

Inspection Evidence Table

Southcote Clinic

(1-552878460)

Inspection Date: 30/11/2023

Date of data download: 21/11/2023

Overall rating: Good

Context

Southcote Clinic is situated within the London Borough of Hillingdon and is part of the North West London Integrated Care System (ICS). The practice delivers General Medical Services (GMS) to a patient population of about 5,200. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices known as Celandine and Metrocare Primary Care Network (PCN).

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the 10th decile (10 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 83% White, 10% Asian, 2% Black, 4% Mixed, and 1% Other.

Safe

Rating: Good

At the last inspection in January 2016, the Safe key question was rated good. The practice continues to be rated good for providing safe services following this inspection.

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y

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

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Y
Date of last assessment: November 2023	Y
There was a fire procedure.	Y
Date of fire risk assessment: November 2023	Y
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Safety records showed:</p> <ul style="list-style-type: none"> - A fire safety maintenance log of monthly checks was maintained. This included checks of the fire alarm activation points, portable fire extinguishers, emergency lighting and fire evacuation drills. - Fire extinguishers had been serviced in September 2023. - The fire alarm and emergency lighting had been serviced in October 2023. - Fire drills were undertaken every 6 months. The last fire drill was in June 2023. - A general premises risk assessment was undertaken every 6 months. The last assessment was in October 2023. - Equipment calibration was carried out in July 2023. - Portable appliance testing was carried out in April 2023. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out.	Y
Date of last infection prevention and control audit: April 2023	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">- There was an infection prevention and control lead in place and an audit had been carried out in April 2023. The provider had acted on most issues identified in the audit. The provider had identified some actions as 'ongoing', for example, replacing a sink in the treatment room and replacing flooring in a clinical room. Quotes for this work were being obtained and we were told the work would be completed at an appropriate time to cause minimum disruption to the service.- The practice had an up-to-date legionella risk assessment (July 2023) in place and monthly water temperature checks were carried out and logged. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).	

Risks to patients

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

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

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y

There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We completed a series of searches on the practice's clinical records system. These searches were completed with the consent of the provider, and to review if the practice was assessing and delivering care and treatment in line with current legislation, standards and evidence-based guidance. Our clinical searches and records review showed that care records were managed in a way to protect patients. 	

Appropriate and safe use of medicines

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

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

Indicator	Practice	SICBL average	England	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2022 to 30/09/2023) (NHSBSA)	1.27	0.68	0.91	Tending towards variation (negative)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2022 to 30/09/2023) (NHSBSA)	10.0%	7.5%	7.8%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2023 to 30/09/2023) (NHSBSA)	4.27	5.30	5.19	Tending towards variation (positive)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/04/2023 to 30/09/2023) (NHSBSA)	83.4‰	58.5‰	130.7‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2022 to 30/09/2023) (NHSBSA)	0.31	0.41	0.53	No statistical variation

Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2023 to 30/06/2023) <small>(NHSBSA)</small>	3.5‰	4.8‰	6.8‰	Tending towards variation (positive)
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Note: ‰ means *per 1,000* and it is **not** a percentage.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Partial 1
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	Y 2, 3
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including medicines that require monitoring (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y 2
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y 4, 5
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y
Explanation of any answers and additional evidence, including from clinical searches.	
<ol style="list-style-type: none"> The practice employed an Advanced Clinical Practitioner (ACP) who received daily supervision from the GP partners. A log was kept of the monthly supervision meetings which comprised educational content and competency checks, for example, blood test interpretation, anatomy, examination skills, prescribing, 	

managing chronic conditions, red flags, and case study discussions. The provider had yet to undertake a formal audit of the ACP's prescribing, although prescribing guidance and protocols were discussed during supervision sessions.

