

Inspection Evidence Table

Lancelot Medical Centre

(1-8002681049)

Inspection Date:

Date of data download: 14/12/2023

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.	Y
Partners and staff were trained to appropriate levels for their role.	Partial
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y

Explanation of any answers and additional evidence:
 Clinical staff had undertaken training in safeguarding children and vulnerable adults to level 3.

Not all non-clinical staff had undertaken training in safeguarding children to level 2 in accordance with the intercollegiate guidance. The practice told us they would address this.

We saw evidence from meeting minutes that safeguarding cases were discussed.

The practice held monthly meetings with the health visitor and the 'looked after children' care home manager. The practice had developed a positive relationship with 2 local children's homes and as a result the homes had registered their children with the practice.

The practice had active safeguarding registers and actively identified vulnerable children. For example, children with a chronic condition were added to the safeguarding register.

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y
Explanation of any answers and additional evidence: We reviewed recruitment and vaccination records for 5 staff members and found all records were complete.	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Y
Date of last assessment: 27/7/23	Y
There was a fire procedure.	Y
Date of fire risk assessment: 27/7/23	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: The practice also had in place: <ul style="list-style-type: none"> • A disability access risk assessment. • Temperature logs for legionella bacteria. • Fire drill records. • Records of fire alarm checks. • Records of emergency lighting checks. • An up-to-date health and safety policy. • A health and safety compliance audit. • An oxygen storage risk assessment. • PAT / Calibration records. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out.	Y
Date of last infection prevention and control audit:	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: On the site visit, we found that care and treatment were provided in an environment that was safe and clean. Waste was segregated appropriately and stored in a secure and clean designated area awaiting collection. There was an adequate supply of personal protective equipment for staff. There were adequate handwashing facilities available and easily accessible for all staff including liquid soap, paper towels and alcohol gel.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There were enough staff to provide appointments and prevent staff from working excessive hours.	Y
Explanation of any answers and additional evidence: We saw evidence of staff rotas and a system to organise annual leave and cover for unexpected absences. Emergency drugs were available and easily accessible. We checked a random sample and found they were within their expiry dates. There was a defibrillator and emergency oxygen which were checked regularly to ensure they were in good working order.	

--

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
Explanation of any answers and additional evidence: Review of patient records in relation to the clinical searches identified that care records were managed in a way to protect patients.	

Appropriate and safe use of medicines

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

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

Indicator	Practice	SICBL average	England	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2022 to 30/09/2023) <small>(NHSBSA)</small>	0.40	0.68	0.91	Significant 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). (01/10/2022 to 30/09/2023) <small>(NHSBSA)</small>	3.9%	7.5%	7.8%	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 (01/04/2023 to 30/09/2023) <small>(NHSBSA)</small>	4.56	5.30	5.19	No statistical variation

Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/04/2023 to 30/09/2023) (NHSBSA)	17.1‰	58.5‰	130.7‰	Significant variation (positive)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2022 to 30/09/2023) (NHSBSA)	0.07	0.41	0.53	Significant variation (positive)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/04/2023 to 30/09/2023) (NHSBSA)	2.6‰	4.8‰	6.8‰	Variation (positive)

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	NA
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including medicines that require monitoring (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	NA
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y

Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y
Explanation of any answers and additional evidence, including from clinical searches. Our clinical records searches did not identify any concerns with medicine monitoring and management.	

Track record on safety and lessons learned and improvements made
The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months: 14	Y
Number of events that required action: 14	Y
Explanation of any answers and additional evidence: The practice demonstrated a clear process for reporting, investigating, and learning from incidents and significant events.	

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

Event	Specific action taken
Abusive patient.	Zero tolerance policy followed.
Housebound patient was not reissued prescription and was without medicine for 2 months.	Urgent district nurse visit arranged for bloods and GP home visit arranged to review the patient's general health and well-being.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: 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.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had prioritised care for their most clinically vulnerable patients during the pandemic.	Y
The practice prioritised care for their most clinically vulnerable patients.	Y
Explanation of any answers and additional evidence: Our clinical record searches did not identify any concerns with effective needs assessment, care and treatment.	

Effective care for the practice population

Findings
<ul style="list-style-type: none">• 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.• Over the last 15 months the practice's Health and Well-being Coach had called all patients over 70 years of age for a health and well-being check.• Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice 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.
- The practice held a register of asylum seekers and provided care and treatment to this group.

