

## Inspection Evidence Table

Honeywall Medical Practice

(1-552347922)

**Inspection Date: 6 December 2023**

Date of data download: 16/10/2023

## Overall rating: Good

During our previous inspection on 26 January 2016, the practice was rated outstanding for the key questions effective and caring, and rated good in safe, responsive and well led, with a rating of outstanding overall.

At the inspection on 6 December 2023, we found the areas previously regarded as outstanding practice were now embedded in many practices. While the provider had maintained this good practise, the threshold to achieve an outstanding rating in effective had not been reached and we rated the effective key question as good. However, the practice remained outstanding in providing a caring service and we rated providing a responsive service, as outstanding.

## Context

The practice is situated within the Staffordshire and Stoke On Trent Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of 3,300. This is part of a contract held with NHS England.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the 4th lowest decile (4 out 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 8.8% Asian, 1.9% Black, 1.8% Mixed, other 1.1% and White 86.6%.

The practice had a stable staff team, with some staff employed by the practice for 20 plus years.

There had been changes to the GP partnership since the last inspection in 2016 which included the planned retirement of a senior partner who returned as a salaried GP for 2 sessions per week between 2022 and early 2023 and fully retired in January 2023. The male salaried GP joined the practice partnership in 2018. The practice merged with another practice in 2019 and the practice recruited a female salaried GP. During a period of maternity leave, an interim salaried GP was appointed to provide cover who remained employed until March 2023.

## Safe

## Rating: Requires Improvement

At our previous inspection in January 2016, we rated the practice as good for providing safe services. At this inspection we have rated them as requires improvement. This was because:

- There were some gaps seen in staff recruitment records which the practice was aware of and was in the process of actioning.
- Some patients prescribed an oral non-steroidal anti-inflammatory medicine over the age of 65 years or an antiplatelet over 75 years had not been prescribed a proton pump inhibitor (PPI), which can reduce the risk of gastrointestinal bleeds.
- The records of some female patients of childbearing age prescribed medicines known or suspected to have the potential to increase the risk of birth defects and development disorders, did not have a documented account that they had been advised of the risks.
- Complete risk assessments for emergency medicines not held by the practice.

### Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had safeguarding systems in place and staff we spoke with had access to a safeguarding lead, policies, and demonstrated a clear understanding of the reporting and recording processes. In the event that the safeguarding lead was not available the deputising role fell to the duty GPs.</p> <p>A review of staff training records showed staff were up to date with their training and had received the required level of training appropriate for their role.</p> <p>There was a dedicated administration member of staff employed within the practices local South Stoke West primary care network (PCN) who collated and drafted reports, made sure that responses were timely and ensured patient records were correctly coded. Records had specific read codes that were current with alerts, icons, information regarding parental responsibility and family contacts.</p>	

The practice had completed an internal audit using Joint Safeguarding Self Assurance Tools which was submitted back to safeguarding teams. The practice register showed 19 vulnerable adults and 10 safeguarding children to which the practice had verified/reconciled with the local safeguarding team.

We sampled recruitment records for 3 members of staff. Disclosure and barring scheme (DBS) checks were seen in 2 of the records reviewed. The practice checked and found that the missing DBS check had been received the day before the inspection for a non-clinical staff member but had yet to be filed.

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>We sampled recruitment records for 3 members of staff. Of the records reviewed we found the locum file was complete and the locums NHS performer and General Medical Council (GMC) registrations were checked whilst at the practice. However, 1 recruitment record did not hold references, and another held a reference but without a signature, date or header to be assured it was from the person cited as their referee. Gaps were seen in ensuring staff vaccinations were maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to the role.</p> <p>Recruitment records were well organised and ordered.</p> <p>It was noted that the practice were alert to omissions in staff recruitment records and had commenced taking remedial action.</p>	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Yes
Date of last assessment: Various dates	Yes
There was a fire procedure.	Yes
Date of fire risk assessment: 17 October 2023	Yes
Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice was located within a health centre. A range of health and safety checks and risk assessments had been carried out to mitigate identified safety risks for patients and staff. The practice had obtained certificates and assurances from the landlord, Midlands Partnership Foundation Trust (MPFT). We saw for example:</p> <ul style="list-style-type: none"> <li>• Portable appliance tests (PAT) were conducted 24 January 2023</li> <li>• Gas safety certificate was dated 17 May 2023</li> <li>• Emergency Lighting system had been checked 18 July 2023</li> <li>• Electrical installation condition report dated 23 November 2021 and was satisfactory. The next test was due 24 November 2026</li> </ul>	

A risk management log was maintained by the practice. This clearly outlined the health and safety systems and records, whose responsibility it was and any arising remedial actions.

### Infection prevention and control

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

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out.	Yes
Date of last infection prevention and control audit: 16 March 2023	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff had access to an infection, prevention and control (IPC) policy and all staff members had received on-line IPC training. The areas of the practice we reviewed were visibly clean on the day of our site visit and staff had access to adequate supplies of personal protective equipment.</p> <p>A contractor was responsible for maintaining cleaning standards throughout the health centre and cleaning schedules were maintained and any concerns identified regarding cleanliness were raised via the landlord.</p> <p>We saw a Legionella check had been completed on 16 March 2022 and was next due on 16 March 2026.</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.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Partial
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had systems in place for managing staff absences and busy periods. These included existing staff working additional hours and rarely, but when needed, locum GPs. Staff told us there were adequate staff employed to provide patients with a responsive service.</p>	

All staff had received basic life support and sepsis training. The practice held most but not all of the medicines used in the event of a medical emergency. Staff understood how to respond to patients presenting with signs and symptoms that may indicate a serious underlying cause. The practice was aware of the need to complete risk assessments for emergency medicines not held. They stated that the practice location was less than 5 minutes from the nearest accident and emergency department and ambulance response times to date meant their patients' needs had been met.

Staff had access to equipment and most but not all medicines used in the event of a medical emergency. Checks on equipment and medicines held were regularly reviewed and the review recorded. Staff we spoke with, and those staff who completed the CQC staff questionnaire, confirmed that they knew how to access the emergency medicines should they need to do so. They confirmed that there was a system to alert all staff should an emergency arise.

Leaders told us they had reviewed staff skill sets and given staff designated roles and responsibilities. To help improve access to general practice the practice they utilised additional roles provided through the South Stoke West primary care network (PCN). These included a care coordinator, a mental health practitioner, a social prescriber, a first contact physiotherapist and a pharmacist.

### Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results, and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>As part of the inspection, clinical record searches were undertaken by a Care Quality Commission GP Specialist Advisor without visiting the practice. These searches were visible to the practice. We found that individual care records were written and managed in a way that kept patients safe. The care records showed that information needed to deliver safe care and treatment was available to all relevant staff in an accessible way, for example, management plans and safety netting.</p> <p>The practice carried out ongoing audits in relation to urgent referrals to ensure these had been appropriately actioned and followed up. The practice told us routine referrals were followed up if appointments were taking longer than the expected time. Patients were advised of the wait times for the hospital and services required.</p> <p>There was a system in place for the management of test results to ensure they were reviewed and managed appropriately. There was no backlog of reports when we held our discussions with the lead GPs.</p>	

## 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) (NHSBSA)	1.19	1.05	0.91	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2022 to 30/06/2023) (NHSBSA)	5.0%	6.0%	7.8%	Tending towards variation (positive)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2023 to 30/06/2023) (NHSBSA)	6.23	5.23	5.24	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	204.8‰	206.3‰	129.5‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2022 to 30/06/2023) (NHSBSA)	1.41	0.55	0.54	Variation (negative)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	8.6‰	7.3‰	6.8‰	No statistical variation

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

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

The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including medicines that require monitoring (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	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.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <p>Staff who administered medicines had access to Patient Group Directions (PGDs). These allow specified health professionals to supply and/or administer medicine without a prescription or an instruction from a prescriber. We randomly selected a number of PGD's and found they were signed, authorised and dated.</p> <p>Arrangements were in place to support non-medical prescribers. The practice told us the nurse practitioner (NP) was provided with opportunity for regular debriefs and support from a GP. The practice completed a more structured audit of their consultations and had implemented formal competency and supervision reviews. The non-medical prescribers reported positively on the support they received. The practice supported medical students and they were allocated time to ensure they received support, debriefing and mentorship from a GP.</p> <p>We sampled 5 out of the 40 completed medicine reviews from the last 3-month period and found these were satisfactory.</p> <p>We discussed the prescribing of hypnotics (sedatives) with the practice, and they advised they had completed audits and work on medicines with the risk or potential risk of addiction. These patients were complex, and the practice supported them in their decisions about medicines, as well as when appropriate discussed reduction in dosages, especially those who were aware they had become dependent.</p> <p>Our clinical searches found:</p> <ul style="list-style-type: none"> <li>Patients prescribed medicines that required monitoring such as disease-modifying antirheumatic drugs (DMARDs) were appropriately managed and recalled.</li> <li>There were 6 patients prescribed a potassium sparing diuretic for heart failure and all had been in receipt of appropriate monitoring.</li> </ul>	



- There were 95 patients prescribed direct oral anticoagulants (DOACs). We sampled 5 of the 95 records and all had been appropriately monitored. One patient required a weight check which we fed back to the practice for actioning.
- There were 16 patients over 65 years old and prescribed an oral non-steroidal anti-inflammatory medicine, or an antiplatelet over 75 years old, without being prescribed a proton pump inhibitor (PPI), which can reduce the risk of gastrointestinal bleeds. We sampled 5 of the 16 records. All 5 required review, 1 patient was being followed up for blood in stools and another was under the care of secondary care. Following our initial inspection feedback, the practice actioned a review of all 16 patients.

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

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

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	5
Number of events that required action:	5
<p>Explanation of any answers and additional evidence:</p> <p>Staff had access to a significant event policy and a reporting template to enable them to document a first-hand account of the event/incident. Staff spoken with demonstrated an understanding of the procedure for reporting concerns and safety incidents and most were able to recall and share an example of a significant event raised and the action taken.</p> <p>The practice maintained an electronic spreadsheet in respect of significant events and incidents. These were well ordered with mitigated actions. However, they were not formally discussed as a whole team or at an annual review to be assured of the effectiveness of the mitigation measures put in place to reduce risk of reoccurrence. They were discussed in the clinical practice meetings held. Subsequent, to our onsite visit these were added as a regular whole practice meeting agenda item.</p>	

Example of significant events recorded and actions by the practice.

Event	Specific action taken
An incorrect patient was booked into a nurse appointment slot for a routine dressing and a laboratory request form generated with incorrect patient details.	The practice was alerted to the event by the patient who attended for an appointment. Both patients were contacted, and apologies made by the practice. Both sets of patient records were corrected.



	<p>A review was completed in respect of what learning could be derived from this event to prevent reoccurrence and mitigate risk.</p> <p>Measures included requiring administration and clinical staff to verify patients by use of three sources of identity.</p> <p>All staff completed information governance training online.</p>
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Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>Our clinical searches identified 14 patients who were on a medicine with the potential to increase the risk of birth defects and development disorders. We sampled 5 of the 14 records. We found that in 4 of the 5 records reviewed there was no record seen of the patients being advised of the risks. This required action. The practice advised they would action plan medicine reviews and recalls for these patients to ensure they were alerted to the risk. Subsequent to the inspection these were all actioned.</p>	

## Effective

## Rating: Good

At our previous inspection in January 2016, we rated the practice as outstanding for providing effective services. At this inspection, we found that those areas previously regarded as outstanding practice were now embedded throughout the majority of GP practices. While the provider had maintained this good practice, the threshold to achieve an outstanding rating had not been reached. We have therefore rated the practice good for providing effective services.

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic.	Yes
The practice prioritised care for their most clinically vulnerable patients.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Clinical meetings were held regularly, most but not all, were formally structured and documented. The practice advised that as a small clinical team they spoke with each other regularly throughout the day.</p> <p>The practice held registers, including those for patients with a learning disability, mental health condition, palliative care and long-term conditions. Patients had access to a social prescriber and a range of health care professionals via the primary care network.</p>	

## Effective care for the practice population

Findings
<ul style="list-style-type: none"> <li>Those identified received a full assessment of their physical, mental and social needs.</li> <li>Health checks, including frailty assessments, were offered to patients over 75 years of age.</li> <li>Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.</li> <li>The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.</li> <li>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.</li> <li>All patients with a learning disability were offered an annual health check.</li> <li>End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.</li> <li>The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.</li> <li>The practice demonstrated that they had a system to identify people who misused substances.</li> <li>The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.</li> <li>Patients with poor mental health, including dementia, were referred to appropriate services.</li> </ul>

## Management of people with long term conditions

### Findings

As part of the inspection a number of set clinical record searches were undertaken by a CQC GP Specialist Advisor (SpA) without visiting the practice. These searches were visible to the practice.