2. We completed a series of searches on the practice's clinical records system. These searches were completed with the consent of the provider, and to review if the practice was assessing and delivering care and treatment in line with current legislation, standards and evidence-based guidance. Our clinical searches and review showed the practice was prescribing safely:
 - Patients prescribed the Disease Modifying Antirheumatic Drugs (DMARDs) Methotrexate and Leflunomide, which are commonly used to treat autoimmune conditions, had the appropriate blood monitoring in place prior to a prescription being issued.
 - Twenty-seven out of 407 patients prescribed a medicine used to treat high blood pressure or heart problems had potentially not had the required blood test monitoring prior to a prescription being issued. We reviewed 5 records and found appropriate monitoring in 4 out of 5 records. The fifth patient was overdue a blood test had been repeatedly contacted by the provider to book a blood test. Their prescription supply had been reduced until monitoring had been completed.
 - Seven out of 79 patients with atrial fibrillation (AF) and a raised risk of stroke had potentially not been prescribed anticoagulation. We reviewed 5 records and found all patients had been appropriately assessed and the records indicated if and why a patient had refused anticoagulant medicines.
3. Annual medicine reviews we reviewed as part of the clinical searches were well documented.
4. During our site visit, we found out of date dressings in a first aid box. Staff informed us that the first aid box had not been used and we were shown 'in date' dressings stored in the treatment room. The provider removed the out of date supplies and ordered a new first aid kit during our visit.
5. During our site visit, we noted the provider did not keep paediatric pads for the defibrillator. The provider ordered paediatric pads during our visit.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months	9
Number of events that required action	9

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
A delivery of fridge items (travel vaccinations) on a Friday afternoon was left unopened over the weekend.	<ul style="list-style-type: none"> - The error was discovered on Monday when the practice reopened. - The practice manager contacted the manufacturer of the vaccines for advice. As the vaccines had not been stored at the correct temperature for over 48 hours, the items had to be discarded. - The incident was discussed with the staff member who received the delivery and they were asked to review the cold chain policy. - The incident and cold chain policy were reviewed at a team meeting so that all staff were aware. - Going forward, no parcels were to be left unopened by the staff who locked up the practice in the evening.
A patient was seen in hospital and the consultant recommended the practice issue an urgent prescription. It took nearly 4 weeks for the practice to receive the letter with this information.	<ul style="list-style-type: none"> - As soon as the practice received the letter they made arrangements for a prescription to be issued by the correct team as the first prescription should have been initiated by the hospital. - The GP contacted the patient to inform them of the situation. - The consultant was informed of the administrative delay in sending the letter and the correct protocol to initiate prescriptions. - Although the cause of this delay was outside the control of the practice, staff were reminded to review routine letters in detail to ensure all urgent requests were identified and acted on promptly.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y 1
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> 1. There was a system for recording and acting on safety alerts, however we identified an improvement should be made for patients on a combination of medicines. For example, our clinical searches identified 5 patients on a combination of amlodipine (a medicine used to treat high blood pressure) and a higher dose of simvastatin (a medicine used to treat high cholesterol). Amlodipine increases the concentration of simvastatin and an alternative statin or a maximum dose of 20mg simvastatin should be prescribed with amlodipine. We reviewed all 5 records and found that amlodipine had been commenced when the patient was already prescribed simvastatin 40mg. We did not highlight this as high risk but asked the provider to review these patients and make a risk benefit assessment. The provider took immediate action to review these patients and prescribed an alternative statin for 4 patients and the 5th patient was attending the practice for a review to discuss the most appropriate treatment. The provider informed us they had improved the system for acting on safety alerts and were reviewing historic alerts to ensure these had been acted on. 	

Effective

Rating: Good

At the last inspection in January 2016, the Effective key question was rated good. The practice continues to be rated good for providing effective services following this inspection.

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

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients’ immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients’ treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients’ needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had prioritised care for their most clinically vulnerable patients during the pandemic.	Y
The practice prioritised care for their most clinically vulnerable patients.	Y
Explanation of any answers and additional evidence: 1. There were systems to keep clinicians up to date with evidence-based practice and discuss clinical cases. For example, the practice was a training practice and there were regular meetings and learning events with GP registrars. Clinical staff would also share best practice and learning from courses they attended.	

