Source	Feedback
Staff questionnaires	<p>To help us review and explore the issues highlighted in the anonymous whistle blowing concerns we received, a questionnaire was sent to all staff across the organisation. Twenty four questionnaires were returned. The overall feedback identified several areas of concern. These included:</p> <ul style="list-style-type: none"> Communication Pay Staffing levels / Staff skill mix and training Workload <p>Areas where staff highlighted most satisfaction included:</p> <ul style="list-style-type: none"> Their roles and the work they do The new structure allowed for progression / career development plan Friendly supportive team
Provider Review Outcome action plan	<p>The provider developed and implemented a plan of action to address the outcome of their external review. This included ongoing updates and proactive communication with staff teams. Examples of proactive action to be taken included reintroducing staff meetings to improve information sharing, recognition and celebration of staff contribution to the service, wellbeing forums and the introduction of podcasts and newsletters.</p>

Governance arrangements

Governance arrangements identified staff 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">• The provider had undertaken a review of its governance arrangements. The outcome of the review highlighted areas of concern that required urgent action. Concerns identified included abusive behaviour from patients, availability of appointments, staff shortages, the work environment and clinical leadership. The provider had developed a comprehensive action plan to address these concerns overtime, which they had actively progressed since September 2021.• The organisation used an 'Assurance Pack Framework' for assessing and measuring quality, risks and performance and aligned these activities to the organisation business strategy.• The organisation worked to build a new single organisation and new team structure following the merger of eight practices. This included a senior clinical leadership team, managerial leadership team and multi-disciplinary staffing structure.• New roles and teams had been established in developing the organisation and meeting the needs of patients. These included care navigators, workflow administrators, acute care team and medicines team. The teams worked together to deliver an improved patient experience. Staff received training and support in their new roles and those we spoke with were clear about their roles and responsibilities.• Individual GPs also had lead roles that supported the new team structures and ensured the competence of staff.• The practice was led by a board of partners and governance arrangements included localised team meetings which fed into the central clinical and senior managers meetings.• Staff told us that most communication was shared via emails and WhatsApp staff groups. Regular online meetings were also held for the different staff groups. Staff felt that more face to face meetings were needed.• Policies and procedures were kept up to date and were accessible to all staff.	

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">• The practice used a comprehensive health and safety checklist which was completed on the monthly walkabout of the premises. Health and Safety risk assessments had been completed and plans put in place to mitigate any risks identified.• Risk assessments and arrangements were in place for managing the premises and staff.• Our clinical system searches found appropriate management of patients and clinical risks.• Staff had received appropriate training to help manage potential risks to patients and the service, such as basic life support and fire safety training.• The practice was able to share with us examples of audits undertaken to support service improvements.• New services were monitored through direct supervision and audit of new staff roles to ensure competence.• The practice had a business continuity plan to mitigate risks to patients and staff in the event of any disruption to the service.• The provider had	

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"> • During the pandemic the organisation had developed comprehensive plans as to how it would use the various practice sites to keep patients safe. For example, at Alternative Provider Medical Services (APMS) practice sites the following services were provided to meet local needs: <ul style="list-style-type: none"> ○ Dedicated services and staff to provide care for patients with minor illnesses. ○ Access to extended hours services from 6.30pm – 8pm weekdays and at designated times at weekends. ○ A designated vaccination centre was developed at one of the organisation's practices and another practice site remained set up to enable the provider to still see patients with potential COVID-19 symptoms safely. • Throughout the pandemic the practice had triaged patients and any patients that needed to be seen face to face were booked in. • The practice had developed specific plans as part of their recovery following COVID-19. These detailed priorities that needed to be covered for example, medicine reviews and where it was safe to delay in line with national guidance. • The provider had identified concerns with staffing levels. The provider had plans to increase the staff numbers and held a recruitment event in December 2021. 	

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"> We saw that the practice used information to support the call and recall of patients with long term conditions, to identify priorities during the pandemic, to support improvements with access and in the management of medicines. 	

