

Inspection Evidence Table

Dr A Sudderuddin & Dr S Patel

(1-567983267)

Inspection Date:

Clinical searches: 29 November 2023

Site visit: 30 November 2023

Date of data download: 14/11/2023

Overall rating: Good

At the previous inspection in June 2016 we rated the practice as good overall and good for providing safe, effective, caring, responsive and well led services. At this inspection, we found that the majority of those areas previously regarded as good practice were still embedded throughout the service. The practice is therefore now rated good for providing safe, effective, caring and well-led services. We have rated the practice requires improvement for providing responsive services.

Context

The practice is situated within the Northeast London Integrated Care System (ICS) and delivers Personal Medical Services (PMS) to a patient population of about 3,700. This is part of a contract held with NHS England. The practice is part of a wider network of GP practices, the Waltham Forest Federation and is one of 7 GP practices in their Primary Care Network (PCN), Forest Integrated Health.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the sixth highest decile (6 of 10). The lower the decile, the more deprived the practice population is relative to others. According to the latest available data, the ethnic make-up of the practice area is 25% Asian, 48% White, 17% Black, 5% Mixed, and 5% Other.

Safe

Rating: Good

Safety systems and processes

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

Safeguarding

Y/N/Partial

Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
<p>Explanation of any answers and additional evidence:</p> <p>During the inspection we found all clinical staff were trained to the required level of safeguarding training for their role, level 3. Non-clinical staff had only completed level 1 of their children's safeguarding training, after discussion we saw evidence that 5 nonclinical staff members had completed their level 2 safeguarding training, the provider told us that a further 2 staff had completed their training and the remaining staff were in the process of completing their level 2 training.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice told us that all staff had undergone DBS checks before start of employment and these were renewed when the change of partnership took place in April 2023 along with requiring staff to sign an amended staff contract.</p>	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Partial
Date of last assessment:	October 2023
There was a fire procedure.	Y
Date of fire risk assessment:	January 2023
Actions from fire risk assessment were identified and completed.	Partial

Explanation of any answers and additional evidence:

The practice had documented all actions from risk assessments on an action plan template with an agreed completion date, status of action and learning from actions tabs. One action remained in progress from the fire risk assessment despite it having an agreed completion date of March 2023. There were 4 areas that required action documented on the health and safety action plan that had an agreed timescale for completion of 3 months.

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:	October 2023
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We saw that an action had been documented for a contractor to begin work in January 2024 to ensure that all clinical hand washing sinks have taps with elbow or wrist lever operated mixer taps.</p> <p>The practice also sent evidence of an external NHS infection prevention and control audit report dated November 2023 which identified the same issue with the taps in addition to 2 other actions, one of which had already been resolved at the time of inspection and the other to be actioned in January 2024 also.</p>	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There were enough staff to provide appointments and prevent staff from working excessive hours.	Y
<p>Explanation of any answers and additional evidence:</p>	

We saw evidence of sepsis and Basic Life Support (BLS) training being carried out. The practice told us that they had just completed face to face resuscitation training at the practice that month.

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 ¹
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
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> Review of patient records in relation to the clinical searches identified that care records were managed in a way that protected patients. We reviewed a sample of 5 patient care plans and no concerns were identified. The practice told us that new patients were invited for a new patient health check with the practice nurse. 	

Appropriate and safe use of medicines

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

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

Indicator	Practice	SICBL average	England	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2022 to 30/06/2023) <small>(NHSBSA)</small>	0.49	0.70	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). (01/07/2022 to 30/06/2023) <small>(NHSBSA)</small>	6.5%	8.5%	7.8%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and	5.63	5.64	5.24	No statistical variation

Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2023 to 30/06/2023) <small>(NHSBSA)</small>				
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2023 to 30/06/2023) <small>(NHSBSA)</small>	42.2‰	65.0‰	129.5‰	Variation (positive)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2022 to 30/06/2023) <small>(NHSBSA)</small>	0.19	0.42	0.54	Variation (positive)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2023 to 30/06/2023) <small>(NHSBSA)</small>	3.5‰	5.4‰	6.8‰	Tending towards 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.	n/a
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 ¹
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 ²
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.	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.	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 ³
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <ol style="list-style-type: none"> 1. Medicine reviews- clinical searches identified that 88 patients had received a medicine review in the last 3 months. We reviewed a sample of 5 of these patients and no concerns were identified with the quality of the medicine reviews. 2. Medicines that require monitoring and Disease-modifying antirheumatic drugs (DMARDs)- clinical searches found no issues with the monitoring of these patients. 3. There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use, however we noted that there were no spare pads for the defibrillator as recommended by the Resuscitation Council UK minimum suggested equipment to support CPR in primary care settings. 	