Effective care for the practice population

Findings
<ul style="list-style-type: none"> • Those identified received a full assessment of their physical, mental and social needs. • Health checks, including frailty assessments, were offered to patients over 75 years of age.

- Flu, shingles and pneumonia vaccinations were offered to eligible patients.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check. Primary care network (PCN) pharmacists attended the practice to undertake learning disability clinics. These clinics were run alongside GP partner sessions so that any concerns could be escalated to a GP partner straight away. Twenty out of 26 patients eligible for an annual health check had received one since April 2023, 2 patients had declined and 4 patients were to be followed up by the end of March 2024.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

- Our clinical searches showed that the practice had monitored high-risk patients with asthma, chronic kidney disease, hypothyroidism and diabetes in line with national guidance. We asked the provider to follow-up 2 patients with chronic kidney disease due to an elevated test result which may have been explained by a concurrent problem, and 1 patient with hypothyroidism who appeared to not be adhering to their medication well.
- Our clinical review did not identify any missed diagnosis of diabetes.
- 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. For example, working with the Care Connection Team for patients who may need proactive personalised care plans.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring. This service, along with ECGs, was now available inhouse to practice patients.
- Patients with COPD were offered rescue packs.

Child Immunisation	Numerator	Denominator	Practice	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus	64	71	90.1%	Met 90% minimum

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)				
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)	75	79	94.9%	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)	75	79	94.9%	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)	74	79	93.7%	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)	89	95	93.7%	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>

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)	58.9%	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)	74.1%	N/A	70.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (4/1/2021 to 3/31/2022) (UKHSA)	54.2%	55.1%	54.9%	No statistical variation
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (6/30/2023 to 6/30/2023) (UKHSA)	76.8%	N/A	80.0%	Below 80% target

Any additional evidence or comments

- The practice had attempted to improve cervical screening uptake by using text messages to invite patients to self-book appointments. Patients were also offered screening at the hub which offered evening and weekend appointments.
- The practice had improved bowel cancer screening uptake by sending text messages encouraging people to return their test kit.

Monitoring care and treatment

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

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Y
<p>Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years:</p> <ul style="list-style-type: none"> • Audits and quality improvement (QI) activities were completed within the practice to ensure clinical effectiveness, prescribing safety and compliance with current guidelines with the aim of improving quality of care for patients. Topics of audit and QI activities in the last year included: <ul style="list-style-type: none"> - Reducing the number of inappropriate presentations of chest pain to primary care. - Creatinine clearance and Direct oral anticoagulants (DOACs). - Sodium-Glucose Transport Protein 2 (SGLT2) Inhibitors and their role of Nephroprotection in Type 2 Diabetics. • The provider also participated in QI activities as part of the North West London Integrated Care Board (ICB). For example, antimicrobial management in urinary tract infections (UTIs), review of patients on high dose inhaled corticosteroids (ICS), and reviewing and de-prescribing proton pump inhibitors (PPIs) on repeat prescription for more than one year in patients over 65 years. • The practice had reviewed patients prescribed high dose inhaled corticosteroids (ICS) (mainly used to treat asthma and chronic obstructions pulmonary disease) following the initial audit. This showed that 5 patients (18% of the total identified patients) had a significant reduction in their ICS usage and had either permanently reduced their ICS or only increased it during the winter months. 	

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y

There was an induction programme for new staff.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y

Coordinating care and treatment

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

	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y

Helping patients to live healthier lives

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

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

Consent to care and treatment

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

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

Caring

Rating: Good

At the last inspection in January 2016, the Caring key question was rated good. The practice continues to be rated good for providing caring services following this inspection.

Kindness, respect and compassion

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

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

Patient feedback

Source	Feedback
Patient participation group (PPG)	<ul style="list-style-type: none"> We received feedback from 5 members of the PPG. Clinical staff were described as thorough, responsive, attentive, helpful, professional, courteous, reassuring and supportive. Non-clinical staff were described as friendly, efficient and helpful.
Friends and Family Test (FFT) responses received by the practice	<ul style="list-style-type: none"> The practice received 1,083 responses between April 2023 and 11 November 2023. Patients were asked "Overall, how was your experience of our services?". Results showed that 98.3% of patients answered that the service was Very Good (88.5%) or Good (9.8%).

