

Care Quality Commission

Inspection Evidence Table

The Cottons Medical Centre (1-562924493)

Inspection date: 02 December 2020

Date of data download: 30 November 2020

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2019/20.

The practice is rated good overall and good for all population groups except the population group people with long-term conditions which is rated as requires improvement.

Safe

Rating: Requires Improvement

At the last inspection the practice was rated inadequate for providing safe services because the practice did not have all the systems, practices and processes to keep people safe and safeguarded from abuse. The practice did not have an effective system for ensuring that Medicines and Healthcare Regulatory Agency (MHRA) and patient safety alerts were received and actioned. Staff did not always have the information they needed to deliver safe care and treatment. The system for the summarisation of patient records were not effective. Risks were assessed but not all were well managed.

We found the practice had made improvements across several areas of non-compliance identified at our previous inspection and is now rated as requires improvement in safe. This is because there was a lack of monitoring information for patients prescribed high risk medicines and those being prescribed medicine for asthma. We could not be assured the correct dose had been prescribed or that patients had had their review in accordance with national guidance.

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	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
Staff who acted as chaperones were trained for their role.	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>During the last inspection we found the following concerns:</p> <ul style="list-style-type: none"> • The safeguarding lead did not know how to access the safeguarding register on the patient record system. • We were not assured the safeguarding lead and other staff members had received the appropriate level of safeguarding training required. • In three patient records we reviewed with safeguarding concerns we found that records were not accurate and there had not been any reviews of their safeguarding status. • Although there was some evidence of discussion between the practice and other providers, there was no formal process in place to ensure regular safeguarding information sharing meetings took place between the practice and other appropriate agencies. <p>During this inspection we found:</p> <ul style="list-style-type: none"> • There was an adult safeguarding lead and a child safeguarding lead who reviewed the safeguarding register regularly. • The safeguarding leads and staff had received the appropriate level of safeguarding training. • Safeguarding concerns were noted in patient records and reviewed. Patient records showed information was shared and discussed with other appropriate professionals and agencies. 	

Safeguarding	Y/N/Partial
<ul style="list-style-type: none"> There were structured monthly formal safeguarding meetings that were minuted. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Explanation of any answers and additional evidence:	
There were robust processes to ensure recruitment checks were carried out. There was a new Employee Recruitment, Selection, Interview & Appointment Policy dated June 2020. We saw staff recruitment files were complete and well structured with application forms, references and Data Barring Service (DBS) checks.	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 20/07/20 All done	Yes
There was a record of equipment calibration. Date of last calibration: 24/06/20	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals. Risk assessments re-done June 2020	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: Yes	Yes
There was a log of fire drills. Date of last drill: Yes	Yes
There was a record of fire alarm checks. Date of last check: Yes	Yes
There was a record of fire training for staff. Date of last training:	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion:	Yes

Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>During the previous inspection we found the following concerns:</p> <ul style="list-style-type: none"> • Gaps in the weekly fire alarm testing. • Gaps in the monthly emergency lighting testing. • A full fire risk assessment was not in place. • For the Legionella risk assessment water temperature monitoring was required on a monthly basis. The practice had carried out monitoring on a monthly basis but there were a number of months when temperatures were recorded below the recommended level of 50 degrees Celsius and no action had been taken. <p>At this inspection we found:</p> <ul style="list-style-type: none"> • Full records of weekly fire alarm testing. • Full records of monthly emergency light testing. • A fire risk assessment carried out by an external company in December 2019 which was kept up to date with regular review. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At the last inspection we found the following concerns:</p> <ul style="list-style-type: none"> • The practice had not carried out any health and safety risk assessments. For example, slips trips and falls and manual handling. <p>At this inspection we found:</p> <ul style="list-style-type: none"> • We saw there were several new health and safety risk assessments in place which included slips, trips and falls, and manual handling. These were regularly reviewed to ensure they were still appropriate. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 17 November 2020	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: As part of the infection prevention and control audit, a hand hygiene audit was completed. Also, an environmental cleanliness audit was completed which identified there were areas in the waiting room which were cluttered due to the extension building work. The action to declutter the waiting room was completed.	