- 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.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Our clinical searches showed that 18 out of 352 patients with asthma had 2 or more courses of rescue steroids in a 12-month period. We sampled 5 out of the 18 records. These patients were well managed with the exception of 1 and the practice was able to demonstrate that this patient did not want to come in for any post asthma exacerbation management.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Our remote clinical searches identified 225 patients with diabetes and 41 with a raised blood sugar. Of the 5 records sampled we found they were monitored and recalled appropriately.
- Our remote clinical searches identified the potential for missed diagnosis of diabetes. We sampled all 3 of the possible missed diagnosis. We found that 2 were post- bariatric surgery and the practice advised these patients would have annual review blood tests amongst others, the other patient was being appropriately monitored.
- The practice further supported wellbeing for those diagnosed with diabetes with the use of a sensor. This sent the patients glucose readings every minute to their smartphone, so they could see how food, activity and medicines impacted their sugar levels. The practice had evaluated the effectiveness and improvements made to patients as a result of using this tool. This included a blood monitoring test and of the patients improved comfort as they had a reduced need to complete pin prick blood tests which had the potential to cause areas of tender skin.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered on loan blood pressure monitoring devices.
- The practice continued to provide new patient checks for patients joining the practice this ensured that the practice held up to date health information regarding the patient such as blood pressure, weight, height in order that their body mass index (BMI) could be measured. If patients had medicines for long term conditions a GP review appointment was made in order that these could be reviewed and updated appropriately according to the latest best practice guidance. The results were then explained and explored with the patient on any change benefits and enabling a shared decision with them.
- Patients with COPD were offered rescue packs.
- Our remote clinical searches identified 2 out of 134 patients with chronic kidney disease (CKD) stages 4 or 5 who had the potential to have not been monitored in last 9 months. We sampled the 2 records and found these to have been satisfactorily monitored.
- Our remote clinical searches identified 3 out of 135 patients with hypothyroidism (an underactive thyroid) who had not received the required monitoring within the last 18 months. We reviewed the 3 patient records and discussed strategies such as sanctions in non-engaging patients in 2 of the 3

patients. As this was not considered a high-risk medicine the practice advised they would continue to prescribe but continue to try to engage patients in appropriate long term condition monitoring.

Child Immunisation	Numerator	Denominator	Practice	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) (i.e., three doses of DTaP/IPV/Hib/HepB) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	28	31	90.3%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e., received Pneumococcal booster) (PCV booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	36	38	94.7%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e., received Hib/MenC booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	35	38	92.1%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	35	38	92.1%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	34	37	91.9%	Met 90% minimum

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

#### Any additional evidence or comments

The practice had met all 5 of the minimum targets and in most of the indicators there were 2 or 3 children who had not attended, and the practice nurse was alert to the non-attenders. There were strategies to encourage attendance these included opportunistic appointments, recalls via text, phone calls and letter.

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)	76.8%	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)	71.9%	N/A	70.3%	N/A
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). (3/31/2023 to 3/31/2023) (UKHSA)	72.6%	N/A	80.0%	Below 80% target
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (4/1/2021 to 3/31/2022) (UKHSA)	58.3%	53.2%	54.9%	No statistical variation

Any additional evidence or comments
The practice were aware it was their younger cohort of patients (25- to 49-year-olds) who were less likely to attend for screening. Information about cervical screening was displayed within the practice, including details about ages for screening, frequency and action a patient can take if they have missed their appointment. The practice offered appointments opportunistically to further accommodate patient's needs.

### Monitoring care and treatment

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

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Yes
<p>Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years:</p> <p>The practice had an ongoing programme of both clinical and non-clinical audits that were used to monitor quality and make improvement when actions were identified. These included for example:</p> <ul style="list-style-type: none"> <li>• Bariatric Surgery audit/search this was yet to be finalised with their findings and any recommendations with a date for a second cycle.</li> <li>• Pre-diabetes and diabetes control in July 2023</li> <li>• A patient 'did not attend' audit in April 2023</li> <li>• Inadequate cervical screening smear audits</li> <li>• Infection prevention and control audit.</li> <li>• Sore throat audit.</li> <li>• Minor surgery audit.</li> </ul> <p>An audit took place in March 23 on opioid medicine prescribing, (medicines prescribed to relieve pain). The results were discussed, and the conclusion was that clinical staff had awareness their prescribing which was largely for patients who had chronic pain. The findings showed that prescribing opioids were discussed with</p>	

patients and clinical staff did motivational interviewing with them about the risks of dependency and the benefits of reducing. These patients were complex, and the practice supported them in their decisions about medicines, especially those who were aware they had become dependent.

The practice further supported wellbeing for those diagnosed with diabetes with freestyle Libre 2 monitoring (a blood glucose monitor that does not require blood samples or finger sticks). They evaluated the effectiveness of patients using this tool and of patients improved comfort. The practice completed blood test monitoring to review improvements made as a result of patients using this device to aid their diabetes and their health and wellbeing.

## Effective staffing

**The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.**

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The turnover of staff at the practice was very low with the longest serving staff members being the practice manager and a senior receptionist who had both passed the 20-year milestone. The practice had recruited 2 additional reception staff as 1 staff member had left and returned with reduced hours but in a care co-ordinator role within the primary care network and additional reception hours enabled holiday and emergency cover for the reception and administration group.</p> <p>The practice was seeking to employ an assistant practice manager to enable a 3-year transition phase for the practice as well as workforce planning for staff who may choose to retire.</p> <p>Staff told us they were provided with good training opportunities and their training needs were discussed as part of their annual appraisal. Staff were provided with protected learning time (PLT) for staff training. An electronic tool was used to record on-line staff training modules. This showed staff had completed essential training. Staff noted that with recent staff sickness and back filling roles they had needed to complete the training in their own time. The practice leaders informed the Care Quality Commission that they were aware of this feedback and had an action plan in place to support the staff in their training during this period.</p>	



Staff advised that this year an external body had supported their appraisals independently of the practice. The North Staffordshire GP Federation was recently commissioned to undertake appraisals of non-clinical staff, healthcare assistants and nursing staff appraisals. The practice reported this had provided a safe space for staff to be supported by an experienced and independent team and assisted them in the development of a personal development plan. The practice leaders said they had chosen to instruct an external body appraisal as they wanted staff to gain the most out of the appraisal process and therefore staff, patients, and the practice would improve as a direct result. The practice received a report from North Staffordshire GP Federation. The report included a summary which drew together following an analysis recommendations based on their findings. The practice planned to discuss and implement the recommendations made, these included for example, staff signing up to the Staffordshire Training hub newsletter and designated time to complete essential training.