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)	96.4%	82.4%	85.0%	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)	94.5%	80.6%	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)	97.8%	91.1%	93.0%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2023 to 30/04/2023)	95.6%	70.2%	71.3%	Variation (positive)

Any additional evidence or comments

- Data from the National GP Patient Survey (2023) showed that the practice was performing above local and national averages for questions relating to the care patients received.

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

Any additional evidence

- The provider monitored patient feedback through the National GP Patient Survey, NHS Friends and Family Test, complaints and compliments.
- The provider did not run their own patient survey in the last 2 years as feedback via other sources had been positive. They planned to discuss any suggestions for improvement with the patient participation group at the next meeting.

Involvement in decisions about care and treatment

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

	Y/N/Partial
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Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Patients had access to a social prescriber who could advise on local services and resources. • Easy read and pictorial materials were available on request. 	

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)	95.7%	87.8%	90.3%	No statistical variation
Any additional evidence or comments				
				Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.				Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.				Y
Information leaflets were available in other languages and in easy read format.				Y
Information about support groups was available on the practice website.				Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Health promotion information was displayed in the waiting area. • Information leaflets, including those in other languages and in easy read format, were available on request. 				

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 168 carers (approximately 3% of the practice list size).
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> • A carers identification protocol was in place. • Information was available for carers in the waiting area and on the practice website. • Flexible appointments were available on request and carers were offered health checks and seasonal vaccines. • Staff could refer carers to support services.

How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> • A bereavement policy was in place. • A letter of condolence was sent to the family and a GP partner would speak to and often visit the bereaved family where appropriate. • Family members were signposted to bereavement support services if they required additional support.
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Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y

Responsive

Rating: Good

At the last inspection in January 2016, the Responsive key question was rated good. The practice continues to be rated good for providing responsive services following this inspection.

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • There were 3 consulting rooms and 2 treatment rooms. Some staff commented that the limited space for consultations and administration was challenging as the patient list size continued to increase. 	

Practice Opening Times	
Day	Time
Opening times:	

Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday	8am - 1pm, 2.30pm – 6pm
Tuesday	8am - 1pm, 2.30pm – 6pm
Wednesday	8am - 1pm, 2.30pm – 6pm
Thursday	8am - 1pm, 2.30pm – 6pm
Friday	8am - 1pm, 2.30pm – 6pm
<ul style="list-style-type: none"> The practice doors were open between 8am to 6.30pm Monday to Friday. During the factual accuracy period, the provider informed us that the phone lines were open from 8am to 1pm and 2pm to 6.30pm Monday to Friday. Calls were diverted to an out of hours provider between 1pm to 2pm on weekdays, and when the practice was closed. 	

Further information about how the practice is responding to the needs of their population
<ul style="list-style-type: none"> 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 at additional locations within the area on weekday evenings and at the weekend. The practice held a register of patients living in vulnerable circumstances those with a learning disability. People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people. The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y
Patients were able to make appointments in a way which met their needs.	Y

There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Y
Patients with most urgent needs had their care and treatment prioritised.	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y

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)	84.5%	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)	89.4%	57.4%	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)	87.3%	57.1%	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)	89.4%	69.7%	72.0%	Variation (positive)

Any additional evidence or comments

- The practice participated in the Accelerate Access programme run by NHS England. This 20-week support programme included learning modules, group sessions and onsite visits from a quality improvement facilitator with the aim of improving access to general practice. Staff informed us that the programme allowed them to streamline and improve systems and processes. For example, completing an appropriate appointments module that focused on improving signposting, appropriate bookings, and ensuring patients were seen by the most appropriate clinician first time according to their needs. After each module the practice presented a summary of each action which was shared with other practices in the programme. Staff found the programme to be helpful and the provider extended their participation in the programme to February 2023.
- Results from the National GP Patient Survey (2023) showed the practice's performance in relation to access indicators was significantly above local and national averages.