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
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
Explanation of any answers and additional evidence:	

Administration and reception staff were able to cover various roles which ensured all tasks were covered when staff were on leave or sick. During the COVID 19 pandemic, GPs were supported to work from home as needed to enable appointments to continue.

Information to deliver safe care and treatment

Staff did not always have 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.	Partial
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented 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
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any answers and additional evidence:	
<p>At the last inspection we found the following concerns:</p> <ul style="list-style-type: none"> • There was no policy in place in respect of summarising of new patient notes. • There was a large backlog of unsummarised patient records. • There was no oversight as to which records should be prioritised for summarisation. • There was no documented action plan in place to identify how the backlog would be managed. <p>At this inspection we found:</p> <ul style="list-style-type: none"> • There was a summarising policy in place. • 97% of patient records had been summarised and the remaining 272 were due to be completed before the end of December 2020. A summarisation clerk had been recruited and had started work. • There was a plan for prioritisation of records for summarisation and records for children had been completed first. 	

- There was an action plan in place which included the summarisation of new patient notes and this was regularly reviewed.

Appropriate and safe use of medicines

The practice did not always have systems for the appropriate and safe use of medicines, including medicines optimisation.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2019 to 30/09/2020) (NHS Business Service Authority - NHSBSA)	0.95	0.89	0.82	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). (01/10/2019 to 30/09/2020) (NHSBSA)	6.2%	8.1%	8.8%	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 (01/04/2020 to 30/09/2020) (NHSBSA)	5.62	5.15	5.34	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/04/2020 to 30/09/2020) (NHSBSA)	176.9‰	126.8‰	124.1‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2019 to 30/09/2020) (NHSBSA)	0.57	0.70	0.68	No statistical variation

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

Medicines management	Y/N/Partial
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.	N/A
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Partial
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Partial
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Partial
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England 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.	Yes
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 PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At the previous inspection we found the following concerns:</p> <ul style="list-style-type: none"> • Staff we spoke with told us there was no formal process in place for clinical supervision. They had informal discussions with GPs regarding individual patients, but no documentation was in place. • The signature sheet for each PGD (Patient Group Directions or Patient Specific Directions) to demonstrate the appropriate member of staff had signed was not found with the PGD's. We saw that the sheets were kept in the staff personnel files. • The practice did not have any protocols in place to provide guidance to staff which covered remote consultations. 	

At this inspection we found:

- There was a formal process for clinical supervision. Nursing staff had individual supervision and group supervision where actions were followed up on a one to one basis. A GP partner carried out clinical supervision with the nurse manager.
- The signature sheet for each PGD was kept with the PGD.
- The practice had a communication policy which included remote consultations.

However we found:

- For some patients on high risk medicines, there was a lack of information to support the dose prescribed. Oral anticoagulants (blood thinning medicines) known as DOACs and NOACs did not have important parameters in place to determine the correct dosage. There were 176 patients on a NOAC who had not had their creatinine clearance checked for 12 months. This may have resulted in patients being exposed to the risk of excess bleeding or blood clots.
- There was a lack of information in some cases for patients prescribed Warfarin (blood thinning medicine) where regular blood tests were carried out by another healthcare provider and results were not provided to the practice in a systematic way.
- There was a Standard Operating Procedure for DOACs and NOACs but this lacked vital information such as the need for compliance reviews, which bloods are needed annually or when more frequent than annual bloods would be required.
- For some patients who had chronic asthma, medicines had been prescribed but a review had not always taken place when medicines had been used consistently within a 12 month period. Part of the delay was due to the COVID 19 pandemic.
- There were newly established systems in place for the review of medicines monitoring, including high risk medicines. A primary care network pharmacist had recently started working at the practice and weekly meetings had been started to review patients on high risk medicines.