We spoke with the practice who to date had not conducted salaried GP annual in-house appraisals. The salaried GPs were being subject to appraisal as part of their professional registration. The practice leaders advised they would consider this taking into account the views of their salaried GP.

The practice had reviewed its skillset to ensure a more resilient workforce and encouraged development of their team for example a practice nurse skillset included developed to a nurse practitioner role to ensure a more resilient workforce.

The practice documented competency reviews of those with extended/enhanced roles.

## 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.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
<p>The practice team as part of their local South Stoke West primary care network (PCN) had access to social prescribers. Any member of staff could refer a patient to this team with patient consent. They endeavoured to contact the patient within 24 hours and introduce the service and what they were able to offer. The social prescriber listened to patients and signposted to the most appropriate service to meet their needs. They had been able to assess the social determinants of some of the patients' problems and helped them towards making changes where this was possible.</p> <p>One of the GP partners was a co-director of the local PCN. The PCN ran a management meeting every Tuesday lunch time and a quarterly update was held with the rest of the PCN practices together with an annual general meeting (AGM). The PCN also held a collaborative meeting monthly on a Friday lunchtime.</p> <p>The practice held virtual meetings with other health and social care professionals to discuss shared patient care with for example:</p> <ul style="list-style-type: none"> <li>• The mental health secondary care team on a monthly basis including the care coordinator liaison social worker.</li> <li>• The integrated local care team (ILCT) on a monthly basis which included the Douglas MacMillan nursing team, a social worker of the ILCT, the Midlands Partnership NHS Trust senior nurses and the social prescriber. During this meeting they worked with local GPs and specialist nursing and therapy</li> </ul>	



teams to identify those in greatest need of health and social care services. Patients' needs were assessed, and individual care plans created and delivered by a single multi-disciplinary team. Each patient was given a personalised care plan which was assigned to a care co-ordinator; this could be their social worker, district nurse or therapist. This way of working ensured that patient information should not have to be collected more than once, enabling the provision of co-ordinated, timely care. The service also operated an out of hours function.

- The practice was in regular contact with the management of a care home as a minimum on a weekly basis. This included discussion around the patients care, address any family concerns and discussion of any advanced care planning if clinically indicated.
- One of the GP partners met monthly with the lead pharmacist and pharmacist for NHS England & NHS improvement. Current topics of discussion included the promotion of pharmacy blood pressure monitoring service and pathways.
- One of the GP partners attended the collaborative team meetings run by Staffordshire and Stoke On Trent integrated Care Board (ICB) every third Thursday in the month. They also attended an independent run meeting by the Local Medical Committee (LMC) and North Staffordshire and South Staffordshire GPs, GP collaborative meeting held monthly on a Friday lunchtime.
- The clinical staff held monthly 'drop-in' meetings with the mental health provider at the Sutherland centre to discuss complex patients and raise any concerns about patients or service provision and access.
- The practice manager attended a range of meetings such as the PCN board meetings.

### Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers, as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Health promotion boards were displayed in the waiting areas and provided patients with a range of information. Patients were referred or signposted to services to support them to live healthier lives including the Diabetes Education and Self-Management for Ongoing and Newly Diagnosed programme (DESMOND). DESMOND is a structured group education programme designed to increase knowledge of type 2 diabetes.</p> <p>The practice obtained and developed a range of resources including easy read booklets on various topics to help people understand their healthcare and any procedures they may have.</p>	

Patients had access to a mental health practitioner in addition to a social prescriber and first contact physiotherapist via the South Stoke West primary care network (PCN). The role of the mental health practitioner was to assess people's needs and provide advice, guidance and support access to other services where required for patients over the age of 18 years.

### 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.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
<p>Explanation of any answers and additional evidence, including from clinical searches:</p> <p>Staff had access to a consent policy which reflected national guidance to support children under 16 and adults that lacked capacity to make decisions about their care and treatment. Clinicians we spoke with demonstrated a clear understanding of consent and shared examples of gaining informed or written consent prior to immunisations and minor surgery.</p> <p>The practice had a DNACPR policy that stated staff were to be aware of the requirement to consider a DNACPR decision that respects, where possible, the wishes of the individual whilst reflecting their best interests.</p> <p>From our clinical review of 4 patient notes where a DNACPR decision had been recorded, we found that where possible patients' views had been sought and respected and the forms or the consultation notes when forms were not present, had been completed appropriately.</p>	

## Caring

## Rating: Outstanding

At our previous inspection in January 2016, we rated the practice as outstanding for providing caring services. At this inspection, we have continued to rate them outstanding. This was because:

- Patients were respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.
- Feedback from patients, those who were close to them, and stakeholders was continually positive about the way staff treated patients and the National GP Survey results were higher than local and national averages.
- The practice had achieved higher than national and local averages in the national GP Patient survey and had maintained these high standards for several years.
- Patients reported that staff went the extra mile, and their care and support exceeded their expectations.
- The practice demonstrated a truly patient-centred culture and staff were committed to delivering excellent care to meet the needs of individuals.

- The practice adopted a holistic approach to caring by addressing all the needs of the patient, including their physical, mental, and emotional health, while taking social factors into consideration.
- We found numerous examples of how the practice had gone to significant efforts to support vulnerable individuals to access health and social care, and how they had worked pro-actively with other organisations to support patients.
- The whole practice approach was that patients came first, every contact counted, and a caring ethos was fostered and developed in staff with the motivating force being that the practice existed for patients.

### Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
<p>We were told by staff that there was a strong, visible person-centred culture. The whole team approach was that patients come first, every contact counted, and that staff at the practice lived the values that the practice existed for patients. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between patients, those close to them and staff were strong, caring, respectful and supportive. The feedback we reviewed, both from patients and staff, indicated that these relationships were highly valued by staff and promoted by the practice leadership.</p> <p>Patient's emotional and social needs were seen as being as important as their physical needs. The practice values included the predominance of listening sympathetically and empathetically to their patients. The practice asked the patient or their representative/ relatives on their views and how to proceed with their care. The practice encouraged inclusivity planning with the patient and their family. The practice told us they understood that patients could make unwise decisions during their journey despite provision of adequate information. They encouraged these patients to come back and proactively monitored them and informed them that they could change their minds at any time and come and talk to staff without judgement.</p> <p>The practice saw patients face to face during the pandemic with recommended personal protective equipment (PPE) and adapted their practice to be safe; the practice doors were never closed.</p>	

Patient feedback	
Source	Feedback
Practice compliments	The practice had received compliments in relation to patients' positive experiences about the care and treatment. This included feedback through thank you cards that were displayed in the office and included comments about staff being respectful, helpful and supportive.
Friends & Family Test (FFT)	The practice demonstrated that it had been in receipt of 170 FFT responses between July 2022 and March 2023. In response to the question, 'Thinking about your last visit to Honeywall Medical Practice, how was your overall experience of

	our service?' 91% of respondents said very good and 18% said good, 1% responded neither good nor poor.
NHS website	No reviews were detailed on this website in relation to this practice.
Healthwatch	The local Healthwatch team advised they had not received any enquiries or complaints/concerns about the practice.
CQC Give feedback on care/ complaints	<p>24 positive patient enquiries and comments were received direct to the Care Quality Commission providing feedback on the practice and their staff, which they described as excellent.</p> <p>Patients stated, the practice was the best, GPs were kind, professional responsive, caring, always listened and explained everything so they felt at ease.</p> <p>The nursing staff were also reported as caring, professional and efficient. One patient remarked that the nurses were so helpful and put them at ease when they were carrying out procedures or just listening.</p> <p>The receptionists were reported as pleasant, helpful and that nothing was too much trouble for them. The receptionists helped those with a hearing difficulty and described how they were supported. The/A? patients? advised they could not speak highly enough of them. It was easy to get in touch, make an appointment, the staff were all genuinely nice when they answered the phone, if they had to rate them it would be 10 out of 10.</p>
CQC observations	<p>During the inspection we observed staff to be courteous and helpful during patient interactions when patients attended in person or telephoned the practice. We saw examples of patients attending and leaving the practice and all interacted by saying thank you to the staff, calling staff by their first names and the staff responding appropriately.</p> <p>Patients were treated respectfully on the phone calls we observed and took time to listen and hear the patients concerns without interruptions, summarising this back to the patients and then setting up appointments or tasks to address patients' needs.</p> <p>Staff told us the clinical staff responded quickly to any tasks and requests for support. The reception staff were also clear that they made every effort to minimise interruptions to patient consultations with clinical staff.</p>
Care home manager feedback	<p>Care home staff reportedly positively on the whole practice staff team, from first making contact with the practice to their patients being seen by a clinician.</p> <p>They told us that the staff valued, listened and took account of the care home staff explanation of why their patients required a doctor's visit, and visited.</p> <p>The staff advised that the clinical staff were kind, gentle in their approach and their patients praised and enjoyed a genuine patient/doctor rapport.</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 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)	96.2%	85.3%	85.0%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2023 to 30/04/2023)	95.0%	83.3%	83.8%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2023 to 30/04/2023)	99.5%	92.9%	93.0%	Tending towards variation (positive)
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)	94.9%	72.7%	71.3%	Variation (positive)

### Any additional evidence or comments

National GP Patient Survey results for the practice were higher than those of the local and national averages.

The practice had maintained its positive patient feedback as a trend over time. For example, the percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice in 2023 was 95.9%, in April 2022 was 96.19%, in April 2021 it was 95.97%.

## Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice staff were alert to the accessible information standards and as required could provide literature in a number of formats to assist patients understand their care treatment and condition. This included for example, easy read and pictorial materials. The Accessible Information Standard is a legal requirement which</p>	

aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

### 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)	98.3%	90.4%	90.3%	Tending towards variation (positive)

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

Carers	Narrative
Percentage and number of carers identified.	The practice maintained a carer register. The practice had a current list size of 3300 patients and had identified 63 patients as carers. This represented approximately 1.9% of their registered patient population.  Carers were offered flu jabs and a general health check.
How the practice supported carers (including young carers).	The practice referred carers to the social prescriber or to North Staffordshire Carers Association. The practice had a dedicated page on the practice website with links to resources.
How the practice supported recently bereaved patients.	The practice told us they made calls to bereaved families and offered their condolences.  Those recently bereaved and their families were supported by the practice including an offer of a practice appointment, social prescriber support via a consented referral, and signposting to other services such as DOVE a bereavement and loss counselling support charity, covering Stoke on Trent, North Staffordshire and Cheshire.

### Privacy and dignity

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

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>During our site visit we saw consultation and treatment room doors were closed during patient consultations.</p> <p>Incoming calls were taken away from main reception desk to promote privacy wherever possible.</p> <p>Staff we spoke with were able to share examples of how they promoted and respected confidentiality, privacy, and dignity in their work.</p> <p>We observed an easy rapport in reception as patients said hello or goodbye to the staff, or the staff referring to patients in their preferred names, either first name or with their pronouns and surname. Patients were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally.</p> <p>Feedback from people who used the service, those who were close to them, and stakeholders was continually positive about the way staff treated people. Patients reported that staff went the extra mile in the access to GP services, care and support. Feedback from patients was consistently positive and was higher than local and national averages.</p>	

## Responsive

## Rating: Outstanding

At our previous inspection in January 2016, we rated the practice as good for providing a responsive service.

At this inspection, we have rated them outstanding. This was because:

We rated the practice as outstanding for providing responsive services because:

- The practice had achieved outstanding results in the national GP Patient survey and had maintained these high scores for several years.
- Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care.
- There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs.
- We found that patients individual needs and preferences were central to the delivery of services and patients could access care and treatment in a timely way.
- Patients were not asked to ring back to book appointments for example, the next day, or when the clinician advised an appointment within a specific time period, as these were booked at the time of the patients consultation.
- The practice embraced social prescribing for the community to ensure patients received timely intervention when they needed it most, signposted them to services that could help them and ensured support was offered locally so the patient population could easily attend appointments.



## Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Services were provided from a ground floor practice within a purpose-built health centre owned by the landlord Midlands Partnership NHS Foundation Trust (MPFT). Automatic doors and a level ramp provided easy access to the premises. Car parking was available outside the health centre.</p> <p>The practice had an induction hearing loop and a wheelchair available to assist patients access care and treatment easier if they required it.</p> <p>Patients were supported in their consultations when their first language was not English with the use of language line interpreter services. The practice manager built in alerts on the practice electronic system to enable staff to book a double appointment to ensure that patients with accessible information communication needs, such as those with hearing loss, had sufficient time allocated for the potential need for an interpreter.</p> <p>Patients could receive communication support in the format they required for example leaflets in large print.</p> <p>All staff had completed appropriate training to support autistic people and people with a learning disability.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6pm
Friday	8am – 6.30pm
Appointments available:	
Monday	9am - 12pm and 3:15pm – 17.30pm

Tuesday	9am - 12pm and 3:15pm – 17.30pm
Wednesday	9am - 12pm and 3:15pm – 17.30pm
Thursday	9am - 12pm and 2.30pm – 16.45pm
Friday	9am - 12pm and 3:15pm – 17.30pm

#### 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.
- 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 with appointments were available via the enhanced services provided on Saturday and Sunday.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- People experiencing poor mental health (including people with dementia) the practice appointment slot was for a 15-minute GP appointment, but this flexed for longer when the need arose.
- Patients had access to a mental health liaison staff member as part of the local South Stoke West primary network (PCN) additional roles reimbursement scheme (ARRS) each Tuesday. The practice referred patients to the mental health liaison staff member for triage, rapid mental health intervention, talking therapy and cognitive behaviour therapy.
- Patients had access to Physio First, physiotherapy scheme and a paramedic supported the practice for 2 sessions per week, all these services had inclusion and exclusion criteria to enable staff to ascertain which patients were suitable for a consultation with these staff members.
- Although the practice offered on-line consultations, they advised their patient demographics (elderly/deprived population) appeared not to utilise this service. The practice had reviewed with their staff the appointment ledger and found they offered on average 28 slots bookable on-the-day and usually offered an appointment for the next day. In addition, the GP rotas allowed booking up to 6 weeks in advance.
- North Staffordshire GP Federation provided extended hours sessions which were offered to and occasionally used by the practice patients. They provided appointments 4pm to 8pm Monday to Friday and 9am until 4.30pm on Saturdays at Longton Hall Surgery, Greendock Street, ST3 2NA. Nurse appointments were also available.
- Patients had access to GP or advanced nurse practitioner appointments via North Staffordshire GP Federation from December 2023 onwards during working hours.
- NHS 111 had access to the practice booking system and could book patients directly in for appointments with 2 slots allocated per weekday. The practice informed us these were used but not very often.
- Patients had access to the local community pharmacy consultation service.

#### 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.	Yes
The practice offered a range of appointment types to suit different needs (e.g., face to face, telephone, online).	Yes
Patients were able to make appointments in a way which met their needs.	Yes
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Yes
Patients with most urgent needs had their care and treatment prioritised.	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Yes
<p>The practice told us they recognised any system would not be 100% perfect and a need for constant adjustments to be made to accommodate patients, which they embraced. For example, more on the day appointments when needed, in particular staff holidays/before weekends/bank holidays or for winter pressure slots. The practice leadership held meetings to listen to staff and any patient comments with access including appointments, the phone or in relation to specific patients concerns.</p> <p>To promote training and reflection, the practice had for example installed a system for recording incoming phone calls. These were installed on the 3 appointment lines in the reception. This enabled review and reflection on any events that may arise.</p> <p>The practice were proactive rather than reactive to the needs of the patients and staff. For example, adjustments were made to the recent appointments slots following a team discussion and face-to-face appointments were increased to 15-minute slots. On review they found the phone consultations were in general more straight forward and could be reduced from 10-minute appointments to 7.5 minutes. This was done with the proviso that this was dependant on the patients' presentation and assessment, and this would and did flex.</p> <p>Staff reported that patients came first, for example staff ensured patients with urgent needs and additional appointments were added, even when on occasion this meant that clinical staff worked additional hours. Staff reported that their patients valued the GP service they provided and were respectful of staff and did not take advantage of the GP service on offer. This reciprocal respect had developed over time, staff knew their patients and the patients knew the staff.</p> <p>North Staffordshire GP Federation provided extended hours sessions offered to and occasionally used by the practice patients and further access to GP or advanced nurse practitioner (ANP) appointments via this provider from December 2023 onwards, during working hours.</p> <p>NHS 111 had access to the practice booking system and could book patients directly in for appointments up to 2 slots were allocated per day.</p> <p>Staff were encouraged to use the roll out of the local community pharmacy consultation service (CPCS). The service was launched by NHS England in 2019, to facilitate patients having a same day appointment with their community pharmacist for minor illness or an urgent supply of a regular medicine, improving access to services and providing more convenient treatment closer to patients' homes.</p> <p>Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care.</p>	

The practice had achieved higher than national and local average results in the national GP patient survey and had maintained these high scores for several years.

There was a strong organisational commitment towards quality and inclusion across all the patient population and the workforce.

We reviewed appointment availability for on the day and routine appointment bookings and found the practice had availability for a same day appointment with a GP and advance booking for up to 6 weeks and nurse appointments within 2 days but if urgent same day availability. The practice staff were clear that every patient contact counted, patients were not asked to call back as their concerns were addressed on the call. If the patient required more complex discussion a clinical staff member would call them back and advised the reception staff of the time. If the clinical staff member required, the patient to be seen with a particular time period after their consultation this was booked prior to the patient leaving the practice.

### 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)	95.8%	N/A	49.6%	Significant variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 30/04/2023)	90.6%	57.9%	54.4%	Variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2023 to 30/04/2023)	92.8%	58.7%	52.8%	Significant variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2023 to 30/04/2023)	98.3%	76.9%	72.0%	Significant variation (positive)

### Any additional evidence or comments

The practice had achieved outstanding results in the national GP Patient survey and had maintained these high scores for several years when compared with the England and local averages. For example,

- For the question how easy it was to get through to someone at their GP practice on the phone, the National GP Survey results in 2022 were, 97.27% and in 2021 were 93.91%.
- For the question respondents responded positively to the overall experience of making an appointment the National GP Survey results in 2022 were, 92.21% and in 2021 were 91.71%.
- For the question respondents who were very satisfied or fairly satisfied with their GP practice appointment times, the National GP Survey results in 2022 were, 88.39% and in 2021 were 93.67%.

- For the question, the percentage of respondents satisfied with the appointment (s) they were offered, the national GP Survey results in 2022 were, 88.52% and in 2021 were 97.56%.