Management of people with long term conditions

- Findings**
- The clinical review of patient records identified that patients' ongoing long term condition needs were fully assessed.
 - Patients with long-term conditions were offered an effective annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
 - Staff who were responsible for reviews of patients with long-term conditions had received specific training.
 - GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
 - 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 influenzae type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	59	59	100.0%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	54	63	85.7%	Below 90% minimum

The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	55	63	87.3%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	55	63	87.3%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	39	47	83.0%	Below 90% minimum

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

Any additional evidence or comments
<p>Action taken by the practice to maximise childhood immunisation uptake:</p> <ul style="list-style-type: none"> • Parents were asked to bring their child's immunisation records when registering a child at the practice. The nurse was responsible for updating the immunisation records and if any were due, they would schedule an appointment for the child. • The practice had implemented a proactive approach to ensure that no child misses out on their immunisation. Every week, one of the administrative staff reviewed the health intelligence records to identify children who were due immunisations. Four attempts were made to reach out to parents, including telephone calls, text messages, emails, and finally mailed letters. In the final attempt, they book an appointment for the parents to meet with the nurse. During this appointment, the nurse thoroughly explained the importance of each vaccine and addressed any concerns or questions that parents had. • In order to further improve convenience for parents, the practice had introduced additional clinic sessions for child immunisations. This included after-school clinics on a Monday, Tuesday, and Wednesday. The practice also provided child immunisations appointments on Saturdays, thus accommodating various schedules and ensuring access to vaccinations at times that are most convenient for families.

Cancer Indicators	Practice	SICBL average	England	England comparison
Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	56.6%	N/A	62.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	53.5%	N/A	70.3%	N/A

Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (4/1/2021 to 3/31/2022) (UKHSA)	60.0%	55.1%	54.9%	No statistical variation
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (6/30/2023 to 6/30/2023) (UKHSA)	53.5%	N/A	80.0%	Below 70% uptake

Any additional evidence or comments

Action taken by the practice to improve cervical screening:

- The practice call and recall all patients eligible for screening. They utilised searches on EMIS to identify those eligible. Once booked, each booking was confirmed 48 hours before the appointment.
- New patient health checks with the nurse were used to educate patients on cervical screening.
- The practice participated in cervical cancer screening campaigns throughout the year.
- The practice held several education sessions for eligible patients with the practice nurse to explain the importance of screening and what is involved. This has been held in different languages including Hindi, Gujarati and English.

Action taken by the practice to improve bowel and breast screening:

- All breast clinic non-attenders were contacted by the health and well-being Coach, to provide information and encourage attendance
- The practice participated in breast cancer screening campaigns throughout the year.
- The practice held several education sessions for eligible patients with the practice nurse to explain the importance of breast screening and what is involved.
- The practice added information to their website and sent batch messages to all those eligible with a link to the website, to encourage them to read up on screening information.
- The practice is proud that over the past 12 months they had seen breast screening uptake increase from 12 % to 44%.
- The practice was notified of all bowel screening non-responders. The health and well-being Coach contacted non-responders to provide information and encourage attendance.
- The practice participated in bowel cancer screening campaigns throughout the year.
- The practice had videos for all cancer screening programmes on the waiting room TV and poster boards in the waiting room with the aim to educate and encourage patients to take up available screening.

Monitoring care and treatment

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

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Y
Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years: <ul style="list-style-type: none">• Review of patients that have a prescription of a non-selective beta-blocker and a history of asthma.• Rolling cancer audit• EpiPen/Adrenaline autoinjector audit• Preventable hospital admissions• Warfarin audit• Rolling death audit• Bisphosphonate audit• Review of broad-spectrum antibiotics• Review of Trimethoprim prescribing• Learning disability audit• Sodium valproate annual 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.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence:	

We reviewed induction, training and appraisal records for 5 staff members and found most records were in place with the exception of safeguarding children level 2 training for non-clinical staff.

Coordinating care and treatment

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

	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
Explanation of any answers and additional evidence: The practice acted on communication from external services to maintain continuity of care.	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Y
Explanation of any answers and additional evidence: Staff we spoke with described how patients were referred to other services, for example, to the health visitor, social services, social prescriber and the health and well-being coach.	

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate. 1	Y
Explanation of any answers and additional evidence: Our clinical review of notes where a DNACPR decision had been recorded, the patient's views had been sought and respected. We saw that information had been shared with relevant agencies.	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y

Patient feedback

Source	Feedback
Discussion with 2 patients.	They were satisfied with staff attitude and praised staff for the support they were given.

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare	87.2%	82.4%	85.0%	No statistical variation

professional was good or very good at listening to them (01/01/2023 to 30/04/2023)				
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2023 to 30/04/2023)	86.1%	80.6%	83.8%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2023 to 30/04/2023)	89.4%	91.1%	93.0%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2023 to 30/04/2023)	72.1%	70.2%	71.3%	No statistical variation

Any additional evidence or comments

We noted from patient participation group (PPG) meeting minutes that the practice had discussed with the PPG National GP Patient Survey results and mentioned the below average score for confidence and trust in the healthcare professional. They reasoned this was likely to be regarding non-GP clinical staff and felt in time confidence will grow.

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

Any additional evidence

The practice gathered and collated feedback from the friends and family test, the National GP Patient Survey and through the PPG.

The practice had drawn up an action plan to improve performance based on the national GP patient survey results.

The practice had carried out several focused surveys in relation to asthma, cervical screening and appointments.

We noted from staff meeting minutes the practices latest NHS Friends and Family Test results: From a total of 72 responses, 42 patients were extremely likely to recommend the practice, 26 patients likely, 1 patient neither likely or unlikely and 1 patient unlikely.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y

Source	Feedback
Interviews with patients.	The 2 patients we spoke to told us they were always involved in decision making about their care and treatment. They did not feel rushed during their appointments.