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: Six	Six
Number of events that required action:	six
Explanation of any answers and additional evidence:	
<p>At the last inspection we found:</p> <ul style="list-style-type: none"> Staff we spoke with were able to describe significant events and the learning from them but there was limited evidence of discussion of significant events and identified learning from them in the meeting minutes we reviewed. <p>At this inspection we found:</p> <ul style="list-style-type: none"> Significant events were discussed at monthly team meetings. All staff we spoke with during the inspection were able to give us examples of where the practice had taken actions and learned from events. We have seen meeting minutes where significant events were discussed. 	

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

Event	Specific action taken
A fridge had breached the temperature range for the cold chain.	The practice changed the process so data is downloaded daily and recorded. All nursing staff received an update on the completion of the significant event form.
Needle stick injury to nurse during one-year old immunisation.	A follow up blood test was arranged by occupational health. Staff were reminded to be mindful when working with needles.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes

Explanation of any answers and additional evidence:

At the previous inspection we found:

- The practice did not have an effective system for ensuring that Medicines & Healthcare products Regulatory Agency (MHRA) and patient safety alerts were received and actioned appropriately. We reviewed the patient safety alert spreadsheet and found that the practice had not received all the patient safety alerts distributed by the various agencies and there was no evidence of how they had been shared and actioned. The practice was unable to evidence that all staff were aware of any relevant alerts to the practice and where they needed to take action.

At this inspection we found:

- An electronic system was now in place for MHRA alerts, including historic alerts. Clinical and nursing staff at the practice had established a process for new alerts to be received and actioned.
- There was a process in place to address historic MHRA alerts in a systematic way, including checking patient records where the medicine in question had been prescribed.

Effective

Rating: Good

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. The practice has been rated Requires Improvement for patients with long-term conditions because there was a lack of monitoring information for patients prescribed high risk medicines and those being prescribed medicine for asthma.

	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 used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
Explanation of any answers and additional evidence:	
At the previous inspection we found:	
<ul style="list-style-type: none"> The practice did not have any protocols in place to provide guidance to staff which covered remote consultations or how they managed any perceived risks which included safeguarding of vulnerable children and adults at risk of abuse and neglect. 	
At this inspection we found:	
<ul style="list-style-type: none"> The practice's communication policy covered remote consultations and managing perceived risks. This was particularly relevant due to the COVID 19 pandemic as most appointments were done virtually. The policy included considerations such as individual circumstances, confidentiality and recording calls in patient records. Staff knew the policy and implemented it. 	

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age. This continued during the pandemic.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Requires Improvement

Findings

- We have rated the practice as requires improvement for patients with long-term conditions because we saw for some patients who had asthma, the practice had prescribed more than 12 short acting asthma medicines in a 12 month period. We did not see evidence of a review of care to ensure the patients' asthma was being controlled effectively.
- There was a lack of monitoring information for patients prescribed anticoagulants (blood thinning medicine).
- Patients with long-term conditions were offered an 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.
- Patients with rheumatoid arthritis were being monitored by the local hospital.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- The practice had a diabetes and COPD specialist nurse who offered telephone support to patients during the pandemic.
- The practice offered at home chronic disease reviews for patients who were housebound.

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2019 to 31/03/2020) (QOF)	68.6%	77.7%	76.6%	No statistical variation
PCA* rate (number of PCAs).	6.3% (47)	13.0%	12.3%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2019 to 31/03/2020) (QOF)	72.4%	88.8%	89.4%	Variation (negative)
PCA rate (number of PCAs).	4.1% (9)	14.7%	12.7%	N/A

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	77.1%	81.5%	82.0%	No statistical variation
PCA rate (number of PCAs).	7.7% (19.0)	5.8%	5.2%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	77.5%	69.8%	66.9%	Tending towards variation (positive)
PCA rate (number of PCAs).	27.0% (178.0)	20.0%	15.3%	N/A
The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	69.3%	74.3%	72.4%	No statistical variation
PCA rate (number of PCAs).	7.4% (101.0)	8.4%	7.1%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2019 to 31/03/2020) <small>(QOF)</small>	89.6%	94.2%	91.8%	No statistical variation
PCA rate (number of PCAs).	2.3% (4)	3.9%	4.9%	N/A

Any additional evidence or comments

We spoke with the practice about the percentage of patients with COPD who have had a review in the last 12 months. We saw there was more recent data for December 2020 which showed the rate for the practice was 98% which was above the England average of 89.4%.