The practice had completed a capacity and access improvement plan in May 2023. They reviewed access over time and the results showed that the data revealed patients found it easy to contact the practice by telephone, an average of 96.4% over the 5-year period 2018-2022.

The practice had considered implementing a system to inform patients of their queue position, when calling. However, the average waiting time was 2-3 minutes. Therefore, in April 2022 they opted to add a “comfort message” which assured patients they were still in the queue. The practice did not get patients to ring back, as they were always able to make an appointment at first contact. The phone data analysis led the practice to appoint more reception staff at busy times such as Monday and Friday morning and after bank holidays. The practice staff had been in receipt of training regarding local pharmacy schemes to educate patients to utilise as appropriate.

The practice planned a revamp and update to its website in the near future.

Source	Feedback
NHS.uk website (formerly NHS Choices)	No reviews were detailed on this website in relation to this practice. .
Care home feedback to Care Quality Commission	<p>The care home representative reported positively on the patient access offered at the practice and the responsiveness to their requests for home visits.</p> <p>The care home representative described the GP services its patients received by Honeywall Medical Practice as ‘faultless’ in all areas. They described a responsive, effective and caring approach provided by the practice staff for people living in the care home. They advised that the GP partner went above and beyond, that the GP trusted the judgements of those staff that knew the patients well, he valued their opinion and visited as requested, without question. Examples were provided on how the practice went above and beyond, for example, when the manager saw the GP outside of work hours and they were worried about a patient, they had a discreet and confidential conversation, and the GP went to visit the patient immediately.</p> <p>They reported medicines reviews and repeat medicines ran seamlessly.</p> <p>The care home representative described people living in the care home as receiving an outstanding and excellent GP service that they could not fault.</p>
24 positive patient enquires to the Care Quality Commission.	<p>Patients reported positively on their experiences at Honeywall Medical Practice including appointment and phone access. One patient wrote the practice was very well run and efficiently managed. All of the staff worked together to contribute to helping you, from first contact to the end of a spell of care. The appointment system was well organised, provided a choice of telephone, video, or in surgery visit and obtaining an appointment does not entail a long wait. The patient said they found by providing a brief explanation to the receptionist helped them to get the best type of appointment, if you were happy to provide that information.</p> <p>Another patient stated the practice had helpful reception staff, appointments were available within a couple of days, GPs were always all right and spoke to you and</p>

	did not stare at the computer. Nursing staff were very approachable and the whole practice was said to be excellent.
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### 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.	5
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
<p>There were very few complaints and those documented included the variety of ways the patients chose to complain, for example via email. letter, phone or face to face. Complaints, significant events, as well as compliments were used as quality improvement tools by the practice team.</p> <p>The complaints handling procedures were managed by the practice manager and interim arrangements were in place in the absence of the practice manager. The practice were trialling a new way of recording complaints with the support of an independent and experienced manager at the North Staffordshire GP federation.</p>	

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient raised a complaint via the practice manager regarding the tone used over the phone by a reception staff member to the patient.	<p>The practice at the time of the complaint did not have a cloud-based telephone system, which they did have now in order to listen back to the call.</p> <p>The practice listened and heard the patients feedback. In respect of the complaint found that if the patient experience were that there was a concern regarding staff tone that this would be accepted, and apologies offered. Staff had awareness that patients at times of stress and being unwell were sensitive to staff approach and tone.</p> <p>Staff were reminded as to approach and providing the best service they could for their patients.</p> <p>Complaints were discussed as a regular agenda item for learning, improvement and risk mitigation.</p>



## Well-led

## Rating: Good

At our previous inspection in January 2016, we rated the practice as good for providing a well-led service. At this inspection, we have continued to rate them good. This was because:

- There were high levels of staff satisfaction across all staff groups. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns, and policies and procedures positively supported this process. There were consistently high levels of constructive staff engagement.
- Quality and integrity were a high priority resulting in a caring culture within a strong practice. There were opportunities provided for all staff for their personal development.
- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- There was strong collaboration across all staff and a common focus on engaging with patients and other services to improve quality of care and the patient experience.

### Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: We observed proactive management and strong clinical leadership. In the event of the unexpected sickness the practice manager (PM) responsibilities had been delegated amongst the clinical and reception administration staff. The practice completed a significant event as they were also preparing for the Care Quality Commission inspection, and they noted some information was only accessible to the PM. Staff supported each other in the expended roles they agreed to take on and it was found to be a positive learning experience. Staff found it gave better understanding and insight into the PM role and the systems and processes required to enable smooth running of the practice. Following the analysis, a number of recommendations and actions were agreed for example amongst others; a move towards use of an electronic tool which provided tools to manage and process all compliance related information such as significant events, fridge check records, staff training, and safety alerts.	



GPs had defined lead managerial responsibilities to work alongside the management team.

Leaders at all levels demonstrated high levels of experience. The partners at the practice were longstanding and had a wealth of knowledge and experience in providing safe and effective patient care and treatment.

There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans.

Staff who completed the CQC staff questionnaire informed us there was an open culture within the practice where any issues could be raised at team meetings together with an open-door policy and approach by the whole team. We saw evidence of this in meeting minutes.

The practice continually looked forward and adjusted its plans and priorities. We looked at notes of meetings where workforce planning and capacity were regularly discussed. They were aware of the potential for future challenges to quality and sustainability and actively sought to resolve these. For example, the provider had plans to employ another nurse.

We saw evidence of a strong culture of learning and development where all staff were encouraged to develop, thus enhancing services to patients. For example, upskilling of staff and then promotion and completion of additional training such as prescribing courses.

The practice was part of a wider network of GP practices and a member of South Stoke West Primary Care Network.

### **Vision and strategy**

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: The practice vision was that the practice exists for their patients and their wish to remain 'a sustainable small practice.' The GPs felt it was their duty to pass on their medical expertise to others and their vision included the provision of medical education. The practice noted small personal practices were reducing in numbers and that their patients reported the practice offered what patients wanted, the practice noted that their model worked for their patients, and it could for others.  The practice continually looked forward and adjusted its plans and priorities. The practice aimed to provide all their patients with the highest quality care by a well-trained and motivated team. They recognised the special expertise of their staff members and were committed to passing on expertise in respect of training and education of medical students as a teaching practice.  Staff we spoke to were able to describe the practice vision and values and of their role in achieving them.	