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2023 to 30/04/2023)	92.0%	87.8%	90.3%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 97 patients with carer responsibilities. This represented approximately 1% of the patient list.
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> • A member of staff was carer lead. • Health checks and vaccinations were offered to all carers. • Information leaflets detailing support for carers were available in the practice

How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> • Condolence letters were sent to recently bereaved patients. • There was a bereaved patient policy and protocol.
--	--

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence: There were rooms where sensitive issues could be discussed privately. The reception desk had screens and was away from the waiting area to ensure confidentiality.	

Responsive

Rating: Requires Improvement

The practice is rated requires improvement for providing responsive services because:

- The national GP patient survey results (2023) showed patient satisfaction was generally in line with local and national averages. However, intelligence data showed a sustained decline in performance for access indicators between March 2021 and March 2023.

Responding to and meeting people's needs

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

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

Explanation of any answers and additional evidence:
 The practice made reasonable adjustments when patients found it hard to access services. For example, there were accessible facilities, which included a disabled toilet. The layout of the practice meant that all areas were accessible to people using wheelchairs and mobility scooters.

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 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.
 - There was a medicines delivery service for housebound patients.
 - 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.
 - Pre-bookable appointments were available to all patients until 8pm Monday to Friday and 9am-5pm on weekends through the primary care network. Patients could also access a GP access centre 8am to 8pm 7 days a week.
 - The practice held a register of patients living in vulnerable circumstances including homeless people 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.

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

Access to the service

People were not always able to access care and treatment in a timely way.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	Partial
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y
Patients were able to make appointments in a way which met their needs.	Partial
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Y
Patients with most urgent needs had their care and treatment prioritised.	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y
<p>Explanation of any answers and additional evidence:</p> <p>The National GP Patient Survey results showed people were not always able to access care and treatment in a timely way. For example:</p> <ul style="list-style-type: none"> • The percentage of respondents to the GP Patient Survey who were satisfied with the appointment (or appointments) they were offered was below local and England averages. In addition, scores had declined through time (72% in March 2021, 75% in March 2022 and 59% in March 2023). <p>Whilst other scores were marginally above average, performance had also declined through time. For example:</p> <ul style="list-style-type: none"> • The percentage of respondents to the GP Patient Survey who responded positively to how easy it was to get through to someone at their GP practice on the phone was 86% in March 2021, 72% in March 2022 and 59% in March 2023. • The percentage of respondents to the GP Patient Survey who responded positively to the overall experience of making an appointment was 75% in March 2021, 63% in March 2022 and 57% in March 2023. • The percentage of respondents to the GP Patient Survey who were very satisfied or fairly satisfied with their GP practice appointment times was 81% in March 2021, 66% in March 2022 and 62% in March 2023. <p>We saw evidence that the practice had discussed performance in a recent patient participation group meeting and drawn up an action plan to elicit improvement.</p>	

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2023 to 30/04/2023)	59.0%	N/A	49.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 30/04/2023)	57.3%	57.4%	54.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2023 to 30/04/2023)	61.7%	57.1%	52.8%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2023 to 30/04/2023)	59.3%	69.7%	72.0%	No statistical variation

Any additional evidence or comments

We noted from PPG meeting minutes the practice had discussed the latest GP Patient Survey results. They had identified that the percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered was below local and England averages. PPG members felt the score was most likely due to patients not being able to see their own doctor or being able to see a doctor at all.

Source	Feedback
NHS.uk website (formerly NHS Choices)	One NHS review relating to a prescription delay.

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

	Y/N/Partial
Information about how to complain was readily available.	Y

There was evidence that complaints were used to drive continuous improvement.	Y
---	---

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient requested a text message confirmation of their appointment for work purposes, but the practice did not carry out the request.	Complaint upheld and reiterated to staff the importance of following through with patients' wishes.
The partner of a patient raised a complaint that following a course of antibiotics the patient's condition had not improved and felt the condition had not been investigated properly.	Complaint not upheld. Clarified with the partner that all investigations had been carried out. The practice received apologies.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Leadership was provided by the lead GP and the practice manager. They were supported by regular locum GPs to provide high quality care and treatment.</p> <p>There was no leadership development programme in place to develop clinical leadership from within. However, there were formative plans for a merger with another local GP practice.</p> <p>Staff we spoke with were complimentary about the leadership at the practice. We were told that the leaders were approachable, supportive and inclusive.</p>	

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: The practice had a mission statement which was displayed in the practice. Staff we spoke to understood the vision and strategy of the practice.	

Culture

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

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

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

Source	Feedback
Staff	We received feedback from staff that suggested that there was a positive relationship between all staff, and they reported that they enjoyed working at the practice.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Y

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Partial
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: The provider had not identified and mitigated all risks associated with staff not having safeguarding training appropriate to their role and had not managed all risks associated with issues with access found at the GP patient survey.	

Appropriate and accurate information

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

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

Engagement with patients, the public, staff and external partners

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

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

Feedback from Patient Participation Group.

Feedback
We were unable to speak with the PPG during our site visit.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

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

Glossary of terms used in the data.

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