Findings

- The practice had met the World Health Organisation (WHO) based national target of 95% (the recommended standard for achieving herd immunity) for all childhood immunisation uptake indicators. The practice had met the minimum 90% target for two of four childhood immunisation uptake indicators.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arranged catch up clinics during the pandemic to increase the immunisation uptake.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access advice about services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

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) (01/04/2018 to 31/03/2019) (NHS England)	79	80	98.8%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	106	107	99.1%	Met 95% WHO based target
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) (01/04/2018 to 31/03/2019) (NHS England)	105	107	98.1%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	105	107	98.1%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2018 to 31/03/2019) (NHS England)	98	106	92.5%	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>

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (Snapshot date: 30/06/2020) (Public Health England)	79.5%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	80.7%	74.7%	71.6%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2018 to 31/03/2019) (PHE)	61.8%	56.9%	58.0%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis (01/04/2019 to 31/03/2020) (QoF)	94.6%	94.5%	92.7%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) (PHE)	52.9%	54.2%	53.8%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required. During the COVID 19 pandemic the practice were offering online and telephone consultations.
- All patients with a learning disability were offered an annual health check, which continued during the pandemic. The practice nurse was a learning disability lead.
- 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 had a system to identify people who misused substances and provided appropriate support.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis. Dementia assessments were completed on a six-monthly basis.
- All staff had received dementia awareness training.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	87.9%	87.5%	85.4%	No statistical variation
PCA rate (number of PCAs).	10.8% (7)	24.1%	16.6%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	68.6%	82.1%	81.4%	Tending towards variation (negative)
PCA rate (number of PCAs).	4.7% (5)	11.6%	8.0%	N/A

Any additional evidence or comments

We spoke with the practice about the percentage of patients diagnosed with dementia who's care plan had been reviewed in the last 12 months. We saw more recent data for December 2020 which showed the practice's percentage was 92% which was above the England average of 81.4%.

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.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	531.27	Not Available	533.9
Overall QOF score (as a percentage of maximum)	95%	Not Available	95.5%
Overall QOF PCA reporting (all domains)	5.7%	Not Available	5.9%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes
Quality improvement activity was targeted at the areas where there were concerns.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

<p>The practice had carried out several effective audits over the last 12 months.</p> <p>The cervical screening audit completed in October 2020 had an action for nursing staff to have refreshed training on sample taking and for the practice to increase the frequency of the audit to every six months.</p> <p>The opioid audit completed in October 2020 recommended strengthened pharmacist or prescribing clerk review of patients receiving opioid medicine.</p> <p>In October 2020 the practice had carried out an audit of antibiotic use reviewed against the NICE guidelines. The audit found where improvements could be made to bring the length of prescription closer to that recommended in the NICE guidelines or well documented rationale in patient notes where this is not the case.</p> <p>The practice carried out an audit on end of life care In April 2020. An action for improvement from the audit included increasing the remit of the palliative care register to include other conditions such as end stage COPD and heart failure. Another action was improvement of the practice's bereavement leaflets. The practice had scheduled a second audit.</p> <p>We saw that the lead GP for audit had reviewed and given feedback about the audits completed, to support with staff development and ensure consistency and quality.</p>

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. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	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
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	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
Explanation of any answers and additional evidence:	
<p>During the last inspection we found:</p> <ul style="list-style-type: none"> Staff we spoke with told us there was no formal process in place for clinical supervision. They had informal discussions with GPs regarding individual patients, but no documentation was in place. <p>At this inspection we found:</p> <ul style="list-style-type: none"> There was a formal process for clinical supervision. Nursing staff had individual supervision and group supervision where actions were followed up on a one to one basis. A GP partner carried out clinical supervision with the nurse manager. 	