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"> The practice had a support team with a lead role for ensuring technology was being used appropriately. Security arrangements for the various systems used for video consulting and messaging patients were in place. Phone messages informed patients where calls were recorded. Patients signing up for online services were required to provide proof of identity. Staff undertaking virtual consultations checked patients' identity at the start of a call. We saw that the practice registration with the Information Commissioners Office was in date. 	

Engagement with patients, the public, staff and external partners

The practice had some systems in place to involve 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.	Partial
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes

Explanation of any answers and additional evidence:

- The patient engagement lead was working with existing Patient Participation (PPG) members to form a single patient participation group to represent all practices across the organisation.
- We saw that the provider was working with the PPG and patients to try and resolve access issues. The organisation recognised the need to improve communication with the local population and had employed the patient engagement lead to help develop and implement effective means of communication.
- To address staff concerns and support the inclusion and reflection of staff views in the planning and delivery of services Health and Beyond Ltd. had worked with an independent agency to review the operation of the organisation. Forums were set up to obtain feedback from staff and patients. Feedback from staff indicated that communication within the organisation was not effective. Most staff felt that they were not involved in the organisations plans to sustain and maintain high quality care. Comprehensive action plans to share the outcome of the review with staff and discuss possible actions based on staff and patient responses and suggestions were developed. The impact of COVID-19 meant there was a delay in implementing the plans for improvement.
- The provider recognised that they had more to do to improve communication and learn from staff. A commitment was made to improve and maintain ongoing engagement and dialogue with teams.
- The practice regularly engaged and worked with key stakeholders to address challenges and the needs of the population, this included the delivery of the COVID-19 vaccination programme. During the and responding to local and national direction in shaping primary medical services within the primary care network. Pennfields Health Centre was part of a wider network of GP practices called Wolverhampton South East Care Collaborative PCN.

Feedback from Patient Participation Group.

Feedback

We spoke with a member of the Patient Participation Group, who found the practice to be open and honest and were receptive to making changes to meet the needs of patients.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	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"> • The practice had continued to strengthen with the development of a diverse workforce. • The practice had struggled with access although action plans were put in place evidence was not available to demonstrate improvement through real time monitoring. However, the results of the patient national survey indicated that some improvement had been made. • The practice had plans in place to address and update the coding of patient records. • The practice had established a multidisciplinary care home team through the PCN to reduce emergency admissions. • Information available showed that the Primary Care Network (PCN) monitored the use and uptake of the resources provided to support patient health and social care needs. At a PCN meeting the poor take up of the services offered by the social prescriber and the mental health practitioner how to improve engagement over all practice sites within the PCN was discussed. • The organisation responded quickly to the need to set up and provide a COVID-19 vaccination centre for the local population during the pandemic at one of its partnership branch sites. • The practice had proactively worked to provide healthcare education and support to the wider community through working with religious organisations and a local charity. • The practice could access the local hospital dashboard. This enabled the practice to be aware of patients who had visited the Accident and Emergency department or was admitted to hospital. The practice could then track patients who needed follow up of their health conditions. 	

Examples of continuous learning and improvement

- The organisation was working with Keele University to set up a training hub within the organisation of Health and Beyond Ltd.
- A further development within the organisation was the setting up of a dedicated diabetes staff team. The team included specialist nurses, health care assistants and support from the health coaching team. The team would provide all aspects of care, treatment and wellbeing management for patients with diabetes.
- The provider had set up a dedicated respiratory team to manage patients with asthma and chronic obstructive pulmonary disease (COPD), lung conditions that cause difficulty in breathing. The team was led by a specialist nurse qualified to treat patients with chronic respiratory conditions and the nurse was supported by the health coaching team.
- A get moving exercise referral programme had been started (10 week programme) through the local community and supported by the provider engagement lead and health coaching team.
- Fifteen to twenty five patients currently attend the programme in either morning or afternoon sessions.
- There was a team of 12 pharmacists working across the organisation. The practices were grouped into hubs consisting of two GP practices, which were geographically aligned. Each Hub had an assigned non-prescribing pharmacist and junior pharmacists. Each hub had an identified prescribing pharmacist who provided support to non-prescribing pharmacist and junior pharmacists.

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)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

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

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

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

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

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

Glossary of terms used in the data.

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