The practice described a desire to be a training practice for GP registrars in the future. However, due to room provision at the site the opportunity was limited without the development of a larger site. To that aim they had progressed to local discussions with stakeholders to encourage these development conversations. Despite the limited room space, the practice offered placements to medical and pharmacy students from Keele university.

The practice were alert to housing developments within the practice area. As the practice population grows, they would consider additional more clinical sessions in line with service commitments and practice finances. As well as clinical capacity, such as recruiting clinicians to the existing clinical team, would also be required.

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Quality and integrity were a high priority resulting in a caring culture within a strong practice. The whole practice team reflected this culture. The practice recently celebrated the 100% patient satisfaction score for reception staff in the 2023 National GP survey by attending a social event together in September 2023.</p> <p>Staff reported that the practice were responsive to staff needing to shield during the pandemic or at times of specific episodes of being unwell and this was supported. The practice offered for example a salaried GP with a home working system to enable safe continuance when working from work, a home working protocol and support including regular checks to make sure staff were okay to avoid isolation. Specific equipment such as ergonomic chairs were provided promptly if required when shielding.</p> <p>Staff reported they had been in receipt of information and training on Freedom to speak up. Following this training the partners agreed that appraisals would be done independently of the practice and were completed by the North Staffordshire GP Federation who provided feedback in anonymity their recommendations.</p> <p>Staff reported positively on the practices emphasis on their safety and well-being, noting as a small practice staff cared for each other and looked after each other. The practice staff had access to a lone worker policy, statutory and mandatory training on whistleblowing, bullying and harassment and conflict resolution. The practice had decided to make human resources functionality easier such as the management of holiday bookings with the use of electronic software tools.</p>	

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

Source	Feedback
<p>Staff completed Care Quality Commission questionnaires and conversations with staff.</p>	<p>As part of our inspection, we spoke with and received feedback from a range of staff from different disciplines.</p> <p>Staff told us: All staff regardless of role were very approachable and supportive. All staff shared rest areas and there was no segregation, first names terms were used between staff at all levels, unless a staff member expressed a preference.</p> <p>The practice team supported each other. Everyone feels safe and included.</p> <p>There was a positive working environment. The practice cared about staff welfare and remained professional, supportive and friendly.</p> <p>Excellent GP support.</p> <p>Clinical staff always had time for you with any queries or problems.</p> <p>Improvements were reported as outside of the practices control, additional clinical rooms, a newer building and that smaller practices were in need of better funding.</p> <p>Staff commented they felt valued for their work and enjoyed coming to work. They told us it was like having a family at work as well as at home and they cared for each other as well as their patients.</p> <p>Staff told us they never worried about raising a concern or a suggestion as their opinions were taken seriously and that they were there for the patients.</p>
<p>Honeywall Medical Practice feedback following Pharmacy undergraduate student placements in 2021-2022 and in 2022-2023.</p> <p>MPharm Stage 2 GP Orientation Programme – Learning through Practice (LtP) placements.</p>	<p>The practice had received feedback for participating in an exponential learning project and providing undergraduate pharmacy students with placements in November 2021 and February 2022.</p> <p>In total 11 students attended the practice. All 11 students passed the programme with all the students stating that they found their placement at the practice enjoyable and that they had learnt something from the placement. Analysis of quality assurance data from 10 students did not reveal any issues with their GP placement at Honeywall Medical Practice. Feedback included 'The placement was very useful, and it has given me a greater understanding of the roles of staff members in the GP practice.'</p> <p>In 2022 to 2023 In total 26 students attended the practice. All 26 students passed the programme with all the students stating that they found their placement at the practice enjoyable and that they had learnt something from the placement. Feedback included 'The placement went well, I got to speak to all team members; staff were friendly, and I got to learn a lot.'</p>

### Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Governance arrangements were proactively reviewed and reflected best practice. Systematic approaches were taken to working with other organisations to improve care outcomes.</p> <p>The practice advised that in the near future they would move to a clinical management tool called GP TeamNet. This was specifically for GP practices and provided them with a single management tool which staff could access and find information efficiently.</p> <p>The practice had established policies, procedures and activities to ensure safety. There was a system in place to monitor and review policies according to guidance, legislation and practice needs.</p> <p>Staff understood their duty to raise concerns and report incidents and near misses. The practice leadership supported them when they did so. There was a system in place for reporting and recording significant events. The practice confirmed, and we saw evidence, that these would be a regular agenda item on the whole practice team meeting. Clinical meeting minutes were in place but in some areas were not detailed regarding actions and learning.</p> <p>Despite the practice manager (PM) absence there were no backlogs of activity and delays to treatment as the whole team had pulled together to ensure that all aspects of the PM role had been met.</p>	

### Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>There was a demonstrated commitment to best practice performance, risk management, systems, and processes. The practice reviewed how they functioned and ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively. Problems were identified and addressed quickly and openly.</p> <p>The practice held a range of meetings to disseminate information. These included informal and documented clinical team meetings, practice meetings, reception meetings, palliative care meetings in addition to primary care network meetings amongst others. Staff reported that during the planning for the Care Quality Commission inspection communication had really improved and they had welcomed the increase in whole practice communication and learning.</p> <p>Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.</p> <p>A range of health and safety risk assessments were undertaken and regularly reviewed. Actions were taken where needed.</p> <p>A business continuity plan was in place to ensure the continuance of the service in the event of a major incident.</p>	

#### Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice was in the process of making changes to their website in order to make it highly accessible and usable to as many patients as possible. They wanted to ensure patients could find what they needed quickly and easily.</p>	

## Governance and oversight of remote services

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

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

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	No
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Patient feedback was sought through compliments, complaints, direct verbal feedback, the national GP patient survey, friends and family test (FFT), and reviews left on social platforms including the practice Facebook page.</p> <p>The practice did not have an active patient participation group (PPG) at the time of the inspection. The practice had discussed plans to engage with patients across the demographic and consider the best ways to redevelop a form of patient participation group.</p> <p>The practice was a member of the primary care network (PCN) and had worked in collaboration with them resulting in member practices building stronger working relationships together with external partners, including the local integrated care system (ICS), other local PCNs and the landlord, Midlands Partnerships Foundation Trust (MPFT).</p>	

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:  Staff told us they were supported with education and opportunities for career progression.  The practice had supported medical and pharmacy in 2022 and were keen to become a training practice for GP Registrars however, premises space was limited.  The practice shared plans regarding the possible increase to their patient population, workforce, premises and partnership arrangements.	

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



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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have “Met 90% minimum” have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules-based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of 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.