Coordinating care and treatment

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

Indicator	Y/N/Partial
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
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
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
Explanation of any answers and additional evidence:	

Helping patients to live healthier lives

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

	Y/N/Partial
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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, tackling obesity.	Yes
Explanation of any answers and additional evidence: Patients were signposted to different avenues of support and community services such as the stop smoking service, physiotherapy and podiatry.	

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	Yes
Explanation of any answers and additional evidence:	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgmental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: During the on-site inspection, we observed reception staff talking with patients on the telephone. Staff were respectful and helpful to patients. We spoke to a care home manager where the practice looked after residents. They were positive about the care their residents received. They said they had a good relationship with the practice and the nurse practitioner and nurses came out to see residents when required. They said GPs had mainly seen patients using video calling during the pandemic.	

Source	Feedback
Patient	During the inspection the practice showed us thank you letters, and cards sent to the practice from patients.
Staff	The staff we spoke with during the inspection commented on the caring nature of the GPs and management team at the practice. Staff told us the practice managers support and encourage staff with their role and with accessing training.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2020 to 31/03/2020)	85.6%	87.4%	88.5%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2020 to 31/03/2020)	80.6%	85.7%	87.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2020 to 31/03/2020)	97.8%	94.9%	95.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2020 to 31/03/2020)	76.0%	80.4%	81.8%	No statistical variation

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

Any additional evidence

The practice kept monthly friends and family satisfaction scores. For the period November 2019 to November 2020, the practice has received around 2200 responses. These showed that 93% of people would recommend the practice.

We saw the practice had reviewed the GP National Survey results and had introduced an action plan of how improvements could be made.

The practice also gathered comments from patients. We saw a patient had stated staff were genuine and helpful. Another person praised the reception staff, a GP and the practice's first responder. Another member of the public said a GP was kind, caring and professional when caring for their mother. They said reception staff were always helpful.

Involvement in decisions about care and treatment

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

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

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2020 to 31/03/2020)	93.4%	92.1%	93.0%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence:	
Translation services could be accessed on the practice's website. Patients and staff could access a translator to attend an appointment if necessary.	

Carers	Narrative
Percentage and number of carers identified.	387 patients had been identified as carers which equated to 3.9% of the practice population.
How the practice supported carers (including young carers).	The practice had a noticeboard for carers information including support organisations. The practice's website provided information for carers including services they could access through Northamptonshire Carers, the local carer's organisation. There was an administrator who was the lead and made referrals to the local council carer's team.
How the practice supported recently bereaved patients.	The practice contacted bereaved families by telephone and offered support. This was followed up with a letter.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
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
Explanation of any answers and additional evidence:	
We observed reception staff answering calls and saw they maintained confidentiality.	

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence: Receptionists at the practice had received training as care navigators, which helped them to direct patients to the most appropriate source of help. Receptionists were then able to refer patients to information about other services that were available, either in the practice, through other NHS providers or the wider care and support sector. Patients could book appointments by using 'Patient Access'. Patient Access allowed patients to book appointments and order repeat prescriptions online. Patients could use an on-line service called Doctor Link where they could access advice and appointments.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 7.30pm
Friday	8am to 6.30pm
	Phone lines are closed between 12.30pm and 1.30pm
Appointments available:	
Monday	8am to 12pm, 2pm to 6.30pm
Tuesday	8am to 12pm, 2pm to 6.30pm
Wednesday	8am, to 12pm, 2pm to 6.30pm
Thursday	8am to 12pm, 2pm to 7.30pm
Friday	8am to 12pm, 2pm to 6.30pm

Older people

Population group rating: Good

Findings

- All 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. The GPs also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The GP provided visits to the patients in local care homes. During the COVID 19 pandemic this was done remotely.

People with long-term conditions

Population group rating: Good

Findings

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice offered nurse led chronic disease clinics. Patients could access remotely during the pandemic.