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.	Partial
Number of events recorded in last 12 months:	9
Number of events that required action:	9
<p>Explanation of any answers and additional evidence:</p> <p>We saw evidence of a significant event and incident policy (version1) dated April 2023 with relevant signposting and a reporting template included. The practice sent us their significant event log which included brief summary details of the event, action plans and date the incident occurred, was reviewed and completed, however it did not have any information regarding how the incident itself was resolved or any learning from the incident.</p> <p>Specific action required could be found on the individual incident forms, but there was still no documented resolution or any learning from the incident on these forms. The significant events we reviewed did not show the practice taking any responsibility for the incidents and often placed accountability elsewhere, such as with</p>	

the patient, secondary care or the clinical systems. The action documented was often not an action for the practice.

We also reviewed a sample of clinical and practice meeting minutes and whilst we saw it had been documented that significant events were discussed in both meetings, there was again no evidence of any learning shared and these sections had been copy and pasted from the events log.

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

Event	Specific action taken
Clinical system not working.	Global issue due to system upgrades. Major delay and disruption caused, GP had to physically sign prescriptions and requests for blood tests, case was logged with IT department. Action for clinical system support to communicate quicker in future.
Prescription error.	Patient under specialist secondary care. Practice view that there should clearer communication between primary and secondary care and prescribing consultant should only start medicines after consultation with patient.

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
<p>Explanation of any answers and additional evidence:</p> <p>We saw evidence of action being taken with regards to safety alerts, for example Dysport powder for solution for injection. Clinical searches looking at safety alerts identified no concerns with patient monitoring.</p>	

Effective

Rating: Good

We have rated the practice good for providing effective services because the practice had a programme of learning and development to provide staff with the skills, knowledge and experience to carry out their roles and we saw evidence of effective overall monitoring of patients with long term conditions. Clinical searches identified no concerns across all indicators. We found that although the practice had not met the minimum 90% target for 4 out of 5 childhood immunisation uptake indicators or the 80% target for cervical screening, they had considered the possible causes for not meeting these targets and had started to think about ways to improve uptake in these areas.

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 ¹
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y ²
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y ³
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

Effective care for the practice population

Findings
<p>1,2 & 3:</p> <ul style="list-style-type: none"> We reviewed a sample of patients taking disease-modifying antirheumatic medicines and found no concerns with the monitoring of these patients. Clinical searches identified 3 patients out of 306 who were taking medicines that required monitoring who had not received the required monitoring. We reviewed a sample of 5 of the patients and found no concerns. These patients had received repeat reminders to have the necessary tests done and where necessary, the quantity of their medicine had been reduced. Clinical searches showed no patients as having a potential missed diagnosis of diabetes or Chronic Kidney Disease stage 3, 4 or 5. We reviewed a sample of 5 patients with a palliative care plan review and found no concerns with the monitoring of these patients.

Other findings:

- Those identified received an 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. The practice told us that all 12 out of 13 patients had received their health check for 2022-23.
- 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

1. Clinical searches did not identify any gaps in the monitoring of patients with long term conditions:
 - We reviewed a sample of 4 patients out of 117 with asthma who have had 2 or more courses of rescue steroids in the last 12 months and found no concerns.
 - We did not identify any patients with Chronic Kidney Disease stage 3, 4 or 5 who had not had the required monitoring in the last 9 months.
 - We reviewed a sample of 5 patients with diabetic retinopathy with a higher than average blood glucose level and found no concerns.

Other findings:

- 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)	37	37	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)	25	29	86.2%	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)	25	29	86.2%	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)	25	29	86.2%	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)	33	41	80.5%	Below 90% minimum

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

Any additional evidence or comments

The practice had completed a childhood immunisations reflective template in response to their data stating:

- The practice told us they did not have a designated health visitor attached to their practice despite several attempts to engage with these services, which had not been successful.
- They had a cohort of patients from foreign countries, who informed the practice they had engaged in immunisation programmes in their country of origin but records were not available in a format which could be coded. The practice told us these patients did not want to repeat the immunisations in the UK.
- The practice told us a cohort of patients refused immunisations.
- They continued to engage with patients and other health providers to further increase their uptake.