Source	Feedback
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NHS.uk website (formerly NHS Choices)	There were 3 reviews since April 2022. Feedback was mixed. Positive comments related to interactions with clinical staff and follow-up care. Negative comments related to not receiving a call back. The provider had responded to 1 of the reviews.
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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.	3
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

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

Examples of learning from complaints.

Complaint	Specific action taken
A patient complained that they had received a letter from the practice that was not sealed properly and there was potential for confidential information to be exposed.	<ul style="list-style-type: none"> - The complaint was discussed at a practice meeting. - The patient was offered an apology. - Staff were reminded to seal all outgoing post properly and to use tape if necessary.

Well-led

Rating: Good

At the last inspection in January 2016, the Well-led key question was rated good. The practice continues to be rated good for providing well-led services following this inspection.

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y 1

They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y ₂
There was a leadership development programme, including a succession plan.	Y
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> 1. The practice was led by two GP partners. The newest partner joined the partnership in 2022 having previously worked at the practice as a salaried GP. The exiting partner continued to work at the practice on a locum basis. The practice manager joined the practice in 2019. 2. Staff members we spoke with told us that all leaders were visible, supportive and approachable. 	

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y ₁
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> 1. The provider had organised a well-being day for staff in January 2023. Staff received a survey before the session that included questions around staff wellbeing, current workload, stress level and how the team could improve the situation. Eleven staff members completed the survey and overall rated their stress level as 4.5 out of 5, with this being mainly related to workload. All staff responded that health and wellbeing was important to them and that the team could have done more to help them. The results 	

were anonymised and discussed during the session, which included interactive and team building exercises, as well as staff feedback. An action plan was agreed from the session and the practice had acted on all of these at the time of inspection. A second staff survey was organised 10 months later to review staff feedback. This showed that staff still rated their stress levels as 4.5 out of 5 (10 responses received). All staff said they had the opportunity to raise any issues and felt they were listened to. Nine out of 10 staff stated that things had changed for the better as a result of the last session, with many including positive comments relating to the impact of areas addressed in the action plan. The provider informed us they would continue to monitor and review staff feedback and well-being.

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

Source	Feedback
Staff interviews	We spoke with clinical and non-clinical staff. Feedback from staff was positive. They told us they felt proud to work at the practice and had a supportive and caring team who worked well together. They described the practice as well-led with a leadership team who were helpful and available when needed. They also spoke about how their private time was respected and staff valued this.

Governance arrangements

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

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

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y

Appropriate and accurate information

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

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

Governance and oversight of remote services

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

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y ^{1,2}
Staff views were reflected in the planning and delivery of services.	Y ³

The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> 1. The Patient Participation Group (PPG) was being re-formed and had their first face to face meeting in November 2023. The plan was to have quarterly meetings, with 3 remote meetings and 1 face to face meeting each year. Meeting minutes were emailed to the group and there was an agreed action plan for the practice. 2. Patients were also invited to attend the primary care network (PCN) PPG meetings where patients from the wider network of local GP practices could attend to share feedback. 3. Staff views were sought during team meetings, supervision, appraisals and the staff well-being day. 	

Feedback from Patient Participation Group.

Feedback
- PPG members told us that the practice shared information about changes in staff, practice performance, additional services offered, appointment procedures, improvements in systems (e.g. new telephone system) and working with the primary care network.

Continuous improvement and innovation

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

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

Examples of continuous learning and improvement
<ul style="list-style-type: none"> • The practice made use of learning events, incidents, feedback and complaints to improve the service. • We saw examples of quality improvement activity undertaken by the practice in response to priorities identified within primary care to improve the service. For example, optimising access. • Staff informed us of how they were supported and encouraged to upskill. • The practice was a training practice for medical registrars and one of the GP partners was a trainer approved by the General Medical Council (GMC). • In September 2022, a national newspaper published an article after spending a day at the practice to observe general practice and speak to staff about the challenges in primary care. The article commented on managing long-term conditions, keeping patients out of hospital, home visits and access.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

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

Glossary of terms used in the data.

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