Families, children and young people

Population group rating: Good

Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 7.30pm on a Thursday.
- Self-referral forms for physiotherapy, podiatry and the gym were on the practice website.
- Patients could use an on-line service where they could access advice and appointments. The aim of this on-line service was to signpost patients to the most appropriate clinician.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travelers and those with a learning disability.
- The practice could recognise and knew those patients that were frail or whose health was deteriorating; they signposted them to other agencies for support.
- Home visits were available for this group of patients when needed.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Staff we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice held regular dementia and depression screenings for patients.
- Patients could be referred to Improving Access to Psychological Therapies (IAPT) if they experienced anxiety disorders and depression.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when necessary.	Yes
Explanation of any answers and additional evidence:	
Home visits were triaged by the GP as required.	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2020 to 31/03/2020)	56.0%	N/A	65.2%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2020 to 31/03/2020)	57.3%	63.4%	65.5%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2020 to 31/03/2020)	45.0%	60.5%	63.0%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2020 to 31/03/2020)	68.3%	72.2%	72.7%	No statistical variation

Any additional evidence or comments

We spoke with the practice about the percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP appointment times. The practice has recently had an extension built and recruited new GPs, nurse practitioners, a practice nurse and health care assistant in order to increase capacity for extra appointments. The practice had also changed the appointment booking system in September 2020 to support with this.

Source	Feedback
NHS Choices	The practice had received two positive comments since the last inspection. One of the comments was that the reception staff had been understanding, professional and kind. Also, that the medical team had been excellent. The other comment stated the reception staff had been very helpful friendly.

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.	27
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	27
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>During the previous inspection we found:</p> <ul style="list-style-type: none"> The complaints we reviewed were well responded to in a timely way. However, although the complaints procedure was displayed in the waiting room, complaints forms were not readily available nor was there easily accessible information available on the practice website. There was no process to capture verbal complaints in order to identify any themes or trends. There was limited evidence of discussion of complaints and identified actions and learning from them in the meeting minutes we reviewed. <p>At this inspection we found:</p> <ul style="list-style-type: none"> All complaints, including verbal complaints, were logged, discussed and actions were taken and followed up. The complaints procedure was displayed in the reception area, and people could make a complaint by using the complaints leaflet available from the reception desk or online. The form included the information needed on how to make a complaint. 	

Examples of learning from complaints.

Complaint	Specific action taken
<p>Patient made an appointment following discharge from hospital. The patient said no call came from the GP. The patient then booked another appointment and said the GP didn't talk about their discharge from hospital until prompted.</p>	<p>The practice has apologised. The GP tried to call the patient but did only call once. Should be calling twice and on the second occasion leave a message.</p>
<p>Patient called to book a flu vaccination but was told they were not eligible due to having asthma that was managed and not requiring specific medicine. The patient was also not happy with the length of time taken to get through.</p>	<p>The patient was booked for a telephone appointment with the asthma nurse to discuss their condition and to see if they were eligible for a flu vaccination. The practice apologised for the delay in getting through and explained they were very busy due to the flu clinics.</p>

Well-led

Rating: Good

At the last inspection we rated the practice as inadequate for well-led because the governance arrangements were ineffective.

At this inspection we saw that the practice had improved the management and overall governance of the service.

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: Each GP partner had both clinical and non-clinical responsibilities. These covered areas such as the Quality and Outcomes Framework (QOF), enhanced services and management of the practice. Each department had a GP lead and a deputy. Any issues would be discussed with the GP lead and then discussed at the partners business meetings.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
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.	
Explanation of any answers and additional evidence:	

The practice's mission statement was that "Each and every patient matters" and the aim of "Providing patients with high quality medical care". Staff we spoke with knew the practice's mission statement.

The practice has had an extension to the surgery which was near completion at the time of this inspection. There were plans for five additional consulting rooms and an additional waiting area in preparation for an increase in the number of patients registering at the practice. Clinical and non-clinical staff had been recruited and some were due to start in the new year.