The practice provided a spreadsheet that listed the patients who had declined immunisations and the action taken by the practice. The practice also provided unverified data from the Clinical effectiveness group (CEG) which showed improvement across the 4 indicators.

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)	56.1%	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)	53.1%	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)	66.7%	53.1%	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)	61.6%	N/A	80.0%	Below 70% uptake

Any additional evidence or comments
<p>The practice had completed a cancer indicators reflective template in response to their data stating:</p> <ul style="list-style-type: none"> • Cervical screening had been very challenging due to the socio economic and cultural backgrounds of their patients. • Unverified data from their clinical system showed uptake data of 78% for 25 to 49 years and 85% for 50 to 64. • They had an active call recall system and maintained an ongoing audit.

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:	

- The provider had undertaken several clinical audits across areas of the practice including a cervical screening audit, controlled drugs prescribing, erectile dysfunction and a high dose opioid audit, some of these being 2 cycle audits.
- The practice carried out an NHS led audit of high dose opioid prescribing in primary care with the aim being to encourage reflection on prescribing, potentially identifying patients that are being prescribed higher levels of opioids than may be appropriate and in turn leading to improved quality of patient care and reduced risk of harm.
- The practice had carried out 4 cycles of this audit which found that: In 2019/2020, they had 2 patients who were on high dose opioids under the care of the pain clinic. In 2020/2021, they had the same two patients. In 2021/2022, they had 3 patients, again under the care of the pain clinic. In 2022/2023, they had 3 patients, 2 under the pain clinic and one with cancer. They had listed proposed changes after the audit including updating the patient records with the appropriate indication and considering booking qualifying patients in for a detailed review of their opioid medications, in view of reducing the dosage.

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

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

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

Any additional evidence or comments
<ul style="list-style-type: none"> The practice told us that they had employed a PCN social prescriber who did 1 session a week at the practice to whom they could signpost patients in need of additional or lifestyle support. The practice told us that they routinely discuss smoking and vaping cessation with mums during baby screening appointments.

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Y
<p>Explanation of any answers and additional evidence,</p> <p>A review of notes where a DNACPR decision had been recorded showed that where possible the patients views had been sought and respected and we saw that information had been shared with relevant agencies. We reviewed a sample of 5 DNACPR forms and found no concerns.</p>	

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
Explanation of any answers and additional evidence:	

Patient feedback	
Source	Feedback
NHS reviews	The practice had received positive feedback with 5 5star reviews and 1 4star review, however these were all from the same date. Feedback included friendly and thorough service from clinicians, welcoming and efficient staff and an effective new telephone booking system. The practice had responded to all comments.

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 professional was good or very good at listening to them (01/01/2023 to 30/04/2023)	69.6%	78.7%	85.0%	Tending towards variation (negative)
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)	68.8%	76.7%	83.8%	Tending towards variation (negative)
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)	80.3%	89.3%	93.0%	Tending towards variation (negative)

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)	62.0%	64.4%	71.3%	No statistical variation
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Any additional evidence or comments

The practice had completed a GP patient survey reflective template in response to their data stating:

- It was a challenge getting patients to participate. In the last survey 612 surveys were sent out to patients and only 114 were returned, resulting in a 19% completion rate.
- The patient survey was carried out at a time of significant change to the practice, with one of the GP partners in the process of retiring and the practice having to use locums to fulfil GP sessions whilst advertising for a new GP partner.
- The practice felt they now had an established new team with more stability and permanency and there was a deliberate effort in offering patients a choice of their GP to ensure continuity of care.
- They felt that they strived to improve services for their patients in an increasingly restrictive environment within the health service.

The practice had also carried out a clinician satisfaction survey in November 2023 with 210 respondents which saw higher levels of satisfaction across all comparable questions to the GP patient survey.

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

Any additional evidence

The practice had carried out a patient satisfaction survey in response to their new cloud based telephony system that went live in March, which received 188 responses and saw increased staff efficiency, increased patient satisfaction and reduced complaints.