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's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence:	
At the previous inspection we found:	
<ul style="list-style-type: none"> The nursing team's health and well-being was not always considered, as we saw and heard that they often worked through their breaks and carried out home visits after their working day. 	
At this inspection we found:	
<ul style="list-style-type: none"> The practice had added the health and wellbeing of nursing staff to an action plan. One action was that clinics had been amended to make sure nurses had adequate times for breaks. There was a new Practice Manager in post who had worked on creating a positive, open and transparent culture. We saw that improving the culture of the practice had been discussed at team meetings and managers had an open-door policy. 	

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

Source	Feedback
Conversations with staff at the practice.	Staff we spoke with said the GPs and new Practice Manager were supportive and approachable. Staff told us they all supported each other.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. However, clinical governance systems were not always in place for medicines management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	
<p>At the previous inspection we found not all the systems and processes were operated effectively. For example:</p> <ul style="list-style-type: none"> • Systems and processes were not established or operated effectively to ensure compliance with safeguarding service users from abuse and improper treatment. • Risks were assessed but not all the actions required had been completed. For example, fire and legionella. • The system in place for patient safety alerts was not effective. • The system the practice had in place for the summarisation of patient's notes was not effective. • The practice had not, in all cases, ensured that care planning had taken place and been reviewed in a timely manner. • The practice occasionally used remote consultations such as 'What's App' and 'Facetime' but did not have governance arrangements in place. • Learning and actions from significant events and complaints was not always demonstrated from records we looked at. • No action had been taken to improve patient satisfaction. • Whilst we saw evidence of some meetings taking place, minutes did not include all areas of practice governance and allow opportunities for learning. <p>At this inspection we found improved governance processes:</p> <ul style="list-style-type: none"> • Systems and processes to safeguard service users from abuse were in place and operated effectively. • Safety risks were assessed, and action had been completed, for example fire and legionella. • There was a system in place for patient safety alerts to be received and actioned and a newly established process for ensuring previous alerts were actioned. • The practice had worked on the summarisation of new patient records, had a prioritisation system for records and was due to complete them all within the month. 	

- Care plans were in place and reviewed.
- There was a communications policy which included remote consultations.
- Significant events were identified and there was evidence of learning and action taken.
- Action was being taken to improve patient satisfaction.
- Governance meetings were well structured, and minutes kept so that actions for learning could be monitored.

However, we also found:

- Some clinical governance processes to give oversight of medicines management were newly formed and were still being embedded. There were newly established systems in place for the review of medicines monitoring, including high risk medicines. A primary care network pharmacist had recently started working at the practice and weekly meetings had been started to review patients on high risk medicines.

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 systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence:	
At the last inspection we found:	
<ul style="list-style-type: none"> • Risks were assessed but not all the actions required had been completed. • The system the practice had in place for the summarisation of patient's notes was not effective. The practice had a considerable backlog but on the day of the inspection we found there was a lack of oversight and there was not a robust plan in place to clear the backlog. • A business continuity plan was in place, but the risks had not been mitigated. 	

At this inspection we found:

- Safety risks such as those for fire and legionella were assessed and actions had been completed.
- The practice had worked hard to reduce the backlog in summarisation of patient notes and had a plan in place.
- There was a thorough business continuity plan in place with mitigation to risks.

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 adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence:	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
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
Explanation of any answers and additional evidence:	

Feedback from Patient Participation Group (PPG)

Feedback

The PPG told us they could not praise the practice enough for the way they had managed the flu clinics during the pandemic.

They told us how they had advertised flu clinics locally on council display boards to improve update rates. They said the group had held Zoom sessions during the pandemic to keep in touch with each other so that ideas and any concerns could still be discussed. The group had an email newsletter they could share with patients during the pandemic to keep them informed.

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:	
The practice had carried out several audits to improve outcomes for patients. They were discussing significant events and complaints regularly and continuously learning from them.	

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **PHE:** Public Health England.
- **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.
- ***PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#)).
- ‰ = per thousand.