The practice had carried out analysis of their friends and family test between April and October 2023 and found that out of 126 responses received, 77% of respondents had answered very good to all questions and 22% had responded good to all questions.

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
Explanation of any answers and additional evidence:	
Easy read and pictorial materials were available.	

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)	82.0%	85.6%	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:	
The practice told us they had a multicultural staff who spoke a range of languages including Urdu, Hindu, Gujarati and Punjabi.	

Carers	Narrative
Percentage and number of carers identified.	2% (72)
How the practice supported carers (including young carers).	The practice told us that they signpost to the carers association who provide additional support. They told us that they did not have any young carers on their register at present.
How the practice supported recently bereaved patients.	The practice told us that they signpost to bereavement services and contact patients to offer condolences.

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

Responsive

Rating: Requires Improvement

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

Responding to and meeting people's needs

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

	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 told us that they took into account religious holidays, such as Ramadan and advised patients how to fast safely.	

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	9.30am – 1.30pm and 3.30pm – 6.30pm
Tuesday	9.30am – 1.30pm and 3.30pm – 6.30pm
Wednesday	9.30am – 1.30pm and 3.30pm – 6.30pm
Thursday	9.30am – 1.30pm and 3.30pm – 5pm
Friday	9.30am – 1.30pm and 3.30pm – 6.30pm
Saturday	CLOSED

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 told us that care home visits were carried out by the senior GP and weekly telephone consultations were in place.
- 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 for those under 5 or next day appointment when necessary.
- The practice was open until 6.30pm Monday to Friday. Appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation and PCN.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers. The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	Y
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.	Y
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

Explanation of any answers and additional evidence:

The practice told us that support was provided for patients who were considered digitally excluded and these patients would be offered face to face 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 responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2023 to 30/04/2023)	53.1%	N/A	49.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 30/04/2023)	48.5%	49.0%	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)	49.7%	50.9%	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)	68.9%	65.0%	72.0%	No statistical variation

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.	7
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.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Example(s) of learning from complaints.

Complaint	Specific action taken
Appointment error.	Human error. Practice manager acknowledged the complaint and emailed the patient, apologised for the confusion and rebooked appointment.

Well-led

Rating: Good

We have rated the practice good for providing well-led services because monitoring systems and practices had been well established resulting in overall effective patient monitoring.

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The provider told us they believed 2 of their biggest challenges were meeting patient demand and pressures in secondary care, which was resulting in a decline in services being offered. The practice told us they were attempting to address these challenges with clear communication at all times and providing patients with any additional support available. They also identified the building space as a challenge, as it limited the number of clinicians they were able to employ, but said they would be looking into what structural changes could be made in the near future. 	

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

Culture

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

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

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

Source	Feedback
CQC staff questionnaire	<p>Feedback from staff was positive and included:</p> <ul style="list-style-type: none"> - There were good relationships among staff across all levels. - There were enough staff employed at the time of inspection. - Significant events and complaints were discussed at meetings and staff could give an example of a significant event. - Practice leaders put a strong emphasis on staff safety and well-being. - Staff felt comfortable raising concerns or reporting something that has gone wrong. - There was protected time for learning and development.

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
Explanation of any answers and additional evidence: The practice told us that they had weekly clinical meetings, quarterly practice meetings and monthly updates which were informal.	

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: The practice told us that they kept a risk register which was reviewed annually or when needed.	

Appropriate and accurate information

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

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

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y

The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y
Staff are supported to work remotely where applicable.	Y
Explanation of any answers and additional evidence:	

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
Explanation of any answers and additional evidence:	
The practice sent out a newsletter to its patients, the last one being January 2023, informing them of changes to the practice and staff.	
Although the practice had an active Patient Participation Group (PPG) and sent evidence of the last meeting minutes, dated April 2023, attendance numbers were consistently low and the practice told us they were looking into ways to engage more members.	

Continuous improvement and innovation

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

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

Examples of continuous learning and improvement

- The practice told us that they were most proud of their quick response to resuming face to face appointments safely after Covid19.
- They also told us that they excelled at knowing their patients and often had provided care and treatment for 3-4 generations of families.
- They told us they were proud of their low staff turnover and that the majority of staff had been working at the practice for over 10 years, and that they were one of the top performing practices in their PCN.

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.